GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Ethiopia

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **9/25/2013 3:21:38 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	No	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	Yes	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

By signing this page, the Government of Ethiopia hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Ethiopia

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Kesetebirhan Admasu	**Name**	Mr. Sufian Ahmed
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Aschalew Teka (Dr.)	WHO Immunization officer/technical assistanant for FMOH		aschalewt@et.afro.who.int

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), 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.

Name/Title	Agency/Organization	Signature	Date
Dr. Kesetebirhan Admasu/Minster of Health	FMOH Ethiopia		
Dr Teodros Bekele / Director General, Health Promotion and Disease Promotion Directorates	FMOH Ethiopia		

Dr Abdissa Kurkie / Urban Health Promotion and disease Prevention Directorate Director	FMOH Ethiopia		
Ms Miheret Hiluf /Agrarian Health Promotion and disease Prevention Directorate Director	FMOH Ethiopia		
Mrs Mesret Yetube /pastoralist Health Promotion and Disease Prevention Directorate Director	FMOH Ethiopia		
Dr. Mpele-Kilebou, Pierre/WHO Representative,Ethiopia	WHO Ethiopia		
Dr. Peter Salama /UNICEF Representative	UNICEF Ethiopia		
Dr. Filimona Bisrat/Program Coordinator	CCRDA/CORE Group		
Ato Nahusenay Areaya/Program Coordinator	Rotary International Ethiopia		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date

Dr. Serekebirahn Seyum	Federal Ministry of health		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Name/Title	Agency/Organization	Signature	Date

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date
Dr. Serekebirahn Seyum	Federal Ministry of health		

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

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	3,085,983	3,010,259	3,163,133	3,163,133	3,242,211	3,242,211	3,323,266	3,323,266
Total infants' deaths	247,147	177,605	253,326	186,625	259,659	191,290	266,150	196,073
Total surviving infants	2838836	2,832,654	2,909,807	2,976,508	2,982,552	3,050,921	3,057,116	3,127,193
Total pregnant women	3,085,983	3,010,259	3,163,133	3,163,133	3,242,211	3,242,211	3,323,266	3,323,266
Number of infants vaccinated (to be vaccinated) with BCG	2,993,404	2,919,951	3,131,502	3,131,502	3,209,789	3,209,789	3,290,034	3,290,034
BCG coverage	97 %	97 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	2,611,729	2,382,502	2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	2,934,831
OPV3 coverage	92 %	84 %	95 %	93 %	96 %	94 %	96 %	94 %
Number of infants vaccinated (to be vaccinated) with DTP1	2,753,671	2,735,859	2,880,708	2,880,708	2,952,726	2,952,726	3,026,545	3,026,545
Number of infants vaccinated (to be vaccinated) with DTP3	2,611,729	2,382,502	2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	2,934,831
DTP3 coverage	92 %	84 %	95 %	93 %	96 %	94 %	96 %	94 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	2,674,155	2,735,859	2,761,628	2,761,628	2,952,726	2,952,726	3,026,545	3,026,545
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	2,674,155	2,382,502	2,761,628	2,761,628	2,863,250	2,863,250	2,934,831	2,934,831
DTP-HepB-Hib coverage	90 %	84 %	95 %	93 %	96 %	94 %	96 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	2,674,155	2,735,859	2,761,628	2,761,628	2,952,726	2,952,726		
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	2,674,155	2,382,502	2,761,628	2,761,628	2,863,250	2,863,250		

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV10) coverage	90 %	84 %	95 %	93 %	96 %	94 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.05	1.11	1.05	1.05	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	2,065,253	0	720,177	720,177	2,952,726	2,952,726	3,026,545	3,026,545
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	2,065,253	0	720,177	720,177	2,863,250	2,863,250	2,934,831	2,934,831
Rotavirus coverage	0 %	0 %	95 %	24 %	96 %	94 %	96 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1	1	1	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	2,441,399	2,284,108	2,589,727	2,589,727	2,684,297	2,684,297	2,751,404	2,751,404
Measles coverage	86 %	81 %	89 %	87 %	90 %	88 %	90 %	88 %
Pregnant women vaccinated with TT+	2,684,805	1,986,771	2,846,820	2,846,820	2,917,990	2,917,990	2,990,940	2,990,940
TT+ coverage	87 %	66 %	90 %	90 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0		0	0	0	0	0	0
Vit A supplement to infants after 6 months	2,441,399	N/A	2,589,727	2,589,727	2,684,297	2,684,297	2,751,404	2,751,404
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	13 %	4 %	4 %	3 %	3 %	3 %	3 %

** Number of infants vaccinated out of total 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 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  In Ethiopia population proportion is adjusted every July of the year, instead of January, as the fiscal year runs from July through June. Therefore there was slight difference in the number of surviving infants (2,832,654 before July vs 2866284 after July). The adjusted surviving infant gives pentavalent-3 coverage of 83% while the other gives 84% coverage for the same number vaccinated children <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Justification for any changes in **surviving infants**

  There is slight change due to difference in Fiscal year between Ethiopian calendar (from July to June) and Julian calendar (January-December)

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  The targets for DPT-Hib-HepB 1 and DPT-Hib-HepB 3 are different from the GAVI decision for the year 2012 because GAVI decided that the planed coverage is in excess of 10% compared to 2011 administrative coverage.

- Justification for any changes in **wastage by vaccine**

  there is no change in wastage

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

The country was able to reach 324,342 more children for DPT-Hib-HepB 1 in 2012 as compared to 2011 and the performance is even higher than the plan set in APR-2011. However the DPT-Hib-HepB 3 coverage declined slightly from the previous year (83% vs 86%).<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The following major activities were conducted in 2012

Planning

- National woreda based health sector planning where immunization is also integrated was done.
- Review and updating of the comprehensive multiyear plan, 2011-2015 was done.

New vaccine introduction and GAVI application for campaign support

- Monitoring safety of PCV vaccination in selected sites; phase 4 safety study and 3 programmatic monitoring surveys were done.
- Preparatory activities for 2013 Rota vaccine introduction (finalization of IEC materials, training guidelines) done
- Risk analysis and prioritization of Men A vaccine introduction conducted
- ICC meetings to discuss on application for measles SIAs and preventive Men A campaign support facilitated.

Review and surveys

- PCV and EPI review meeting at zonal, regional and national levels conducted; Feb-May 2012

- National DQA assessment to improve data quality issues in EPI and other programs done
- National EPI coverage survey finalized.
- National survey on socio economic and behavioral determinants for utilization of immunization services finalized

Cold chain expansion and vaccine management

- In 2012, major progress have been made in construction of one of the biggest cold store in the country which is expected to be functional in few months' time.
- Additionally, procurement of 3 cold rooms and 415 ice lined refrigerators was initiated in 2012 to improve the capacity at regional and intermediate levels
- Prioritized procurement of solar powered refrigerators (including budget allocation)
- Submitted application for GAVI support on measles SIAs and Meningococcal A vaccines introduction
- Reviewed and endorsed ELMA project proposal for national cold chain and vaccine management improvement

Capacity Building

- Refresher training for HEWs was conducted (activities included reviewing and updating training guidelines, Master TOT for national and regional trainers followed by cascaded training for HEWs)
- Training of 14 cold room managers , stock management tool (SMT) included, was done
- MLM training for national and regional EPI focal persons (including case teams at FMOH): 23 mid level managers were trained at national level.

Polio Eradication

- Cross border meetings with 6 neighboring countries in Horn of Africa were conducted in Ethiopia, which identified population movement patterns, season and major exit/entry points as well as discussions on Routine immunization strengthening strategies, synchronization of SIAs activities and joint planning. 4 meetings were conducted with Somalia, Puntland, Djibouti, Kenya, North Sudan and South Sudan.
- Polio SIAs in 23 high risk zones – 2 rounds were conducted targeting 3.4 million under-five year old children.

Maternal and Neonatal Elimination

- Conducted TT campaign in the only high risk zones of Somali regions
- Prepared a guideline on sustaining MNT elimination in the country

Major challenges faced in 2012 are the following

- High staff turnover including trained ones
- Shortage of trained cold chain technicians
- Competing priorities affecting implementation of planned activities
- Late reporting of EPI data
- Low coverage and high dropout rates

The Federal Ministry and regional health bureas in collaboration of supporting partners tried to solve the challenges through

- provision of on job training and in-service trainings including on site cold chain maintenance training, standard training for cold room managers
- supporting EPI review meetings at national and regional levels
- Making EPI a priority agenda during high level officials meeting
- Use of health development army for defaulter tracing and promoting vaccinations at household levels

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

The EPI coverage declined from 86% in 2011 to 83% in 2012. Surveys and review meetings were conducted to identify the reasons for lack of progress in EPI performance. Major reasons were found to be related with denominator issues, inadequate stock management, low community awareness and mobile nature of the population in emerging regions; inadequate monitoring and also inadequate use of data for action .

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate

		Boys	Girls
NA	NA		

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

No discrepancies

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

No gender barrier was observed in several studies

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

The administrative coverage for DTP-Hib-HepB 3 in 2011was 86% while the coverage according to the 2012 National EPI coverage survey was 66% showing discrepancy in the two sources.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

A national EPI coverage survey was conducted in 2012 <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

National DQA was conducted in 2012

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

1) The country scaled up use of family folder in majority of the facilities. Family folders are created with unique identification for all clients where all services, preventive or curative , provided to clients are documented and archived at the health facilities

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

2) National EPI coverage survey was conducted in 2012. The coverage survey included review of EPI registrations in the nearby health facilities to document vaccination status of infants without vaccination card. This revealed important gaps in recording, reporting and archiving of immunization data at lower levels

3) A National data quality audit was done to assess the quality of the information system and to verify accuracy of reporting based on selected indicators of immunizations and other programs

4) HMIS implementation was scaled up in all regions , trained HMIS focal persons were assigned at different levels, computers were provided to health offices and health facilities; and currently the Ministry has launched piloting of eHMIS in selected areas

5) Health facilities are being supported to do regular LQAs

6) DQS trainings were given for region and district EPI officers

7) Performance appraisal committees are established in most health facilities

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Strengthen HMIS at all levels through supportive supervision, building the capacity of HMIS officers<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Strengthen implementation of family folder in all health facilities
- Improve the capacity to use data for planning, action and decision making at all levels (planning based on evidence)
- Conduct national DQA twice a year
- Continued advocacy to send EPI reports to national level on a monthly basis
- Include DPT-HepB-Hib 1 and OPV among the list of indicators to be reported up to national level (monthly reporting and adding additional indicators are exceptionally decided against the norm of quarterly reporting of only selected indicators)

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 18.6

Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	NA	NA
Traditional Vaccines*	2,018,025	2,018,025	0	0	0	0	0	0
New and underused Vaccines**	102,790,084	4,745,753	96,716,928	1,327,403	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,168,413	962,094	861,797	344,522				
Cold Chain equipment	225,737					225,737		
Personnel	309,740			309,740				
Other routine recurrent costs	0							
Other Capital Costs	0							
Campaigns costs	0							
Total Expenditures for Immunisation	107,511,999							
Total Government Health		7,725,872	97,578,725	1,981,665	0	225,737	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Government funding is allocated for traditional vaccines

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Not implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

The ICC during its meetings in 2012 made the following major recommendations<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. National cold chain inventory should be conducted and the observed gaps should be alleviated based on evidences from the inventory
2. EVM should be conducted in 2013
3. The country should improve stock management
4. The country should prepare EPI improvement plan based on the findings of the national EPI coverage survey
5. Harmonization effort should continue with regions to set realistic EPI coverage targets
6. Conducting national cold chain inventory

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:
CCRD/CORE Group

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

1) Prepare EPI improvement plan based on EPI coverage survey and other studies and monitor performance according to the agreed up on indicators:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

•□□□□□□□□ Increase DTP-Hep B-Hib 3 coverage from 83% to 95% nationally and achieve at least 80% coverage in 80% of districts by the end of 2013

•□□□□□□□□ Reduce DTP-Hep B-Hib 1to DTP-Hep B-Hib 3drop out to less than 5%

2) Introduce new vaccines: Rota and Men A vaccines

3) Implement the measles elimination, including a national measles SIA

4) Maintain polio free status

5) Sustain maternal and neonatal tetanus elimination

6) Increase the cold chain capacity at all levels with shift to solar powered refrigerators at operational levels in selected areas

7) Achieve 90% timeliness of reporting at national level

8) Continue the effort to harmonize denominators so as to get reliable targets in all areas

9) Improve data quality

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD-Syringes	Government
Measles	AD-Syringes	Government
TT	AD-Syringes	Government
DTP-containing vaccine	AD-Syringes	GAVI
PCV	AD-Syringes	GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No problem is observed interms of implementing the use of AD-syringe for all immunizations. The policy of using one AD-Syringe for all antigens is implemented fully.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

The country policy is to dispose of all used syringes in to safety box and to dispose filled safety boxes using incinerators. All hospitals and most health centers have incinerators while burning is practiced at lower level (health posts). Health posts are now encouraged to use the incinerator in the nearby health centers to dispose filled safety boxes. The challenge with regards to this is lack of maintenance of incinerators and unavailability in all sites. Currently waste disposal facilities are being inventoried and appropriate actions will be implemented to strengthen the functionality and availability of waste disposal facilities

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	276,940	3,318,690
Total funds available in 2012 *(C=A+B)*	276,940	3,318,690
Total Expenditures in 2012 *(D)*	276,758	3,316,503
Balance carried over to 2013 *(E=C-D)*	182	2,187

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

GAVI ISS funds are used for strengthening routine immunization activities that are proposed by ICC. The

Budget is then approved by the state minister of health. The state minister writes letter to the finance

directorate to disburse to the regions as per the ICC proposed break down and the fund are transferred to

regions from the finance directorate through the bank.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Funds are transferred through government bank and deposited in to the government bank account of the subnational bureaus of health.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

The available fund was utilized mainly to cover cost of operational activities related with immunization including for supportive supervision for regional case teams, transportation of vaccines and supplies, for review meetings and renting of dry stores.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	8,552,413	6,024,200	2,528,213	No
Pneumococcal (PCV10)	10,024,442	9,067,900	956,842	No
Rotavirus	5,421,290	0	0	No

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  Because the stock availability was adequate

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  Meetings are held between different units of MOH and UNICEF to evaluate vaccine procurement and shipment and to compare with the available stock

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

No stock out was reported

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	Not selected	
Nationwide introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Not selected	

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	Not selected	
Nationwide introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Not selected	

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	Not selected	
Nationwide introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Not selected	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

Post Introduction evaluation was done for PCV in March 2013. The report is being finalized.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Not selected**

Is there a national AEFI expert review committee? **Not selected**

Does the country have an institutional development plan for vaccine safety? **Not selected**

Is the country sharing its vaccine safety data with other countries? **Not selected**

Is the country sharing its vaccine safety data with other countries? **Not selected**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Not selected**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)		
Remaining funds (carry over) from 2011 (B)		
Total funds available in 2012 (C=A+B)		
Total Expenditures in 2012 (D)		
Balance carried over to 2013 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Please describe any problem encountered and solutions in the implementation of the planned activities

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2,161,913	651,330
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2,583,840	307,600
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	Government	
Donor		

Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	422,160	
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	January	Government
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	January	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	January	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2009**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **August 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Ethiopia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Ethiopia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Ethiopia is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,832,654	2,976,508	3,050,921	3,127,193	11,987,276
	Number of children to be vaccinated with the first dose	Table 4	#	2,735,859	2,761,628	2,952,726	3,026,545	11,476,758
	Number of children to be vaccinated with the third dose	Table 4	#	2,382,502	2,761,628	2,863,250	2,934,831	10,942,211
	Immunisation coverage with the third dose	Table 4	%	84.11 %	92.78 %	93.85 %	93.85 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,429,375				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,429,375				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

no differebnce between the two

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	7,914,500	8,579,100	8,684,000
Number of AD syringes	#	9,218,800	9,999,700	10,143,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	102,350	111,000	112,600
Total value to be co-financed by GAVI	$	17,633,500	19,114,500	18,887,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	805,100	872,700	907,900
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	1,744,000	1,890,500	1,918,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.23 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	2,735,859	2,761,628	254,963	2,506,665
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	8,207,577	8,284,884	764,887	7,519,997
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	8,617,956	8,699,129	803,132	7,895,997
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		20,294	1,874	18,420
H	**Stock on 1 January 2013**	*Table 7.11.1*	1,429,375			
I	**Total vaccine doses needed**	*F + G – H*		8,719,473	805,010	7,914,463
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		9,218,748	0	9,218,748
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		102,329	0	102,329
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		17,752,848	1,638,999	16,113,849
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		428,672	0	428,672
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		59,351	0	59,351
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		1,136,183	104,897	1,031,286
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		19,377,054	1,743,895	17,633,159
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,743,895		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.23 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	9.23 %			9.46 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	2,952,726	272,606	2,680,120	3,026,545	286,455	2,740,090
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	8,858,178	817,816	8,040,362	9,079,635	859,365	8,220,270
E	**Estimated vaccine wastage factor**	*Table 4*	1.05			1.05		
F	**Number of doses needed including wastage**	*D X E*	9,301,087	858,706	8,442,381	9,533,617	902,333	8,631,284
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	150,490	13,894	136,596	58,133	5,503	52,630
H	**Stock on 1 January 2013**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	9,451,627	872,605	8,579,022	9,591,800	907,840	8,683,960
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	9,999,622	0	9,999,622	10,142,923	0	10,142,923
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	110,996	0	110,996	112,587	0	112,587
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	19,243,513	1,776,623	17,466,890	19,049,315	1,802,970	17,246,345
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	19,243,513	0	464,983	19,049,315	0	471,646
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	64,378	0	64,378	65,301	0	65,301
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,231,585	113,704	1,117,881	1,219,157	115,391	1,103,766
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	21,004,459	1,890,326	19,114,133	20,805,419	1,918,360	18,887,059
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,890,326			1,918,360		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	2,832,654	2,976,508	3,050,921	8,860,083
	Number of children to be vaccinated with the first dose	Table 4	#	2,735,859	2,761,628	2,952,726	8,450,213
	Number of children to be vaccinated with the third dose	Table 4	#	2,382,502	2,761,628	2,863,250	8,007,380
	Immunisation coverage with the third dose	Table 4	%	84.11 %	92.78 %	93.85 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,542,834			
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,542,834			
	Number of doses per vial	Parameter	#		2	2	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	$		3.50	3.50	
cc	Country co-financing per dose	Co-financing table	$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	$		0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		3.00 %	3.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

no difference between the two

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Low

	2012	2013	2014
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20
Your co-financing	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014
Number of vaccine doses	#	8,236,100	8,927,600
Number of AD syringes	#	9,218,800	9,999,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	102,350	111,000
Total value to be co-financed by GAVI	$	30,179,500	32,713,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014
Number of vaccine doses	#	483,800	524,400
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country ^[1]	$	1,744,000	1,890,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.55 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	2,735,859	2,761,628	153,212	2,608,416
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	8,207,577	8,284,884	459,634	7,825,250
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*	8,617,956	8,699,129	482,615	8,216,514
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		20,294	1,126	19,168
H	Stock on 1 January 2013	*Table 7.11.1*	2,542,834			
I	Total vaccine doses needed	*F + G – H*		8,719,823	483,763	8,236,060
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		9,218,748	0	9,218,748
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		102,329	0	102,329
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		30,519,381	1,693,170	28,826,211
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		428,672	0	428,672
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		59,351	0	59,351
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		915,582	50,796	864,786
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		31,922,986	1,743,965	30,179,021
U	Total country co-financing	*I x country co-financing per dose (cc)*		1,743,965		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.55 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2014		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.55 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	2,952,726	163,813	2,788,913
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	8,858,178	491,439	8,366,739
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	9,301,087	516,011	8,785,076
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	150,490	8,349	142,141
H	**Stock on 1 January 2013**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	9,451,977	524,382	8,927,595
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	9,999,622	0	9,999,622
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	110,996	0	110,996
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	33,081,920	1,835,336	31,246,584
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	33,081,920	0	464,983
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	64,378	0	64,378
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	992,458	55,061	937,397
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	34,603,739	1,890,396	32,713,343
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,890,396		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.55 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,832,654	2,976,508	3,050,921	3,127,193	11,987,276
	Number of children to be vaccinated with the first dose	Table 4	#	0	720,177	2,952,726	3,026,545	6,699,448
	Number of children to be vaccinated with the second dose	Table 4	#	0	720,177	2,863,250	2,934,831	6,518,258
	Immunisation coverage with the second dose	Table 4	%	0.00 %	24.20 %	93.85 %	93.85 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing		0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing		0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	1,667,400	6,498,700	5,636,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	$	4,464,500	17,400,500	15,092,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	134,600	524,700	455,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	360,500	1,405,000	1,218,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.47 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	720,177	53,795	666,382
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	1,440,354	107,590	1,332,764
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	1,440,354	107,590	1,332,764
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		360,089	26,898	333,191
H	**Stock on 1 January 2013**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		1,801,943	134,600	1,667,343
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		4,594,955	343,228	4,251,727
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		229,748	17,162	212,586
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4,824,703	360,389	4,464,314
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		360,389		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		7.47 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	7.47 %			7.47 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	2,952,726	220,559	2,732,167	3,026,545	226,073	2,800,472
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	5,905,452	441,118	5,464,334	6,053,090	452,145	5,600,945
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	5,905,452	441,118	5,464,334	6,053,090	452,145	5,600,945
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	1,116,275	83,382	1,032,893	36,910	2,758	34,152
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	7,023,227	524,611	6,498,616	6,091,500	455,014	5,636,486
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*						
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	17,909,229	1,337,759	16,571,470	15,533,325	1,160,286	14,373,039
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	17,909,229	0	0	15,533,325	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	895,462	66,888	828,574	776,667	58,015	718,652
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	18,804,691	1,404,646	17,400,045	16,309,992	1,218,301	15,091,691
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,404,646			1,218,300		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

    a. Progress achieved in 2012

    b. HSS implementation during January – April 2013 (interim reporting)

    c. Plans for 2014

    d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

    a. Minutes of all the HSCC meetings held in 2012

    b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

    c. Latest Health Sector Review Report

    d. Financial statement for the use of HSS funds in the 2012 calendar year

    e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

    a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

    b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

    c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **43568106** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						6255481
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						3127740
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						3127740
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						3127740
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						3127740

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	40440366	19662818	8840818	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	40440336			

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						115225000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						57612700
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						57612700
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						57612700
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						57612700

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	744907000	362187000	162847000	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	744907000			

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Has an external audit been conducted? Not selected

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Integrated Refresher Training for Health Extension workers	Conduct Master TOT on IRT training modules for 346 Health professionals	95842				
	Provide Integrated Refresher Training(IRT) for 397 Woreda HEP focal persons, 5,418 supervisors and Health center staff, and 16,780 HEWs (total number of trainees 22,595)	6258815				
	Printing of Facilitators guideline in 40,000 copies for IRT	78400				
	Printing of Participants manual in 240,000 copies for IRT participants	396000				

	Printing of Family health card in 20,000,000 copies	2300000				
	Printing of IRT implementation plan in 3,000 copies for HPDP, Regions, Zones and woreda health offices and HEW supervisors	1770				
	Printing of HEW hand book in 54,485 copies for the existing HEWs and newly to be deployed in the planning period	89900				
	Printing of First Aid Materials in 15,000 copies one for each Health post	239400				
Equip newly constructed HC	Equip newly constructed 250 Health	8500000				
Improving access to primary health care services in selected low performing and hard to reach areas so as to improve immunization	Prepare guideline for CSO participation, review, approve and award a grant for CSOs who presented grant as per the TOR	2000000				
Strengthening Health Forum to facilitate overall involvement and collaboration of CSOs working in Immunization and child health	Strengthen the health forum to facilitate and effective collaboration between CSOs and public health sector	60000				
Strengthening the capacity of the cold chain system	Procurement of 1000 Refrigerators per year	6000000				
	Procurement of cold chain equipment - spare parts for 10,000 Refrigerators	2400000				
	Procurement of cold chain equipment for cold rooms	245000				
	Procurement of 1600 cold boxes for new health facilities constructed	1280000				

	Procurement of 5 refrigerated trucks for distribution of vaccines and medical supplies	1200000				
Establishing and strengthening regional medical equipment maintenance workshops with special focus on the cold chain system	Construction of 10 Medical Equipment Maintenance workshop	3129479				
	Equipping of ten medical equipment maintenance workshop constructed	2315000				
Supply PV solar for health centers	300 PV solar supply and installation at 300 health center in three consecutive years	6180000				
Capacity building of health extension supervisors and Woreda EPI focal persons on management and preventive maintenance of cold chain	Training of 5,222 HEW supervisors, EPI and woreda health office focal persons on management and preventive maintenance of cold chain.	458070				
	Procurement of 1790 motor-bikes to the trained HEW supervisors for facilitation of transportation service so that they will be able to carry out effective supportive supervision and preventive maintenance and management of the cold chain in a timely manner.	3248850				
Management of HSS	Conduct supportive supervision, review meeting and final assessment as part of the overall sector review	219321				
		46695847	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Ethiopia **has NOT received GAVI TYPE A CSO support**

Ethiopia is not reporting on GAVI TYPE A CSO support for 2012

10.2. 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 support1

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

APDA Afar PastoralistDevelopment Association

CSO Civil SocietyOrganizations

CRDA Christian Reliefand Development Association

EMA EthiopianMedical Association

EOC-DICAC Ethiopian OrthodoxChurch Development & Inter Church Aid Commission

FMoH Federal Ministryof Health

HEW HealthExtension Worker

JCCC Joint CoreCoordinating Committee

MLM Mid LevelManagers

NGOs Non GovernmentalOrganizations

ODA OromiaDevelopment Association

VCHW VoluntaryCommunity Health Workers

10.2.1. **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.

Progress by CSOs:

I) CRDA:

Christian Relief and DevelopmentAssociation (CRDA) through the Core Group have also entered in to theimplementation of the first year of the project.

To improve documentation CRDA provided EPI registration and recording formatsto all 14 woredas based on the redesigned HMIS format. CRDA also supportedKerosene, Motorbike oil, and distribution of vaccines, syringes to alldistricts and 42 health facilities respectively which helps to strengthen theimmunization services which intern helps to improve penta vaccination coverage.

Additionally, CRDA trained 67 health professionals in all implementation Woredason EPI-RED Micro planning and training on cold chain use given for 7 people. Tocreate awareness and to mobilize the community, CRDA organized socialmobilization session organized in Jinka town where 150 community leaders,district administrative, religious and ethnic leaders and representatives of districthealth office participated. In order to improve the performance and monitor theprogress of the project CRDA conducted supportive supervision at health centreand health post level in Gambella and also in the South Omo Zonal HealthDepartment. Review meeting and supportive supervision was also undertaken inmalle district where 82 health professionals, woreda officials attended.

II) EMA

Ethiopian Medical association is one of the awardeesof the GAVI CSO project to work on immunization and child health specificallyon implementation of the GAVI/CSO alliance project called “support on routine immunization services in pastoralist areas hasconducted mid level managers training for 60 woreda EPI coordinators and otherhealth professionals.

-One review meeting was conducted with SRHB (Somali Regional Health Bureau)

III) EOC:

EthiopianOrthodox Church is a faith based organization that has been awarded GAVI CSOsupport grant. EOC as a continuation of previously conducted trainings, 381woreda level clergy trained. In addition; a total of381 immunizationregistration books were provided one per trainee for the clergies and 3774copies of reporting formats also distributed.

IV) ODA :

ODA has been implementing programmes inimmunization and child health at the grass the grass root level to createdemand for immunization. It has excretedefforts to capacitate immunization programme managers through MLM training inOromia regional state.

ODAhas conducted MLM training for 170 health officers, environmental healthofficers, nurses and midwives in 7 Oromia zones.

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).

Challenges:

ODA

No reported challenges

EOC

Some woreda level focal persons& trained clergy in some Woredas failed to regularly send monthly reportsto head office and woreda focal person respectively because the interruption ofthe project budget for the last few months

EMA

Noof woredas at Somali regions increased which leads to shortage of budget toimplement the planned activities as per the plan.

CRDA

- ·Dalliance ofproject startup during re-activation of projects,
- ·Dalliance ofmotor bike maintenance due to slow purchasing process,
- ·Health extensionworkers and health workers in some districts were busy on other pertinent healthcommitments,
- ·Shortage ofbudget to implement the planned activities due to price inflation.
- ·Lack timelyreporting as per the redesigned HMIS in some of implementation districts e.g.Gambella

Long process todevelop and purchase promotion materials, immunization diploma for infants;

- ·Poor quality ofdata recording at health post level, and turnover of trained EPI staff;
- ·Inaccessibility oftransport during raining season in some woredas;
- ·Luck ofcommitment from health workers at HP & HC;
- ·Inadequate supplyand utilization of HMIS.

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.

WhileFMoH is the lead Managing body for GAVI CSO Support grants, JCCC follows theoperational aspects of the program. GAVI Alliance type B CSO support hascreated an environment and opportunity for the CSOs to interact with theMinistry of Health from the beginning of project formulation, provision of feedbacks and implementation and follow up of the projects. Furthermore; the CSOsthat are currently engaged in Immunization services through GAVI CSO supporthave created better relationships with EPI program at Health Promotion andDisease Prevention Directorates of FMOH.

Moreover; as the CSOs are working with the regional governments of the respectiveregions an opportunity has been created between the Regional Health Bureaus andthe CSOs to relate and interact in a more productive manner bringing togetherthe CSOs and Health Bureau Officials on various issues related to Immunization.

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

Currently four CSOs (CRDA, EMA, ODA & EOC)are working on the project to strengthen immunization services. APDA wasfinished the project implementation in the first round. Thus, GAVI support has allowed all CSOs to expand theirinvolvement in supporting health sector programs particularly the nationalimmunization program

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Timingof disbursement of fund from GAVIwas better than last year and has had apositive effect on implementation ofmajority activities by CSO

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.

Table 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2012	Outcomes achieved

CCRDA	Yes	CRDA provided EPI registration and recording formats to all 14 woreda based on the HMIS format. - supported Kerosene, Motorbike oil, and distribution of vaccines, syringes to all districts and 42 health facilities respectively. - Trained 67 health professionals in all implementation Woredas on EPI-RED Micro planning. - Training on cold chain use given for 7 peopleOrganized social mobilization session to create awareness and to mobilize the society, in Jnka town where 150 community leaders, district administrative, religious and ethnic leaders and district health office participated. - Conducted supportive supervision at health center and health post level in Gambella and also in the South Omo Zonal Health department in order to improve the performance and monitor the progress of the project - Review meeting and supportive supervision was also undertaken in malle district where 82 health professionals, woreda officials attended.- S.Omo health department has given attention to mobilize health workers for increasing of EPI coverage - EECMY purchased & distributed Motor bikes spare parts to nine GAVI project operational woredas. -WVE has provided support for 28 outreach sites and 9 static sites, and defaulter tracing using CVSFPS to mobilize mothers / care takers all to strengthen existing and outreach EPI sites.	Penta3 coverage for S.Omo zone (SNNPR) is 66.1%, Assosa zone (B/G) is 85%, Coverage of Gambella region for penta3 is 107%, Afder Zone is 30% Liben zone (Somali region) the coverage is 55%. EPI coverage is increased by 8% from the previous quarter of 93%.
EMA	No	Has conducted mid level managers training for 60 woreda EPI coordinators and other health professionals. -One review meeting was conducted with SRHB (Somali Regional Health Bureau)	
EOC	Yes	381 woreda level clergy trained on Immunization services -381 immunization registration books provided for all trained clergies - 3774 copies of reporting formats distributed and a total of 6849 referral cards distributed	381 clergies trained on immunization services. - PENTA 3 coverage has reached 64% Data from regional health office
ODA	No	ODA has conducted MLM training for 170 health officers, environmental health officers, nurses and midwives in 7 Oromia zones.	500973 community members trained to educate community and refer eligible mothers and children for immunization and child health services. - immunization coverage increased to 86.9% in Oromia region. (source; routine report

Please list the CSOs that have not yet been funded, but are due to receive support in 2012/2013, 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.

Table 10.2.1b: Planned activities and expected outcomes for 2012/2013

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2012/2013	Expected outcomes
CCRDA	Yes	Sensitize CVs on EPI -QRM at woreda level -Quarterly JSS -Activity to support woreda level planning and improve documentation -support outreach EPI activities -participate on ICC for SIAs measles and enhanced outreach strategy (EOS) campaign -Distribution of EPI formats -Support of ERIA -provide fuel for motor bikes and refrigerators -prespetrian communication mainstreaming training -support social mobilization activities involving school community, clan/ religious leaders, women and youth association and other stakeholder -Maintenance of motor bike and refrigerators - Support the existing and re-establishment of static and outreach immunization service. -Support planning and improvement of documentation. -Awareness creation. -Social mobilization and advocacy. -Monitoring and Evaluation of EPI activities.	-80% -100% -100% -80% -100% -100% -80% -100% -100% -100% -90% -100%
EMA	Yes	-Review planning meeting conducted in Somali Regional state. -Training on MLM conducted in Somali regional state for a total of 60 trainees -Final end assessment of the project	-Increase Immunization coverage to 90% in project areas -200 EPI coordinators trained by the end of project period -304 Health Workers trained by the end of project period -50% of the health facilities visited after the training
EOC	Yes	-conduct clergy training for 550. -to distribute IEC/BCC materials including referral cards of 74800 -conducting 11 woreda level review meeting -print and distribute 550 registration books -conduct 1 supportive supervision and monitoring by head office.	To increase access to at least 90% eligible children and reproductive age mothers. -1768 clergy will be able to educate the community on immunization and refer eligible mothers and children for immunization and child health services

10.2.2. **Future of CSO involvement to health systems, health sector planning and immunisation**

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

CSO plays an active role both in the HPN and ICCand therefore directly involved in planning, reviewing and coordinating theHealth Sector Development Plan. CSOs actively engaged in the development of2012-2015 HSFP proposal to support government effort to reach low performingand hard to reach areas. It was allocated a total budget of 8,000,000 USD in theproposal and award will be given after a call for CSOs proposal

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

It will be determine after a call for CSOs proposal.

10.2.4. **Receipt and expenditure of CSO Type B funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2012 year

	Amount US$	Amount local currency

Funds received during 2012 *(A)*	1,336,500	23,857,193
Remaining funds (carry over) from 2011 *(B)*	76,749	845,644
Total funds available in 2012 *(C=A+B)*	1,413,249	24,702,837
Total Expenditures in 2012 *(D)*	121,254	1,023,129
Balance carried over to 2013 *(E=C-D)*	1,291,995	23,679,708

Is GAVI's CSO Type B support reported on the national health sector budget? **No**

Briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

The GAVI CSO Support funds are channeled through the MDG pool fund which is an account held by the Ministry of Health in the National bank of Ethiopia. Financial reports and progress reports were collected from all entities where funds were channeled. The JCCC has been following the process and issues to be resolved are presented to the JCCC for approvals.

Detailed expenditure of CSO Type B funds during the 2012 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2012 calendar year **(Document Number)**. Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? No

External audit reports for CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number).

10.2.5. **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.

Table 10.2.5: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
	Amount of Fuel (Kerosene, Benzene, Gasoil, Lubrica	Partner's report	NA		May 2013		Sept 2013
	# of Recording and reporting formats (Pads	Partner's report	NA		May 2013		Sept 2013
	# IEC materials provide	Partners report	NA		May 2013		Sept 2013
	# of Recording and reporting formats	Partner's report	NA		May 2013		Sept 2013
	# of Recording and reporting formats	Partner's report	NA		May 2013		Sept 2013
	# IEC materials provided	Partner's report	NA		May 2013		Sept 2013
Benshangul Asosa zone:Immunization service	Penta 3	ZHD EPI	75.9	85	May 2013		Sept 2013

celebrate annual immunization days	No. of woredas that celebrated immunization day	Quarterly progress report	0	11		65	Sept 2013
Conduct public rally	No. of woredas that conduct public rally	Quarterly progress report	0	11		22	Sept 2013
Conduct review meeting	No. of review meetings conducted	Quarterly progress report	0	2		33	Sept 2013
CRDA, SNNPR, S.Omo :Immunization service	Penta 3	ZHD EPI	42.8	66.1	May 2013	85	Sept 2013
EMA : training of MLM	No. of training Sessions conducted	Quarterly report	0	16	May 2013	22	Sept 2013
EOC: Training of trainers	No. of EOC staffs and clergies trained	Quarterly progress report	0	404	May 2013	23	Sept 2013
Gambella 3 zones:Immunization service	Panta 3	RHB EPI	53	107	May 2013		Sept 2013
Immunization service	Measles	ZHD EP	37	58	May 2013	83	Sept 2013
Immunization service	TT2+ (PW)	ZHD EPI	31.2		May 2013	41	Sept 2013
Immunization service	Measles	RHB EPI	42.5	91.2	May 2013		Sept 2013
Immunization service	TT2+ (PW)	RHB EPI			May 2013		Sept 2013
Immunization service	Measles	ZHD EPI	53.4	59	May 2013		Sept 2013
Immunization service	TT2+(PW)	ZHD EPI	29.6	39.4	May 2013		Sept 2013
Immunization service	TT2+(PW)	RHB EPI	15.4		May 2013	25	Sept 2013
Mobilize community for immunization	Penta3 coverage	Statistics from Zonal Health Office	73%	92%	May 2013	90	Sept 2013
ODA: Training of HEW	No .of HEW trained	Statistics from Zonal Health Office	0	2600	May 2013	5200	September 2013
Printing and distributing registration book	No. of registration book printed and distributed	Quarterly progress report	0	2634	May 2013	1776	Sept 2013
Printing and distribution of referral cards	No. of referral cards printed and distributed	Quarterly progress report	0	190802	May 2013	361997	Sept 2013
Printing and distribution of formats	No. of formats produced/disseminated	Quarterly progress report	0	5197	May 2013	2500	Sept 2013
Printing and distribution of IEC materials	No. of IEC materials produced/disseminated	Quarterly progress report	0	15549		15500	Sept 2013
Quality immunization services	Penta3 coverage	Statistics from Zonal Health Office	64%	Wil be evaluated at the end of the project	May 2013	70	End of Project
Refresher Training of VCHW	No .of HEW trained	Statistics from Zonal Health Office	0	2100	May 2013	3000	Sept 2013
Somali Afder Zone: Immunization Service	Penta 3	RHB EPI	11.9	30	May 2013	65	Sept 2013

Somali Lisben zone: Immunization Service	Penta 3	RHB EPI	84.3	55	May 2013	90	Sept 2013
Somali Shinile Zone:Immunization service	Penta 3	RHB EPI	18.8		May 2013	54	Sept 2013
Training of clergies	No. of clergies trained	Quarterly progress report	0	2631	May 2013	1768	Sept 2013
Training of EPI coordinators	No. of EPI coordinators trained	Quarterly report	0	213	May 2013	200	Sept 2013
Training of Health workers	# HWs trained on EPI	Partner's report	NA	97 HWs	May 2013	104	Sept 2013
Training of HWs	No. of HWs trained in immunization	Quarterly report	0	209	October 2010	304	Sept 2013

Planned activities :

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.

11. Comments from ICC/HSCC Chairs

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. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✔	ICC signuture.pdf File desc: Date/time: 5/20/2013 7:39:22 AM Size: 1459033
2	Signature of Minister of Finance (or delegated authority)	2.1	✔	ICC signuture.pdf File desc: Date/time: 5/20/2013 7:39:22 AM Size: 1459033
3	Signatures of members of ICC	2.2	✔	ICC signuture.pdf File desc: Date/time: 5/20/2013 7:46:43 AM Size: 1459033
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✔	EPI ICC meeting minute_3 July 2013.docx File desc: Date/time: 7/10/2013 4:04:00 AM Size: 365041
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✘	financial statment ISS.pdf File desc: Date/time: 5/22/2013 7:09:22 AM Size: 470392
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✘	GAVI CSO financial statement.docx File desc: Date/time: 5/22/2013 7:03:29 AM Size: 2132090