Annual Progress Report 2008

Submitted by

The Government of

Federal Democratic Republic of Ethiopia

Reporting on year: __2008__

Requesting for support year: _2010/2011_

Date of submission: _____19/06/2009_____

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance and their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Federal Democratic Republic Of Ethiopia

Minister of Health:	**Minister of Finance:**
Title: ……	Title: ……
Signature: ……	Signature: ……
Date: ……	Date: ……

This report has been compiled by:

Full name: .....Mihret Hiluf .....

Position: .....Agrarian Health promotion and disease prevention directorate director

Telephone: .....+251913090843.....

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Kebede Worku /State Minister for Health	Ministry of Health		
Dr. Nejmudin Kedir/ Policy Plan and finance general directorate director	Ministry of Health		
Dr Kesetebrhan Admasu/ Health promotion and diseases prevention director general	Ministry of Health		
Dr.Neghist Tesfaye/ urban health promotion and disease prevention directorate director	Ministry of Health		
Dr. Tizita Hailue/pastoralist health promotion and disease prevention directorate director	Ministry of Health		
Mr. Mihret Hiluf/ agrarian health promotion and diseases prevention directorate director	Ministry of Health		
Dr. Fatoumata Nafo-Traore/ WHO Representative	WHO/Ethiopia		
Mr. Ted Chaiban /UNICEF Representative	UNICEF/Ethiopia		
Mr. Sidhwa Xerses/USAID Ethiopia	USAID/Ethiopia		
Mr Nahusenay Araya, Rotary International Chair Person	Rotary International		
Dr.Filimona Bisrat	CORE Group		

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n-----No

.....
.....

HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
H.E Dr. Tedros Adhanom G/Yesus	Minister of Health FMOH		
H.E Ato Mekonen Manyazewal	State Minister, MOFED		
H.E Dr. Kebede Worku	State Minister of Health FMOH		
Ambassador Raffael de Lutio	Ambassador of Italy, representative of the EU		
Dr. Vivian VanSteirteghem	CO-chair HPN donors group		
Mrs. Meri Sinnit	Chief Health, AIDS, Population and Nutrition		
Mr. Kenichi Ohashi	Resident Representative the World Bank		
Dr. Meshesha Shewarega	Executive Director , CRDA		
Dr. Fatouma NAFO-TRAORE	WHO Representative		
Dr. Nejmudin Kedir	Head of the Planning and Programming Department, FMOH		

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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Signatures Page for GAVI Alliance CSO Support (Type A & B)

Remark This report doesn't include the CSO part

This is because the fund is recently transferred. .FMOH is still on the process of disbursing money for implementing CSOs.

This report on the GAVI Alliance CSO Support has been completed by:

Name: Noah Elias

Post: Assistant Director

Organisation: FMOH

Date: 19/06/2009

Signature:.....

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding). The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		2,946,087	3,244,424	3,332,024	3,421,989	3,514,382	3,609,271	3,706,721	3,806,802
Infants' deaths		264,419	249,821	256,566	263,493	270,607	277,914	285,418	293,124
Surviving infants		2,681,668	2,994,604	3,075,458	3,158,496	3,243,775	3,331,357	3,421,303	3,513,679
Pregnant women		2,946,087	3,244,424	3,332,024	3,421,989	3,514,382	3,609,271	3,706,721	3,806,802
Target population vaccinated with BCG		2,373,030	2,822,649	2,998,822	3,148,230	3,338,663	3,500,993	3,669,654	3,768,734
BCG coverage*		81%	87%	90%	92%	95%	97%	99%	99%
Target population vaccinated with OPV3		2,009,315	2,515,467	2,675,648	2,842,646	3,016,711	3,164,789	3,318,664	3,478,542
OPV3 coverage**		75%	84%	87%	90%	93%	95%	97%	99%
Target population vaccinated with DTP (DTP3)***		2,173,426	2,515,467	2,675,648	2,842,646	3,016,711	3,164,789	3,318,664	3,478,542
DTP3 coverage**		81%	84%	87%	90%	93%	95%	97%	99%
Target population vaccinated with DTP (DTP1)***		2,319,471	2,755,036	2,921,685	3,063,741	3,178,899	3,298,043	3,387,090	3,478,542
Wastage[1] rate in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of **pneumococcal 10 valent conjugated vaccine**		NA	NA	2,675,648	2,842,646	3,016,711	3,164,789	3,318,664	3,478,542
…… Coverage**		NA	NA	87%	90%	93%	95%	97%	99%
Target population vaccinated with **1st dose** of **pneumococcal 10 valent conjugated vaccine**		NA	NA	2,921,685	3,063,741	3,178,899	3,298,043	3,387,090	3,478,542
Wastage[1] rate in base-year and planned thereafter		NA	NA	10%	10%	10%	10%	10%	10%
Target population vaccinated with **1st dose** of Measles		1,983,723	2,395,683	2,614,139	2,747,891	2,919,397	3,064,848	3,250,238	3,408,268
Target population vaccinated with **2nd dose** of Measles									
Measles coverage**		74%	74%	78%	80%	83%	85%	88%	90%
Pregnant women vaccinated with TT+		1,876,703	2,433,318	2,665,619	2,908,690	3,057,513	3,248,344	3,410,183	3,616,462
TT+ coverage****		65%	75%	80%	85%	87%	90%	92%	95%
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		6%	9%	8%	7%	5%	4%	2%	0%
Annual Measles Drop out rate (for countries applying for YF)									

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		2,946,087	2,865,642	2,937,283	3,010,715	3,085,983	3,163,133	3,242,211	3,323,266
Infants' deaths		264,419	229,501	235,239	241,119	247,147	253,326	259,659	266,151
Surviving infants		2,681,668	2,636,141	2,702,045	2,769,596	2,838,836	2,909,806	2,982,552	3,057,115
Pregnant women		2,946,087	2,865,642	2,937,283	3,010,715	3,085,983	3,163,133	3,242,211	3,323,266
Target population vaccinated with BCG		2,373,030	2,493,109	2,643,555	2,769,858	2,931,684	3,068,239	3,209,789	3,290,034
BCG coverage*		81%	87%	90%	92%	95%	97%	99%	99%
Target population vaccinated with OPV3		2,009,315	2,214,358	2,350,779	2,492,636	2,640,117	2,764,316	2,893,075	3,026,544
OPV3 coverage**		75%	84%	87%	90%	93%	95%	97%	99%
Target population vaccinated with DTP (DTP3)***		2,173,426	2,214,358	2,350,779	2,492,636	2,640,117	2,764,316	2,893,075	3,026,544
DTP3 coverage**		81%	84%	87%	90%	93%	95%	97%	99%
Target population vaccinated with DTP (DTP1)***		2,319,471	2,425,250	2,566,942	2,686,508	2,782,058	2,880,708	2,952,726	3,026,544
Wastage[2] rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of **pneumococcal 10 valent conjugated vaccine**		NA	NA	2,350,779	2,492,636	2,640,117	2,764,316	2,893,075	3,026,544
…… Coverage**		NA	NA	87%	90%	93%	95%	97%	99%
Target population vaccinated with **1st dose** of **pneumococcal 10 valent conjugated vaccine**		NA	NA	2,566,942	2,686,508	2,782,058	2,880,708	2,952,726	3,026,544
Wastage[1] rate in base-year and planned thereafter				10%	10%	10%	10%	10%	10%
Target population vaccinated with **1st dose** of Measles		1,983,723	1,950,744	2,107,595	2,215,677	2,356,233	2,473,335	2,624,645	2,751,404
Target population vaccinated with **2nd dose** of Measles									
Measles coverage**		74%	74%	78%	80%	83%	85%	88%	90%
Pregnant women vaccinated with TT+		1,876,703	2,149,232	2,349,826	2,559,108	2,684,805	2,846,819	2,982,834	3,157,103
TT+ coverage****		65%	75%	80%	85%	87%	90%	92%	95%
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		6%	9%	8%	7%	5%	4%	2%	0%
Annual Measles Drop out rate (for countries applying for YF)									

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No ---- **Yes**
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Every year when the annual budget is prepared EPI budget is prepared by source and endorsed. The GAVI ISS fund is given budget code by the Planning department of the MOH and MOF(the code for 2008 was 2045) and the fund is expended according to government chart of account or expenditure code.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The ICC is the decision making body in setting the criteria for ISS fund utilization. With regard to getting ISS fund from GAVI, no problem has been encountered so far. However, problem is encountered with the regional health bureaus on the timely utilization and liquidation of fund disbursed. With repeated reminders very few regions have managed to liquidate the funds on time

1.1.2 Use of Immunization Services Support

*In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2008 2,298,000
Remaining funds (carry over) from 2007 0
Balance to be carried over to 2009 543,118.33

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	NA				
Injection supplies	NA				
Personnel			-		
Transportation			349,047.75		
Maintenance and overheads			-		
Training			160,779.50		
IEC / social mobilization			-		
Outreach			322,143.30		
Supervision			219,270.21		
Monitoring and evaluation			435,183.06		
Epidemiological surveillance			-		
Vehicles			-		
Cold chain equipment					
Other --- *(specify) kerosene for refrigerators*			268,457.84		
Total:	**2,298,000**		**1,754,881.66**		
Remaining funds for next year:	**543,118.33**				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? ___5_____
Please attach the minutes (DOCUMENT N°.1....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes/No] --- yes***
if yes, which ones?

List CSO member organisations
• COREGROUP/ CRDA

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Major activities conducted in 2008:

- *District level micro-planning was conducted in zones with large number of unvaccinated children*
- *Peripheral level EPI trainings conducted*
- *Supportive supervision to regions and districts done by the EPI field officers and EPI team at the central level*
- *National level Data quality self assessment conducted*
- *Data quality self assessment training given to WHO EPI officers and regional EPI and IDSR focal persons*
- *RED approach implemented in all districts*
- *Cold chain technicians one month training given and cascaded Cold chain users training was conducted*
- *National cold chain equipments inventory conducted.*

Problems encountered:

- *The DPT-Hepb-Hib3 EPI coverage is still very low (<50%) in regions such as Somali, Afar and Gambella which need significant improvement and effort to reach 80% target.*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°…1…) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°…2…) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below: <u>*not scheduled*</u>

List major recommendations The previous one was in 2002 and the recommendation were submitted in previous reports

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES [x] *NO* [ ]

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

During DQS training at all levels all the recommendations were discussed with the concerned bodies and their implementation being checked during supervisory visits and review meetings

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:
Data quality self assessment was conducted in November 2008.

List challenges in collecting and reporting administrative data:
There is delay in reporting from some regions and with the introduction of the new HMIS, implementing regions are reporting quarterly and with no disaggregated data for sub regional data.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]
NO vaccine introduced in 2008

[List any change in doses per vial and change in presentation in 2008]

No change in vaccine presentation

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DPT-HepB-Hib	**1 dose vial**	2,278,500	**March, 2007**	19-Feb-08
DPT-HepB-Hib	**1 dose vial**	2,278,500	**March, 2007**	30-Apr-08
DPT-HepB-Hib	**1 dose vial**	2,278,800	**March, 2007**	7-16-Jul-08
DPT-HepB-Hib	**1 dose vial**	2,278,500	**March, 2007**	15-23-Dec-08

Please report on any problems encountered.

[List problems encountered]

- **Overstocking of pentavalent (DPT-HepB-Hib) vaccine at central and regional stores**
- **Unusual quick DPT-HepB-Hib VVM change from stage I to II, III and IV**

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[*List activities*]

No new vaccine introduced in 2008.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[dd/mm/yyyy]* ----- **not applicable**

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]---* ***04/ 2003****.*

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

Not applicable

Was an action plan prepared following the EVSM/VMA? Yes/No-----not applicable

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]
Not applicable

When will the next EVSM/VMA* be conducted? *[mm/yyyy]------****08/2009***

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: …….DPT-HepB-Hib……	
Anticipated stock on 1 January 2010	**4,695,250**
Vaccine 2:…….. OPV……	
Anticipated stock on 1 January 2010	**6,839,006**
Vaccine 3: .....TT.....	
Anticipated stock on 1 January 2010	**1,445,864**
Vaccine 4: ...BCG.....	
Anticipated stock on 1 January 2010	**2,670,924**
Vaccine 5: .....Measles.....	
Anticipated stock on 1 January 2010	**55,392**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? No.....

*If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable). --- **not applicable***

Injection Safety Material	Quantity	Date received
NA		

Please report on any problems encountered.

[List problems]
NA

Not applicable

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

- UNICEF
- world bank

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

The sharps are disposed using incinerators at health facility level and burning and burial at health post and community level.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

There was no problem

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

NA

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year + 1**	**Reporting Year + 2**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	3,345,218.60	4,631,319	4,872,703
New Vaccines	32,811,480	38,223,831	40,535,958
Injection supplies	1,090,520	2,349,938	2,605,403
Cold Chain equipment	750,555	5,577,726	6,071,319
Operational costs	2,969,907	4,629,170	4,744,899
Other (please specify)-training, supervision M&E	1,387,538	2,037,027	2,138,879
Total EPI	**42,355,219**	**57,667,320**	**61,290,381**
Total Government Health	230,648,804.55	244,986,287.27	361,845,110.10

Exchange rate used	1USD = 11.00 Birr

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The actual expenditure was lower than the planned budget mainly because cold chain materials were not procured and some shared costs not included in the report.

There is a gap between the planned as shown in CMYP and financed during the reported year as mentioned above, but the gap is manageable.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine:… **DPT-HepB-Hib**		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		NA	NA	$0.20	$0.20	$0.20	$0.20
Number of vaccine doses	#	0	0	594,000	776,200	869,600	960,200
Number of AD syringes	#	0	0	628,200	820,900	919,500	1,015,400
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	6,975	9,125	10,225	11,275
Total value to be co-financed by country	**$**	$0	$0	$1,768,000	$1,830,500	$1,872,000	$1,918,500

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd vaccine:……		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd vaccine:……		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	NA
1st Awarded Vaccine (specify)	NA	NA	NA
2nd Awarded Vaccine (specify)	NA	NA	NA
3rd Awarded Vaccine (specify)	NA	NA	NA

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)	NA	NA
2nd Awarded Vaccine (specify)	NA	NA
3rd Awarded Vaccine (specify)	NA	NA

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. NA
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

Are there changes between table A and B? Yes/no yes

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

The number of births has decreased as found from the new census which was conducted in 2007

*Provide justification for any changes **in surviving infants**:*

The number of surviving infants has decreased as found from the new census which was conducted in 2007

*Provide justification for any changes **in Targets by vaccine**:*

As a result of the lower number of births and surviving infants the targets for the EPI vaccines is lower

*Provide justification for any changes **in Wastage by vaccine**:*

no change

Vaccine 1: DPT-HepB-Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	2,350,779	2,492,636	2,640,117	2,764,316	2,893,075	3,026,544
Target immunisation coverage with the third dose	*Table B*	#	87%	90%	93%	95%	97%	99%
Number of children to be vaccinated with the first dose	*Table B*	#	2,566,942	2,686,508	2,782,058	2,880,708	2,952,726	3,026,544
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	$0.00	$0.00	$0.20	$0.20	$0.20	$0.20

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	5,412,100	8,556,700	8,244,900	8,375,900	8,488,300	8,631,600
Number of AD syringes	#	5,580,100	9,050,600	8,719,700	8,858,200	8,976,100	9,127,600
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	61,950	100,475	96,800	98,350	99,650	101,325
Total value to be co-financed by GAVI	**$**	$18,326,000	$27,231,000	$24,540,000	$19,754,000	$18,270,500	$17,245,000

Vaccine 2: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

Vaccine 3: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from 2008(January) to 2008(December).

b) This HSS report covers the period from(January 2008) to December 2008 (December 2008)

c) Duration of current National Health Plan is from 2004/5 to2009/10.

d) Duration of the immunisation cMYP:

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications? **Noah Elias**

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Noah Elias	FMOH	compilation	Nora_nareen69@yahoo.com
Other partners and contacts who took part in putting this report together			

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

The main sources of information used while the compilation of this report are:

- **The national Health Management Information System (HMIS)** :- Routine information is aggregated through the HMIS every quaeter of the fisical year based on nationally agreed indicators. This source has been used as the major source of information concerning the performance of immunization programs.
- Proceedings from Annual Review Meetings:- The health sector conduct Annual Review Meetings every year in a regular basis. The performance of the sector will be reviewed by implementers, development partners and major stakeholders in such events. Hence the proceeding produced after ARM is used as an important source of information for this report
- Repots collected from regional implementers:- In addition to the HMIS particular information that are not captured by the routine system are tracked from regional GAVI focal person's and FMOH activity reports.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

The way that GAVI HSS is currently monitoring is using data that is captured by HMIS. But there are some detailed information that need to be captured vertically. MOH used both ways only for this cycle. In the future the design will be fully integrated with the HMIS.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year			
	2007	2008	2009	2010
Amount of funds approved	23,733,388	32,105,953	12,629,196	8,025,938
Date the funds arrived	Apr-07	Sep-07	Oct-07	Mar-09
Amount spent	23,733,388	32,105,953	12,629,196	-
Balance	0	0		8,025,938
Amount requested				8,025,938

Amount spent in 2008: 35,322,527

Remaining balance from total: 8,025,938

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)

Major Activities	Planned Activity for reporting year	Report on progress[1] (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:Refresher course	Provide Integrated Refresher training for 3,425 health extension workers through the RHBs	4471 HEWs Trained	*2,843,750*	*2,843,750*	1,070,313	
Activity 1.2: Apprenticeship	cover the cost of providing Apprenticeship 3,425 health extension workers	2775 students granted for apprenticeship	*511,750*	*511,750*	609,650	
Activity 1.3 Capacity strengthening for woreda health management team	Provide training for 1860 Woreda Health Office staffs on basic health management issues	1974 People Trained (106%)	*659,835*	*659,835*	659,835	

Major Activities	Planned Activity for reporting year	Report on progress[1] (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Activity 1.3 Training of Health workers for IMNCH	Provide training for1350Health Centre staff in Integrated Management of Neonatal and Childhood Illness	703 Health professionals on IMNCI case management, 20 on IMNCI facilitation skills and 31 on IMNCI supervision. Training was conducted at 23 sites	**360,000**	**313,135**	360,000	
Objective 2:						
Activity 2.1: Upgrading from HS to HC (212 units)	Upgrading of 212 Health Stations to Health Centres	The construction of 212 GAVI sponsored HCs is outsourced to GTZ along with another 300 HCs funded by another sources. Out of the total 512 health centres outsourced to GTZ the construction of 180 has been completed in the year 2008. Of Those completed 70 are sponsored by GAVI HSS.	**9,655,244**	**9,655,244**	3,250,000	
Activity 2.2:Equipment Health Centre A Activity 2.3 Equipment Health Centre B	Equip 300 Health Centres	Currently the procurement is on letter of credit process. The equipment for 300 HCs is expected to arrive at port by the end of September. FMOH is building distribution capacity In order to distribute equipments on time and based on need.	3,251,462	3,251,462	0	The whole budget is used

Major Activities	Planned Activity for reporting year	Report on progress[1] (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Activity 2.4 Construction of 100 Health Posts	finance the construction of 100 Health Posts	26 health posts constructed	**93,750**	**93,750**	0	Funds secured initially for 100 HPs could only cover the construction of 30 health posts as the price of construction materials more than tripled.
Activity 2.5 Equipment for 5000 HP type B Activity 2.6 Equipment for 2340 HP type A	3470 HPs equipped	Out of the total 7240 HPs 3470 HPs are equipped with Health post kits. The rest kits are under delivery. The delivery will be completed by the end of Augest.	**10,002,136**	**10,002,136**	0	The procurement and distribution of health post kits is handled by UNICEF.
Objective 3:						
Activity 3.1:4x4 supervision vehicle for 109 WHO	Purchase and distribute 4x4 supervision Vehicles for 109 WorHO	109 (100%)	***835,000***	**0**	0	4x4pickup vehicles have been procured and distributed to 109 Woreda
Activity 3.2:T equipment for 109 WHO	providing computers, printers, and UPS for 109 Woredas	180 IT equipments procured and distributed (165%)	**0**	**0**	0	It was managed to procure more IT equipments with the allocated fund. The procurement expenditure was reported last year.
Activity 3.3: HEP annual regional review meetings	conduct HEP annual regional review meetings in all woredas	(100%)	**100,875**	**100,875**	125,017	All Woredas conducted Annual Review Meetings

Major Activities	Planned Activity for reporting year	Report on progress[1] (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
	where the programme is effective					
Support Functions						
Management		GAVI HSS supported consultation and supervision meeting with regions on construction and HMIS. Funds were also used to cover the workshops held on planning and reform activities. Extensive regional monitoring visits were conducted by MoH staff to all 11 regions to monitor on the progress of the program and to collect the financial utilisation reports.	**150,000**	**150,000**	150,000	
M&E	Roll-out of the new HMIS at sub-national level through training workshops, printing and distribution of guidelines, and supervision; and iii) annual regional HEP review meetings to discuss progress as documented by HMIS		**860,018**	**860,018**	851,751	
Technical Support						
	Support to initiate implementation of the Health Commodities Supply System	The money was reprogrammed to construct regional distribution hubs.	7,740,590	7,740,590	0	

[1] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

4.6 Program implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

In order to meet the health MDGs, the government of Ethiopia has been implementing the health sector development program in collaboration with all health development partners. Furthermore recently the sector reformed its business process so as to increase the efficiency of service provision which in return will accelerate the rally towards achieving the MDGs.

Through out all these efforts a considerable support has been provided form development partners which were a great relief for the government. GAVI HSS fund is one of the remarkable initiatives which helped the government to fill the financial gaps of the sector in the past few years.
The major achievements of the sector where GAVI HSS funds has contributed, the challenges faced during the process and the ways forward are described in the next few paragraphs.

a) Support provided for the Health Extension Program

Performance and Achievements

The Health Extension Program is a creative essential health service program which aims at providing basic preventive service for the grassroots community. Two female health extension workers for every 5000 population has been trained and deployed in rural Kebeles. In aggregate more than 30,198 HEWs are currently deployed. These HEWs deliver preventive services based on 16 different packages.

It is however important to build the capacity of the workforce since the very essence of the program falls on their shoulder. GAVI HSS funds finance the Integrated refresher training for HEWs. This training is crucial for the program in a way that it updates HEWs on recent advancements of different issues. The anticipated impact of the training on improvement of child health is significant since the HEWs are working on immunization.

In the year 2008 more than 4471 HEWs have attended IRT financed by GAVI HSS. In the same fiscal year more than 2775 HEWs on training has been sponsored for their apprenticeship in technical vocational schools using the GAVI HSS fund.

Concerning Health Post construction nationally a cumulative of 12,182 HPs are constructed. The construction of 100 Health posts in four emerging Regions namely, Afar, Benshangul-Gumuz, Gambella and Somali:25 HPs at each region, is supported by the GAVI HSS fund. So far three Regions; Somali, Afar and Gambella have reported that funding provided will not be adequate to construct 25 Health Post's because of cost inflation. Despite this drawback, Benshangul-Gumuz is constructing 10 HPs with these

funds and also other funding sources. Gambella is constructing of 10 Health Posts. Additional cost in Gambella is being funded through the Region's budget. Somali has already started construction of six Health Posts, the total possible with the funding awarded to them.

The procurement of 7340 health post equipments has been handled by UNICEF. Currently equipment 3470 health posts has been procured and delivered to HPs. The rest is procured and is under delivery. By the end of August. all the HPs will be delivered with Health Post kits.

Woredas has also been financially supported for their HEP Annual Review Meetings. Regions have reported that the money was used by all woredas to conduct one Annual Review Meeting per region. The ARMs conducted in each region have significant effect on program improvement. The pros and cons during program implementation are well addressed through extensive discussion with the community. Ways of improvement are initiated there and incorporated in the action plan. Furthermore model families that contributed for the program were awarded during these events.

109 Woredas has been provided with 4x4 vehicles for HEP supervision. The remaining money from the allocation for this was reprogrammed to be used for procurement of Automobiles for Department Heads in the FMoH who will release the 4X4 Vehicles currently being used for transportation in Addis. These will be used for field activities. The reprogramming was approved by the JCCC. 25 automobiles are procured and distributed.

Challenges Faced

Even though the implementation of the program is relatively smooth some challenges were faced during the fiscal year. Some of these challenges are described as follows

1. Continuous price escalation on construction materials caused delay of health post construction in three regions.
2. Difficult to obtain timely liquidation reports from regions

Actions taken

1. Concerning the liquidation problem the high level management decided to meet every week to discuss on the issue. Furthermore, accountants were sent to regions to finalize the liquidation. There is also an undergoing study on fund liquidation and management system which is expected to come up with new and more efficient design.

Ways Forward

1. Additional financing for emerging regions is needed for the construction of health post in order to meet the targets on primary health care.
2. Strengthen the weekly liquidation follow up meeting.
3. Finalize and implement the design forwarded after the fund liquidation and management assessment.

b) Support on Health Center Expansion and Equipment

The third Health Sector Development Program has targeted to construct 3200 health centers in order to increase the access of health centre service for the population. The GAVI HSS fund is widely used for the construction and equipment of health centers.

The upgrading of health stations to health centers is being outsourced to GTZ. Currently the upgrading of 70 health centers has been reported
Currently GAVI HSS fund is transferred for the procurement agency and the process is underway. Currently contract has been signed with the supplier and letter or credit is opened. As the procurement is finalized at the end of September 300 health centers will be

equipped.

Challenges Faced

Concerning health centre construction the prevailing price escalation on construction materials is the major challenge faced during the fiscal year. In order to accelerate the implementation of HC construction special project management unit was established in FMOH. The PMU is staffed with qualified professionals that can monitor and follow up all construction sites. Furthermore RHBs assigned focal persons to facilitate the coordination. Significant progress has been made after these majors were taken which is promising sign for the accomplishment of targets

Huge financial Gap still persists. However many reprogramming have been made in order to fill the gap. The reprogramming and additional financing should continue as a way foreword.

c) Support for Health system management

The GAVI HSS fund supports the rollout of HMIS and the strengthening of the procurement system. Accordingly printing costs of HMIS formats for scaling up of the HMIS in 5 regions has been covered by the fund.

d) Support on Integrated Management of Neonatal and Childhood Illness (IMNCI)

GAVI HSS funds were also utilized on IMNCI training provided for nurses working in health centers. There were a total of 703 participants who were trained on IMNCI case management 20 in IMNCI facilitation skills.

The main challenge being reported is lack of inpatient and outpatient cases for demonstration. However the problem was solved with close consultation with regions.

b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

GAVI HSS budget is utilized by the government system, i.e. Federal and Regional Health offices are the main beneficiaries. In some regions funding goes to Zones and even to Districts. So far, no CSO involvement as it doesn't exist in the original plan which was based on funding utilization by the public by Health System.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): **Yes***/No*

If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

During the fiscal year couples of reprogramming were made. The rationales behind the reprogramming were

1. Unforeseen price escalation and financing gap on construction of HCs and HP.
2. Some of the activities were financed by regional governments or new partners which came into picture recently.

Hence it was reasonable to utilize the third disbursement for priorities with high financial gap. Funds from the third trench were reprogrammed to construction; Woreda based health sector planning and construction of distribution hub. These activities are inline with the original objectives of GAVI HSS funding.

,

Minutes of HSCC meetings where the reprogramming requests have been approved are attached with this report.

Concerning financial management there was a big challenge of timely liquidation of funds from regional and sub regional levels. The problem was critically considered by the management. Currently a study on the national financial system is being conducted with an objective of identifying the drawbacks of the system and proposing a new design that can efficiently utilize and liquidate funds on time.

4.8 General overview of targets achieved

Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
		# HEWS attending refresher courses per year			Regional focal persons report	2000	2996/07	> 3,400	2008/09	4471	
		% of apprenticeships with 1/15 tutor/trainee	Number of HEW granted for apprenticeship in the year 2008	Total no of HEW planned to get apprenticeship in the year 2008	Regional focal persons report	>30%	2996/07	> 90 %	2008/09		
		% of HEWs trainees on EPI			Regional focal persons report	>30%	2996/07	> 90 %	2008/09	90	
		# of upgraded Health Stations (cumulative)			GTZ report	0	2996/07	177	2008/09	182	
		# of Health Posts equipped (equipment in place , cumulative)			PFSA and UNICEF report		2996/07	7340	2008/09	3720	
		# of Health Centers equipped (cumulative)			PFSA and UNICEF report	0	2996/07		2008/09	Equipment for 300 HC is on procurement	

									proces	
		% of HEP review recommendations included in .WorHO workplan			0	2006/07	> 65%	2008/09	100%	All regions woredas participated on the annual planning and conducted HEP annual review meeting.

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[3]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

JCCC	Joint Core Coordinating Committee
CJSC	Central Joint Steering Committee

Mapping exercise

[3] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

Since the funs were received recently the only progress made concerning Mapping Exerscise are as follows

- Funds were received on March 2009
- ToR to recruited a consultant for the mapping exercise developed and approved by JCCC
- A vacancy notice posted on newspapers

The mapping exercise will follow as soon as the consultant is recruited

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

Not Available (The mapping exercise is not yet done)

Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

In the main governance body of the health sector i.e CJSC there is a CSO representation. CRDA which is an umbrella organization for more than 240 CSOs is nominated.

The nomination process is however planned to be revised again.

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

N.A.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

The new Health sector reform design considered the importance of CSO coordinating and included a team within the Planning and M&E directorate.

Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Paying consultant to map CSOs	**10,000**	**10,000**	-	**10,000**	**10,000**
NGO Conference	**30,000**	**30,000**	-	**30,000**	**30,000**
Produce an inventory of CSOs	**10,000**	**10,000**	-	**10,000**	**10,000**
Nomination process			-		

JCCC Coordination	**10,000**	**10,000**	-	**10,000**	**10,000**
Management costs	**40,000**	**40,000**	-	**40,000**	**40,000**
TOTAL COSTS	**100,000**	**100,000**	**-**	**100,000**	**100,000**

Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

N.A

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support[4]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

APDA	Afar Pastoralist Development Association
CRDA	Christian Relief and Development Association
EOC / DICAC	Ethiopian Orthodox Church/
EMA	Ethiopian Medical Association
ODA	Oromia Development Association
MOU	Memorandum of Understanding
JCCC	Joint Core Coordinating Committee
CJSC	Central Joint Steering Committee

Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

The funds were received recently. Currently the ministry is on the process of disbursing the approved budget for the CSOs. MoU between the ministry and CSOs was developed and approved by the JCCC. Currently one the CSOs i.e. APDA has signed the MOU.The other four are on the process.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[4] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

The implementation is delayed mainly due to the delay in transfer of funds from headquarter. The funds were transferred on march 2009. An extension of the implementation period by a minimum of one year should be considered for the effective execution of proposed activities

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

N.A

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

N.A

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved
APDA	yes	NA	NA
CRDA	yes	NA	NA
ODA	no	NA	NA

EMA	no	NA	NA
EOC	no	NA	NA

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
CRDA	**1,715,072**	**961,774.96**		**961,774.96**	**961,774.96**	753,297.04
APDA	**230,223.07**	**123,321.73**		**123,321.73**	**123,321.73**	106,901.34
EOC/DICAC	**297,635.40**	**211,925.30**		**211,925.30**	**211,925.30**	85,710.10
EMA	**209,460.11**	**148,998.70**		**148,998.70**	**148,998.70**	60,461.41
ODA	**579,631.87**	**343,357.15**		**343,357.15**	**343,357.15**	236,274.72
Management costs (of all CSOs)	**233,514.23**	**142,736.56**		**142,736.56**	**142,736.56**	90,777.67
Management costs (of HSCC / TWG)	**89,540.00**	**44,770.00**		**44,770.00**	**44,770.00**	44,770.00
Financial auditing costs (of all CSOs)	**25,115.81**	**6,593.41**		**6,593.41**	**6,593.41**	18,522.40
TOTAL COSTS	3,380,192	1,983,478		1,983,478	1,983,478	1,396,715

Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

No differences from the proposal.

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

NA

Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

NA

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	
Reporting Period (consistent with previous calendar year)	✓	
Government signatures	✓	
ICC endorsed	✓	
ISS reported on	✓	
DQA reported on	✓	
Reported on use of Vaccine introduction grant	✓	
Injection Safety Reported on	✓	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	✓	
New Vaccine Request including co-financing completed and Excel sheet attached	✓	
Revised request for injection safety completed (where applicable)	✓	
HSS reported on	✓	
ICC minutes attached to the report	✓	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	✓	

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~