GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Ethiopia

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **15/05/2014**

Deadline for submission: 16/05/2014

Please submit the APR 2013 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: **2013**

Requesting for support year: **2015**

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

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	Yes	Next tranch of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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
Mr. Sintayehu Abebe	FMOH EPI Manager	+251910003918	sintayehumulu44@yahoo.com
Dr. Aschalew Teka	WHO EPI Officer	+251911336737	tekabekelea@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 Kebede Worku/ State Minister of Health/FMOH Ethiopia	FMOH		
Dr Tewodros Bekele / Maternal and Child Health Directorate Director	FMOH		

Dr. Abdissa Kurkie /Disease Prevention & Control Directorate Director	FMOH		
Mr. Noah Elias/Policy & Plan Directorate Director	FMOH		
Mr. Kassahun Sime/Health System Special Support Directorate Director	FMOH		
Mrs. Meseret Yetube /Health Extension and Primary Health Service Directorate Director	FMOH		
Dr. Mpele-Kilebou,Pierre/ WHO Representative	WHO		
Mr. Peter Salama/UNICEF Representative	UNICEF		
Dr. Teklay Kidane/Immunization Coordinator	CHAI		
Dr. Filmona Bisrat/Program Coordinator	CCRDA/CORE Group		

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

All comments will be treated confidentially

Comments from Partners:

FMOH need to effectively coordinate all efforts of stake holdres in order to achieve the set targets in the improvement plan.

Comments from the Regional Working Group:

None

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), not applicable , 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

Not applicable	Not applicable		

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

All comments will be treated confidentially

Comments from Partners:

Not applicable

Comments from the Regional Working Group:

Not applicable

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
reported separately	reported separately		

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

3. Table of Contents

This APR reports on Ethiopia's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

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)							
	2013		2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	3,163,133	2,932,584	3,242,211	3,242,211	3,323,266	3,323,266		3,323,266		3,323,266
Total infants' deaths	186,625	189,889	191,290	191,290	196,073	196,073		196,073		196,073
Total surviving infants	2976508	2,742,695	3,050,921	3,050,921	3,127,193	3,127,193		3,127,193		3,127,193
Total pregnant women	3,163,133	3,207,269	3,242,211	3,242,211	3,323,266	3,323,266		3,323,266		3,323,266
Number of infants vaccinated (to be vaccinated) with BCG	3,131,502	2,251,772	3,209,789	2,888,810	3,290,034	3,049,300		3,049,300		3,049,300
BCG coverage	99 %	77 %	99 %	89 %	99 %	92 %		92 %		92 %
Number of infants vaccinated (to be vaccinated) with OPV3	2,764,316	2,194,156	2,863,250	2,745,829	2,934,831	2,970,833		2,970,833		2,970,833
OPV3 coverage	93 %	80 %	94 %	90 %	94 %	95 %		95 %		95 %
Number of infants vaccinated (to be vaccinated) with DTP1	2,880,708	2,496,925	2,952,726	2,898,375	3,026,545	3,026,545		3,026,545		3,026,545
Number of infants vaccinated (to be vaccinated) with DTP3	2,764,316	2,259,212	2,863,250	2,745,829	2,934,831	2,934,831		2,934,831		2,934,831
DTP3 coverage	93 %	82 %	94 %	90 %	94 %	94 %		94 %		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	2,761,628	2,496,925	2,952,726	2,898,375	3,026,545	3,095,921				
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	2,761,628	2,259,212	2,952,726	2,745,829	2,934,831	2,970,833				
DTP-HepB-Hib coverage	93 %	82 %	97 %	90 %	94 %	95 %		0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	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		1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	2,761,628	2,138,233	2,952,726	2,898,375		3,026,545		3,026,545		3,026,545
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	2,761,628	1,967,405	2,952,726	2,745,829		2,970,833		2,970,833		2,970,833

Pneumococcal (PCV10) coverage	93 %	72 %	97 %	90 %	0 %	95 %		95 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%)	10	10	5	10		10		10		10
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.11	1.05	1.11	1	1.11		1.11		1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	720,177	0	2,952,726	2,898,375	3,026,545	3,095,921				
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	720,177	0	2,952,726	2,745,829	2,934,831	2,970,833				
Rotavirus coverage	24 %	0 %	97 %	90 %	94 %	95 %		0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	0	0	0	0				
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1	1	1	1		1		1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	2,589,727	2,090,263	2,684,297	2,684,297	2,751,404	2,898,375		2,898,375		2,898,375
Measles coverage	87 %	76 %	88 %	88 %	88 %	93 %		93 %		93 %
Pregnant women vaccinated with TT+	2,846,820	2,163,985	2,917,990	2,917,990	2,990,940	2,990,940		2,990,940		2,990,940
TT+ coverage	90 %	67 %	90 %	90 %	90 %	90 %		90 %		90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0		0		0
Vit A supplement to infants after 6 months	2,589,727	2,589,727	2,684,297	2,684,297	2,751,404	2,751,404	N/A	2,751,404	N/A	2,751,404
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	10 %	3 %	5 %	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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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**

  For the year 2013, the population figures areconsistent with the WHO/UNICEF Joint reporting format for 2013

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

  For the year 2013, the population figures areconsistent with the WHO/UNICEF Joint reporting format for 2013

- 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 the 2014 and 2015 are revised asper the routine immunization improvementplan which is in agreement with the GAVI recommendation (does not exceed 10% increment)

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

  No change

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

The year 2013 was a unique yearfor the Federal Ministry of health in general and the immunization program in particularas this was the busiest year when several major undertakings happened includingrestructuring of the Ministry, implementation of national SIAs, conducting assessmentsand preparation of improvement plans.

The Ministry set a target ofreaching 99%, 93% and 87% of infants under one year for DPT1, DPT3 and measlesvaccines along with the other antigens that are administered during the samevisit. Despite the overlapping ofseveral major and demanding activities that took place during the year, effortwas made to deliver immunization services as regularly as possible. The immunization performance as judged by the2013 HMIS report was reported to be 91%, 82.3% and 76% for DPT1 , DPT 3 andmeasles vaccines respectively. However, the performance accuracy was believedto be negatively affected by incomplete reporting and denominator problems.Even if the existing HMIS is designed for quarterly reporting of aggregateddata, effort was made to compile data disaggregated by districts and which isreported in the joint WHO/UNICEF reporting format.

A number of activities have beenundertaken in 2013 and these are summarized as below:

Restructuring

The Ministry completedrestructuring of the previous business process with a major shift to programoriented approach. The restructuring placed immunization as a standaloneprogram under the Maternal and child health directorate staffed with acoordinator and adequate number of experts of various training background andimmunization experience. The new EPI case team tried to organize the program insuch a way to effectively coordinate activities and support regions. Most ofthe times during the first 3-4 months after the restructuring were dedicated tobuild a strong team, plan alignment and at the same time implement nationalactivities of emergency and critical nature.

Measles SIAs

The country submitted theapplication to GAVI for support of the measles SIAs which was initiallyproposed for

less than 15 years. Despite strong epidemiological evidencesjustifying the need to implement an SIA aiming to reach 95% of the under 15,the campaign was implemented targeting only those children between 9-59 monthsof ages due to resource constraints. The campaign was successfully implementednationally from 29 May up to 3 June 2013 and a total of 11,609,484 eligiblewere vaccinated achieving 98% administrative coverage.

Post measles campaign coveragesurvey was conducted using the LQA design which allowed identification of zonesthat achieved a certain limit to judge them as passed or failed. The findingwas used to inform zones and woredas to take actions accordingly. The surveyteam is working on the report and a final report is expected soon.

Men A campaign

The country conducted a vaccination campaign against Meningitis A fromOctober 17 to 26, 2013 targeting a total of 18,926,853 populations of 1-29years of age located in 30 zones of ix regions. The administrative reportshowed that 99% of the eligible were vaccinated. The campaign was the firstround out of three that are planned to cover the whole country. A second roundis scheduled for 2014 and a last one for 2015.

The Ministry effectively coordinated the campaign through dailycoordination meeting and deployment of technical support to the implementingzones. PFSA distributed the vaccine and injection supplies as well as trainingand IEC materials down to woredas level and there was no significant shortageof vaccines and other supplies because the 10 days implementation periodallowed for redistribution based on utilization. Training was conducted atnational and regional levels including on AEFI and safe waste disposaltechniques. . Adrenalin was available inmajority of the vaccination posts and around 139 serious and 330 mild AEFIswere reported where all cases were managed properly resulting in goodoutcome.

The waste management was noted tobe one of the best practices in the six regions that have introduced theMenAfriVacR. In fact, filled safety boxes were carried by thevaccination teams from the vaccination post to the nearest Health Post/Centrewhen returning the vaccine at the end of the day. Boxes were incinerated at thehealth center with the understanding that almost all health centers areequipped with incinerators. From the health post, various transportation meansincluding pick up vehicles, motorbike, etc., were used to move safety boxes tothe health facilities equipped with incinerators for incineration. No-sharpwastes were burnt in pits at the vaccination post site.

Post campaign coverage survey isbeing conducted by Ethiopia Public Health Institute in collaboration with thetechnical working group composed of the Federal Ministry of Health and partnerorganizations.

Polio outbreak response plan andimplementing Polio SIAs

Following the confirmation ofwild polio virus reported from the horn of Africa, the Ministry was highlyengaged with the outbreak response to prevent importation in to the country aswell as to interrupt transmission in to other parts of the country ones thecase was confirmed in Somali region of Ethiopia. The Federal and RegionalGovernments in collaboration with partners implemented immediate actions followingconfirmation of index case in Somalia (prior to confirmation of case inEthiopia):

- Establishment of National Polio Command Post andSomali Regional Polio Command Posts
- Implementation of targeted campaign in refugeecamps followed by 2 large scale campaigns in Somali Region (June-July 2013)
- Timely preparation of national and Somali Regional Polio Outbreak responseplans
- Four additional large scale campaigns conducted between Aug 2013-Jan 2014

National cold chain inventory

National cold chain inventory wasconducted from March-November 2013 with the objective

- To quantify and characterize the conditionof cold chain equipment throughout the country.
- To assess the availability of cold boxes(CB) and vaccine carriers (VC), waste disposal structures at all administrativelevels.

The inventory process was designed to enablethe health system to conduct regular inventory and to create data base that canbe updated regularly. There was training of personnel from the national up tozonal levels

and training of data collectors recruited from woredas healthoffices. Data entry was managed by data manager recruited for this purpose. Theresult was summarized and analyzed by national experts and internationalexperts. There was discussion by taskforce members on the findings followed bypreparation of five years rehabilitation plan. The result showed that about 32%of the refrigerators are nonfunctional and indicated that lack of maintenanceto be the most important factor for non-functionality. The findings of the coldchain inventory were integrated in to the routine immunization plan and some ofthe recommendations are already being implemented during the routineimmunization implementation period.

National Effective vaccineManagement assessment

National effective vaccinemanagement was conducted from 31st July-30 August 2013 with the involvement ofnational experts and support from WHO-AFRO using the WHO standard EVM tool. Thelast Vaccine Management Assessment (VMA) was conducted in 2009 and the 2013 EVMassessment was done in line with the recommendation to do EVM assessment everythree years. The process involved adaptation of the WHO standard tool in to thecountry context, resource mobilization, recruitment and training of assessors,supervision of field activities, data entry and report writing. The draftreport was presented to the ICC and comments were incorporated to finalize thereport. EVM improvement plan was prepared by national teams and withparticipation of international experts from CHAI and UNICEF ESARO.

The result showed that the overall EVM scoreto be 68% (standard 80%) with varying strength and challenges at central,regional and sub-regional levels in terms of achieving the different componentsof the EVM standard. The findings were presented to the ICC on 26 March 2014and comments were incorporated. The taskforce prepared a detailed EVMimprovement plan which is further incorporated in to the national EPIimprovement plan. Some of the recommendations are therefore already beingimplemented in line with the improvement plan. Summary report on the EVMassessment recommendations and progress of the implementation is attached asdocument number ()

National coverage survey:dissemination and preparation of improvement plan

Ministry of Health incollaboration with Ethiopian Public Health Institute conducted the 2012National Immunization Coverage Survey with the objective:

To determine the coverage of allantigens in children 12 to 23 months old and the proportion of childrenProtected at Birth (PAB) from tetanus of children born to mothers 0 to 11months prior to the survey at national and regional levels

To identify the major bottle necks and challenges that the RI program isfaces. The survey was conducted

The survey result wasdisseminated on 1st March 2013 to EPI stakeholders derived fromnational and regional levels including decision makers from the Federal Ministryof health and Regional Health Bureas. The findings were thoroughly discussedand inputs from participants were incorporated in to the final report. Theoverall findings of the survey showed coverage estimate of Penta1,Penta 3 and measles to be at 80%, 65.7% and 68.2% respectively showing alower than expected performance compared to the HMIS report for the year 2012.

Ministry of health incollaboration with implementing partners decided to prepare a nationalimprovement plan based on the EPI coverage survey findings and otherassessments such as the behavioral determinant survey, ARISE survey and severalreports in the past decade. It was also recommended at a later stage toincorporate the findings of the cold chain inventory and national EVM assessmentin to the improvement plan to make the plan more comprehensive.

The planning process started withthe preparation of regional situational analysis with support given by theMinistry and partners. A planning template was prepared by the Ministry and itwas used as a reference to look in to the different components of immunizationoperating systems while preparing the situational assessment. The regional planwas then compiled and feedback was given back to address some of the gapsobserved in their plans. The national improvement plan was prepared based onthe regional summary and taking in to account the findings from differentassessments. Ministry of health also involved WHO head quarter in thepreparation of the improvement plan particularly in analysis andcontextualization of the findings in to key thematic areas.

The draft improvement plan wasdiscussed with relevant stakeholders and EPI taskforce members and inputs wereincorporated to enrich the document. The Final draft was presented to the ICCand it was endorsed to be the national EPI plan for the period of 2014 -2015.

The intended targets that can bereached at the end of the implementation period were realistically set in linewith the HSDP IV and cMYP targets. Three strategic focus and nine priorityareas were identified as the strategic approach towards operationalizing of theimprovement plan. Routine immunization improvement plan monitoring frame workwas also drafted and discussed by the ICC for use at national and regionallevels.

In line with the Improvement planand as one of the strategic focus the Ministry took a step towards makingimmunization as a developmental agenda as one of the top priorities under theMinisters office managed by the special Ministerial Delivery Unit.

The ICC ToR was also revised tobetter coordinate the improvement plan implementation. The same TOR was alsoshared to regional health bureaus to strengthen the coordination mechanisms atregional and lower levels.

The cost of implementing of theimprovement plan which is inclusive of the cold chain rehabilitation and EVMimprovement was estimated to be more than 160 million USD. The document wasshared to partners and donors to mobilize resources. To date Ministry hasapproached partners through the ICC and expressed the need to fill the resourcegap and more partners are now being involved to support the improvement plantechnically and financially. However, there still remains a lot to be done tomobilize the resource required for full scale implementation of the improvementplan.

PIE (PCV)

With WHO recommendation that a post introductionevaluation (PIE) be conducted by all countries that have introduced a newvaccine, 6-12 months, to assess the overall impact of the introduction of thenew vaccine(s) on a country's national immunization programme, Ethiopiaconducted a PIE for PCV10, using WHO guidelines, during 25 March – 5 April2013. The evaluators were drawn from FMOH, WHO, UNICEF, CDC, MCHIP, USAID, CoreGroup and other partners.

The general objective of the PIE was to assess theoverall impact of the new vaccine introduction on the national immunizationprogramme.

Specifically the PIE was conducted to:

1. To evaluate specific areas in the EPI Programme impacted by the introduction of PCV10 vaccine in 2011 and provide recommendations for corrective action

2. To draw lessons from thePCV10 introduction to directly inform planning for introduction of future newvaccines (Rotavirus and Meningococcal A; planned for late 2013-2014)

ThePIE was conducted at the national level as well as in seven regions, namely,Afar, Amhara, Benshangul Gumuz, Dire Dawa, Oromia, Southern NationsNationalities and Peoples Region (SNNPR) and Tigray.

Theassessment team concluded that the overall introduction of the PCV10 vaccine in Ethiopiawas generally smooth and the vaccine was well accepted in the country. Numerousstrengths were identified and the notable ones included the following:conducting extensive training nationwide and distributing training materialswidely; updating key recording and reporting tools; well established system forintegrated supervision; development of a National Health Care Waste ManagementStrategy and Implementation Plan at the central level; regions using theopportunity of the introduction of PCV to repair, maintain, and redistributetheir cold chain equipment; Conducting launchingceremonies at national and sub-national levels and distributing appropriate IECmaterials; establishment of a national AEFI committee; establishment of PBMsentinel surveillance at three major hospitals; and paying for traditionalvaccines and operational costs by the Government.

The recommendations of the assessment that wereforwarded to address key issues observed were considered in the planning andimplementation of new vaccines after PCV was introduced. Most of the challengesobserved such as training at lower levels, waste management and inadequateavailability of IEC materials and problems of cold chain capacity wereaddressed as much as possible before Men A and Rota vaccines were introduced.Implementation of the recommendations also continues for the future as integralpart of the improvement plan.

Rota Vaccine Introduction

As part of the comprehensivechild survival strategy to reduce child mortality, the country introduced Rotavaccine to prevent morbidity and mortality from Rota virus gastro enteritis,which is estimated to account for 30% of acute gastro enteritis cases inEthiopia. The Rota vaccine introduction was launched at national level on 7thNovember and all regions except Somali started delivering the vaccineintegrated with the routine

immunization.

Training was given at all levels,vaccines and supplies were distributed up to woreda levels, social communication activities were conductedincluding distribution of IEC materials, leaflets and messages weredisseminated through national and regional electronic media. Orientation wasgiven to media personnel and the message was disseminated for more than amonth.

Strengthening Program management

The Federal Ministry of health istaking remarkable steps to further strengthen the EPI management capacity atall levels such as the following:

Supporting the EPI caseteam: the new FMOH structure has placedEPI in a different position than before as EPI is now a separate program whichis adequately staffed with a responsible coordinator under the MNCHdirectorate. Several on the job and induction course training were given tothe new team in collaboration with supporting partners. The team also issupported through the special Ministerial Delivery Unit particularly to timelyrespond to issues that require managerial support. Peer discussion andself-learning is also highly encouraged and this is being observed byconducting a regular daily review meeting which is focused more of managing andsolving problems locally.

Regular review meeting: the Ministry in collaboration with WHO isundertaking regular quarterly review meeting which is chaired by the stateMinister/MCH directorate. Participantsare drawn from RHBs (EPI, Surveillance and HMIS experts), partners, Federalagencies and others. The review meeting has been used to review programimplementation, monitor implementation of previous recommendations and orientparticipants on basic immunization program operations.

Strengthening the ICC: the ICC TORwas revised and more regular task force and technical ICC meetings are beingconducted.

Some of the major challenges faced in the year 2013 include

The Ministry has started toembark on addressing gaps observed in the routine immunization program and itis believed that access to the service is proved to be there and the attentionhas now equally shifted to improve the quality of the service. Even though the2013 HMIS report shows EPI performance of coverage around 80% like that of thepast few years, it is believed that full implementation of the improvement planwill increase the coverage sustainably and equitably.

The year 2013 is marked bydifferent challenges that affected the capacity at regional and lower level inorder to fully implement routine activities:

Overlapping of activities: PolioSIAs (all regions), Men A campaign (six regions), Measles SIAs (all regions)and Rota launching (all regions)

Data problem: Effort was made toobtain a more dis-aggregated data on a monthly basis despite the HMIS practiceof quarterly reporting. However, there is no standardized data aggregation toolfor dis-aggregated and monthly reports which are coming in a different formatthan the HMIS. There are also reports indicating shortage of EPI registrationand recording formats that may affect accuracy of immunization performance.

Staff turn over

Resource shortage: Full scaleimplementation of the improvement plan requires a lot of resources and to datethere is huge resource gap.

Community awareness: surveys andother assessments showed that there are gaps in community awareness on thebenefits of immunization and the need to complete the vaccination series.

Actions taken

Strengthening program managementat all levels: EPI case team established, partner coordination prepared, RECmicro-planning as part of the woredas based planning process, regular reviewmeeting and a more focused integrated supervision.

Improvement plan: a nationalcomprehensive improvement plan was prepared in consultation with regions andsupport is being provided particularly to the high priority zones with largenumbers of unvaccinated

children and affected by frequent measles outbreaks.

Data quality: Data qualityself-assessment agreed as one of the priority activities of zonal technicalassistants supporting priority zones. The HMIS was also revised and importantindicators such as DPT 1; PCV 1 and wastage rates were incorporated. Thereporting frequency is also agreed to be on a monthly basis not only for EPIbut also for other programs.

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

Data accuracy problem due to completeness and data recordingproblems in some of the woredas

Overlapping activities

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

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

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? **Yes**

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/)

In Ethiopia most of the promotion and preventive health services are rendered by women health extension workers who are recruited from the same community they are serving. This has increased access and enabled the HEWs to provide services in culturally and socially acceptable manner. studies in Ethiopia show no difference in utilization of immunization services among male and females.

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 3in 2011was 86% while the coverageaccording to the 2012 National EPI coverage survey was 66% showing discrepancyin the two sources.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

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

National EPI coverage survey was conducted in 2012. Thecoverage survey included review of EPI registrations in the nearby healthfacilities to document vaccination status of infants without vaccination card.This revealed important gaps in recording, reporting and archiving of immunization data at lowerlevels

HMIS revision done and important EPI indicators such as DPT1and wastage rate are included. Monthly reporting is agreed for all programs.The HMIS tools are revised including the EPI registration book, tally sheetsand reporting formats. the printing process is undergoing

Health facilities are being supported to do regular LQAs

DQS trainings were given for region and district EPIofficers

Performance appraisal committees are established inmost 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.

Monthly reporting expected to be enforced starting 2007 EFYfor all programs

DQS as one of the priority activities on a quarterly basis

Local lot quality assurance sampling methods in highpriority zones

Coverage survey by end of 2015

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$ = 19.28	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 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**NA**	**NA**	**NA**
Traditional Vaccines*	3,550,140	865,140	0	2,685,000	0	0	0	0
New and underused Vaccines**	35,784,108	5,572,840	30,211,268	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	4,065,508	940,273	3,125,235	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	1,339,879	0	1,017,554	322,325	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunisation	44,739,635							

Total Government Health		7,378,253	34,354,057	3,007,325	0	0	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 2014 and 2015

There are government funding allocated for traditional vaccines as indicated above

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

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 2013? **5**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 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 baseline and annual targets indicated in this APR are endorsed by the ICC as per the improvement plan and submitted JRF 2013.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
CCRDA/CORE GROUP

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

1. Polio eradication: The country works to interrupt wild polio virus circulation in Somali region and maintain polio free status by implementing the polio end-game strategic plan
2. Measles elimination: measles elimination activities will be implemented as per the measles elimination strategic document 2012-2020
3. MNT elimination: the only high risk zones in the country remains to be 4 zones located in Somali regions. TT campaign was not implemented as planned due to the polio outbreak response being implemented in the region. The guideline on sustaining the MNT elimination was prepared and integration of school Td as additional strategy was endorsed by the ICC and this will be instituted in pilot zones.
4. System strengthening through RIIP implementation: implementation of the improvement plan continues with a more coordinated and effective way. The technical ICC will monitor the

progress of implementation as regularly as possible.

5. Cold chain rehabilitation: the cold chain rehabilitation plan will be implemented in such a way that most of the recruitment processes will be managed during the first two years in line with the improvement plan and the process will be aligned with the PFSA transition to shift the responsibility to handle vaccine and cold chain management.
6. cMYP revision aligned with HSDP V targets: the country planned to review the HSDP IV progress and prepare HSDP IV where EPI will also be aligned with.
7. Second phase Men A campaign: preparatory activities will be made to implement second phase Men A campaign in 40 zones.
8. PIE Rota and Rota introduction in Somali region; Rota vaccine will be launched in Somali region and there will be National post introduction evaluation
9. Advocacy and social mobilization: communication and social mobilization activities will be addressed aggressively including by preparing evidence based messages tailored to the local context, dissemination through national and local Medias and use the opportunity of health development army to support immunization activities EPI will also be included as one discussion point during community conversation at kebele levels. Efforts will continue to make to make EPI as a standing agenda in all discussion for a led by higher officials
10. NVI: HPV demo, Preparation for IPV introduction: HPV demo project will be launched in one district and Ministry will monitor the progress. There will be preparatory activities for IPV introduction.
11. Operational research: operational researches will be conducted as required.

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD-Syringe	Governemnt
Measles	AD-Syringe	Governemnt
TT	AD-Syringe	Governemnt
DTP-containing vaccine	AD-Syringe	GAVI
PCV	AD-Syringe	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 encountered

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

The country policy is to dispose of all usedsyringes in to safety box and to dispose filled safety boxes usingincinerators. All hospitals and most health centers have incinerators whileburning is practiced at lower level (health posts). Health posts are nowencouraged to use the incinerator in the nearby health centers to disposefilled safety boxes. The challenge with regards to this is lack of maintenanceof incinerators and unavailability in all sites. Currently waste disposalfacilities are being inventoried and appropriate actions will be implemented tostrengthen the functionality and availability of waste disposal facilities

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	157,688	1,889,640
Total funds available in 2013 *(C=A+B)*	157,688	1,889,640
Total Expenditures in 2013 *(D)*	3,778	45,280
Balance carried over to 2014 *(E=C-D)*	153,910	1,844,360

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.

The financial arrangement for use of ISS fund is as per the country financial regulation and all funds are channeled to regions through the Government Bank. Potential funds that can be available for strengthening of immunization and other programs are included in the annual health sector plans.

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

Previously GAVI ISS funds were used for strengthening of routine immunization activities as per the guidance by the ICC. Approved budget breakdown for national activities and regional support will then be signed by the State Minister of Health. The Finance Directorate then channels the budget to CSOs, regions and other implementer organizations accordingly through the Government bank. Regions are responsible for distribution of allocated budget to lower levels and also to monitor budget utilization.

The last ISS support was in 2009 and the support was well appreciated by districts as the budget was available to cover critical budget gaps. There were no significant challenges reported in relation with the use of ISS funds except that the fund was inadequate to cover some of the operational costs required to run immunization service in a diversified and largely populated country like Ethiopia.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

There was no fund received in 2013 but health worker training was conducted using available fund from previous years.

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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

Request for ISS reward achievement in Ethiopia is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	8,768,050	7,180,857	0	No
Pneumococcal (PCV10)	9,389,600	6,627,800	0	No
Rotavirus	1,891,500	1,749,000	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? ...)

  vaccine shipment was delayed due to delay in fund transfer for payment of PCV and DTP-HepB-Hib vaccines. Stock status as of 31 December 2014 is being updated

- 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.

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.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	No	
Nationwide introduction	Yes	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	07/11/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The proposal for national Rota vaccine introduction was approved in 2012, However the time was pushed to late 2013 due to various reasons including global vaccine shortage of the preferred presentations and overlapping of various activities such as measles and Men A campaigns in 2013. Currently Rota vaccine is introduced in all regions except Somali region where the introduction was delayed because of the polio outbreak response going on in the region.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2014**

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))

With WHO recommendation that a post introductionevaluation (PIE) be conducted by all countries that have introduced a newvaccine, 6-12 months, to assess the overall impact of the introduction of thenew vaccine(s) on a country's national immunization programme, Ethiopiaconducted a PIE for PCV10, using WHO guidelines, during 25 March – 5 April2013. The evaluators were drawn from FMOH, WHO, UNICEF, CDC, MCHIP, USAID, CoreGroup and other partners.

The general objective of the PIE was to assess theoverall impact of the new vaccine introduction on the national immunizationprogramme.

Specifically the PIE was conducted to:

1. To evaluate specific areas in the EPI Programme impacted by the introduction of PCV10 vaccine in 2011 and provide recommendations for corrective action

2. To draw lessons from thePCV10 introduction to directly inform planning for introduction of future newvaccines (Rotavirus and Meningococcal A; planned for late 2013-2014)

ThePIE was conducted at the national level as well as in seven regions, namely,Afar, Amhara, Benshangul

Gumuz, Dire Dawa, Oromia, Southern NationsNationalities and Peoples Region (SNNPR) and Tigray.

Theassessment team concluded that the overall introduction of the PCV10 vaccine inEthiopia was generally smooth and the vaccine was well accepted in the country.Numerous strengths were identified and the notable ones included the following:conducting extensive training nationwide and distributing training materials widely;updating key recording and reporting tools; well established system forintegrated supervision; development of a National Health Care Waste ManagementStrategy and Implementation Plan at the central level; regions using theopportunity of the introduction of PCV to repair, maintain, and redistributetheir cold chain equipment; Conducting launching ceremonies at national andsubnational levels and distributing appropriate IEC materials; establishment ofa national AEFI committee; establishment of PBM sentinel surveillance at threemajor hospitals; and paying for traditional vaccines and operational costs bythe Government.

Therecommendations of the assessment that were forwarded to address key issuesobserved were considered in the planning and implementation of new vaccinesafter PCV was introduced. Most of the challenges observed such as training atlower levels, waste management and inadequate availability of IEC materials andproblems of cold chain capacity were addressed as much as possible before Men Aand Rota vaccines were introduced. Implementation of the recommendations alsocontinues for the future as integral part of the improvement plan.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

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? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

Sentinel surveillance is being conducted in certain selected hospitals in the country where suspected cases are tested for laboratory confirmation of priority diseases. In 2013 3 cases were confirmed as cases of meningitis due to Hib bacteria. Rota virus isolation is also done. surveillance performance is reviewed by the surveillance unit in Ethiopian Public Health Inistitute and WHO. Actions are taken to strengthen the surveillance of selected VPDs including assigning responsible focal persons, training of focal persons and improving the diagnostic capacity of laboratories.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	46,260,665	2,469,000
Remaining funds (carry over) from 2012 (B)	10,553,052	617,285
Total funds available in 2013 (C=A+B)	56,813,717	3,086,285
Total Expenditures in 2013 (D)	25,423,442	1,356,886
Balance carried over to 2014 (E=C-D)	31,390,275	1,729,399

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

1. Training
training materials were prepared, printed and used
National Tot was given for EPI experts drawn from regional health bureaus and supporting partners followed by cascaded training at province, district and health facility levels.
All EPI experts, HEWs and health workers (EPI focal persons working at health centers and hospitals) were trained.
The training was supported by DVD and practical demonstration using Dummy vaccine vials.
2.Advocacy and communication
vaccine introduction plan was discussed with various leaders and the process was well supported at all levels
IEC materials, leaflets, posters and job aids were prepared and distributed
press conference was done and message was released by high officials
The vaccine was nationally launched in the capital city in the presence of H. E Minister of Health , UN organizations, GAVI, NGOs , professional associations and other local partners where commitment to strengthen immunization program was reaffirmed.
regional launching ceremony was also conducted with the same spirit.
3. Logistics and vaccine management
cold chain capacity assessment was done at national, regional and lower level before vaccine introduction
Additional 5 new cold rooms, 415 Ice-lIned refrigerators were installed/distributed before vaccine was distributed
vaccines, training materials and IEC materials were successfully distributed by PFSA

4. M & E
Vaccine introduction process was well monitored by the new vaccine introduction committees at national and lower levels
HMIS tools have been revised to capture Rota vaccine service
Policy guideline was updated reflecting the integration of Rota in to the national immunization program

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

Vaccine not yet introduced in one region. Introduction planned in 2014
Overlapping of activities in 2013

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Review meeting
vaccine introduction in Somali region
Post Introduction Evaluation
Supportive supervsion

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,823,640	651,300
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	3,749,200	267,800
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	5572840	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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		1,221,000
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 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	October	
	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? **Not selected**

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? **November 2013**

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? **November 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

If 2014 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2015 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2015

The country hereby request for an extension of GAVI support for

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

vaccines: for the years 2015 to 2020.At the same time it commits itself to co-finance the procurement of

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2015 to 2020 which is attached to this APR (Document N°**16**). The new costing tool is also attached.(Document N°**17**)

The country ICC has endorsed this request for extended support of

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements **No**

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,976,508	3,050,921	3,127,193	9,154,622
	Number of children to be vaccinated with the first dose	Table 4	#	2,761,628	2,952,726	3,095,921	8,810,275
	Number of children to be vaccinated with the third dose	Table 4	#	2,761,628	2,952,726	2,970,833	8,685,187
	Immunisation coverage	Table 4	%	92.78 %	96.78 %	95.00 %	

	with the third dose						
	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 2013 * (see explanation footnote)		#				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

data being compiled

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	8,596,600	11,393,800
Number of AD syringes	#	9,992,400	13,369,800

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	109,925	147,075
Total value to be co-financed by GAVI	$	18,058,000	24,230,500

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

		2014	2015
Number of vaccine doses	#	930,300	1,216,200
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]	$	1,905,500	2,522,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	2,761,628	2,952,726	288,324	2,664,402
B1	Number of children to be vaccinated with the third dose	*Table 4*	2,761,628	2,952,726	288,324	2,664,402
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	8,284,885	8,858,178	864,972	7,993,206
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		9,301,087	908,221	8,392,866
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		225,735	22,043	203,692
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	0		
H3	Shipment plan	*UNICEF shipment report*		9,299,800		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		9,526,850	930,266	8,596,584
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		9,992,305	0	9,992,305
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		109,916	0	109,916
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		18,339,187	1,790,762	16,548,425
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		449,654	0	449,654
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)*		550	0	550
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		1,173,708	114,609	1,059,099
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)*		19,963,099	1,905,370	18,057,729
U	Total country co-financing	*I x country co-financing per dose (cc)*		1,905,370		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	9.64 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	3,095,921	298,584	2,797,337
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	2,970,833	286,520	2,684,313
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	9,111,389	878,742	8,232,647
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	9,566,959	922,679	8,644,280
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	99,702	9,616	90,086
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*	- 2,943,251	- 283,859	- 2,659,392
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*	395,762	38,170	357,592
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*UNICEF shipment report*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	12,609,950	1,216,158	11,393,792
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	13,369,777	0	13,369,777
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	147,068	0	147,068
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	24,576,793	2,370,292	22,206,501
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	601,640	0	601,640
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)*	736	0	736
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,572,915	151,699	1,421,216
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)*	26,752,084	2,521,990	24,230,094
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	2,521,990		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	9.64 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

data being updated

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

data being updated

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

ID		Source		2013	2014	2015	2016	2017	TOTAL
	Number of surviving infants	Table 4	#	2,976,508	3,050,921	3,127,193	3,127,193	3,127,193	15,409,008
	Number of children to be vaccinated with the first dose	Table 4	#	2,761,628	2,952,726	3,026,545	3,026,545	3,026,545	14,793,989
	Number of children to be vaccinated with the third dose	Table 4	#	2,761,628	2,952,726	2,970,833	2,970,833	2,970,833	14,626,853
	Immunisation coverage with the third dose	Table 4	%	92.78 %	96.78 %	95.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.05	1.11	1.11	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#						
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

data being updated

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

Co-financing group	Low

	2013	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2014	2015	2016	2017
Number of vaccine doses	#	8,904,000	9,680,900	9,496,200	9,494,600
Number of AD syringes	#	9,901,700	10,201,400	9,987,600	9,987,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	108,925	112,225	109,875	109,875
Total value to be co-financed by GAVI	$	31,545,500	34,063,000	33,324,500	33,231,000

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

		2014	2015	2016	2017
Number of vaccine doses	#	540,900	592,000	582,300	583,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country [1]	$	1,889,000	2,055,000	2,016,000	2,016,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.73 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	2,761,628	2,952,726	169,079	2,783,647
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	8,284,884	8,858,178	507,236	8,350,942
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.05		
F	**Number of doses needed including wastage**	*D X E*		9,301,087	532,597	8,768,490
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		143,324	8,207	135,117
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		9,444,800	540,827	8,903,973
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		9,901,653	0	9,901,653
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		108,919	0	108,919
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		32,027,317	1,833,942	30,193,375
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		445,575	0	445,575
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)*		545	0	545
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		960,820	55,019	905,801
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)*		33,434,257	1,888,960	31,545,297
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,888,960		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.73 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.76 %			5.78 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	3,026,545	174,386	2,852,159	3,026,545	174,853	2,851,692
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B x C*	9,079,635	523,157	8,556,478	9,079,635	524,557	8,555,078
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	10,078,395	580,704	9,497,691	10,078,395	582,259	9,496,136
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	194,327	11,197	183,130	0	0	0
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	10,272,800	591,905	9,680,895	10,078,400	582,259	9,496,141
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	10,201,359	0	10,201,359	9,987,599	0	9,987,599
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	112,215	0	112,215	109,864	0	109,864
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	34,619,336	1,994,719	32,624,617	33,873,503	1,956,971	31,916,532
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	459,062	0	459,062	449,442	0	449,442
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)*	562	0	562	550	0	550
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	1,038,581	59,842	978,739	1,016,206	58,710	957,496
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)*	36,117,541	2,054,560	34,062,981	35,339,701	2,015,680	33,324,021
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,054,560			2,015,680		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.76 %			5.78 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.79 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	3,026,545	175,322	2,851,223
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	9,079,635	525,966	8,553,669
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	10,078,395	583,822	9,494,573
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	10,078,400	583,822	9,494,578
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	9,987,599	0	9,987,599
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	109,864	0	109,864
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	33,782,797	1,956,971	31,825,826
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	449,442	0	449,442
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)*	550	0	550
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,013,484	58,710	954,774
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)*	35,246,273	2,015,680	33,230,593
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	2,015,680		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.79 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,976,508	3,050,921	3,127,193	9,154,622
	Number of children to be vaccinated with the first dose	Table 4	#	720,177	2,952,726	3,095,921	6,768,824
	Number of children to be vaccinated with the second dose	Table 4	#	720,177	2,952,726	2,970,833	6,643,736
	Immunisation coverage with the second dose	Table 4	%	24.20 %	96.78 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.00	1.00	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Data being updated

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	6,500,700	5,796,700
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 GAVI	$	17,481,000	15,539,000

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

		2014	2015
Number of vaccine doses	#	522,400	467,400
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]	$	1,405,000	1,253,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	720,177	2,952,726	219,612	2,733,114
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	1,440,354	5,905,452	439,223	5,466,229
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.00		
F	**Number of doses needed including wastage**	*D X E*		5,905,452	439,223	5,466,229
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		1,116,275	83,024	1,033,251
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		7,023,000	522,341	6,500,659
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		17,985,903	1,337,715	16,648,188
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)*		899,296	66,886	832,410
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)*		18,885,199	1,404,600	17,480,599
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,404,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		7.44 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	7.46 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	3,095,921	230,983	2,864,938
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	6,191,842	461,966	5,729,876
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D X E*	6,191,842	461,966	5,729,876
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	71,598	5,342	66,256
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	6,264,000	467,350	5,796,650
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	15,991,992	1,193,143	14,798,849
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)*	799,600	59,658	739,942
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)*	16,791,592	1,252,800	15,538,792
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,252,800		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	7.46 %		

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 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

HSS report submitted separately

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

HSS reports submitted separately

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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 **No**

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

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)						
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]						

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
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]				

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)						
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]						

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
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]				

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	2008	2009	2010	2011	2012	2013
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 2014 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? No

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 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
to be reported separately	to be reported separately	100	to be reported separately

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**
to be reported separately	to be reported separately

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

to be reported separately

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?

to be reported separately

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 2012 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**	**2013 Target**					**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**			**2009**	**2010**	**2011**	**2012**	**2013**		
to be reported separately											

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service

programmes, and how the HSS funds benefited the immunisation programme

to be reported separately

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 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
to be reported separately	to be reported separately					
		0	0			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. 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 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (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 2015 (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? **Not selected**

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 2013?

Please attach:

1. The minutes from the HSCC meetings in 2014 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 2013

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 support*1*

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

will be reported separately

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.

will be reported separately

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).

will be reported separately

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.

will be reported separately

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).

will be reported separately

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

will be reported separately

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 2013	Outcomes achieved
CCRDA/CORE Group	Routine immunization and supplementatry immunization activities	to be reported separately	to be reported separately

Please list the CSOs that have not yet been funded, but are due to receive support in 2013/2014, 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 2013/2014

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2013/2014	Expected outcomes
CCRDA/CORE Group	Routine immunization and supplementatry immunization activities	to be reported separately	to be reported separately

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.

will be reported separately

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

to be reported separately

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 2013 year

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	0	0
Total funds available in 2013 *(C=A+B)*	0	0
Total Expenditures in 2013 *(D)*	0	0
Balance carried over to 2014 *(E=C-D)*	0	0

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.

to be reported separately

Detailed expenditure of CSO Type B funds during the 2013 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2013 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
to be reported separately	to be reported separately	to be reported separately	0	0	15 05 2013	0	15 05 2014

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.

to be reported separately

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

will be reported separately

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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	✓	Signature_MOH&MOF.pdf **File desc:** **Date/time :** 15/05/2014 11:41:13 **Size:** 964 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature_MOH&MOF.pdf **File desc:** **Date/time :** 15/05/2014 11:45:15 **Size:** 964 KB
3	Signatures of members of ICC	2.2	✓	ICC Signature endorsing APR 2013.pdf **File desc:** **Date/time :** 15/05/2014 11:49:03 **Size:** 1 MB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	ICC Signature endorsing APR 2013.pdf **File desc:** **Date/time :** 15/05/2014 11:54:08 **Size:** 1 MB
5	Signatures of members of HSCC	2.3	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 01:57:24 **Size:** 14 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,,,,,,,,, **Date/time :** 15/05/2014 02:02:46 **Size:** 14 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	SOE ISS_APR 2013.pdf **File desc:** **Date/time :** 15/05/2014 11:59:54 **Size:** 390 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,, **Date/time :** 15/05/2014 02:06:40 **Size:** 14 KB

9	Post Introduction Evaluation Report	7.2.2	✓	Ethiopia PCV10 PIE Technical Report_Final Draft.docx **File desc:** **Date/time :** 15/05/2014 12:05:45 **Size:** 3 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	SOE NVS_APR 2013.pdf **File desc:** **Date/time :** 15/05/2014 12:19:24 **Size:** 375 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,, **Date/time :** 15/05/2014 02:10:06 **Size:** 14 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	ETH-EVM- Report-Oct 02.docx **File desc:** **Date/time :** 15/05/2014 12:27:52 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM improvement plan FF.docx **File desc:** **Date/time :** 15/05/2014 12:32:31 **Size:** 157 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM Improvement plan recommendations and progress of implementation.docx **File desc:** **Date/time :** 15/05/2014 12:36:16 **Size:** 17 KB
16	Valid cMYP if requesting extension of support	7.8	✓	explanation to missing docs_APR 2013.docx **File desc:** ,, **Date/time :** 15/05/2014 01:49:29 **Size:** 14 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 01:52:37 **Size:** 14 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 03:35:14 **Size:** 14 KB

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 03:37:44 **Size:** 14 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 03:40:33 **Size:** 14 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 03:43:24 **Size:** 14 KB
22	HSS Health Sector review report	9.9.3	✓	explanation to missing docs_APR 2013.docx **File desc:** **Date/time :** 15/05/2014 03:46:09 **Size:** 14 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,,,,,,,,,,,,,,,,,,,,, **Date/time :** 15/05/2014 03:48:55 **Size:** 14 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,,,, **Date/time :** 15/05/2014 03:51:18 **Size:** 14 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,,,, **Date/time :** 15/05/2014 03:53:30 **Size:** 14 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year	0	✓	explanation to missing docs_APR 2013.docx **File desc:** ,,,,, **Date/time :** 15/05/2014 03:55:39 **Size:** 14 KB

	2013 on (i) 1st January 2013 and (ii) 31st December 2013			
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	No file loaded