



Annual Progress Report 2009

Submitted by

The Government of

[Federal Democratic Republic of Ethiopia]

Reporting on year: 2009/10 [Final Year for GAVI HSS]

Requesting for support year: 2010/2011[CSO support only]

Date of submission: 15 June 2010

Deadline for submission: 15 June 2010

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

any hard copy could be sent to :

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

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

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 TRANSPARENCY 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 language of the arbitration will be English.

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.*

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of Federal Democratic Republic of Ethiopia
Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

Minister of Health (or delegated authority):	Minister of Finance (or delegated authority):
H.E.Dr. Tedros Adhanom Gebreyesus	H.E. Ato Mekonen Manayazewal
Title: Minister	Title: State Minister
Signature...	Signature...
Date:	Date...

This report has been compiled by:

Full name: Dr. Mekdim Enkossa Position: Resource coordination and monitoring officer Telephone:+251 115 53 63 05 E-mail: mkdmea2009@gmail.com	Full name: Dr. Teodros Bekele Position: Proactive Resource Mobilization Officer Telephone:+251 115 53 63 03 E-mail: tedrosmoh@gmail.com tedrosmoh@yahoo.com
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ICC Signatures Page

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

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

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

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:




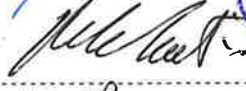

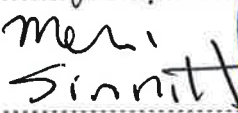




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HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organization	Signature	Date
H.E Dr. Tedros Adhanom G/Yesus	Minister of Health FMOH	 Tedros Adhanom G/Yesus (PhD) Minister	
H.E Ato Mekonen Manyazewal	State Minister, MOFED	 Mekonen Manyazewal State Minister	
H.E Dr. Kebede Worku	State Minister of Health, FMOH		
Ambassador Raffael de Lutio	Ambassador of Italy, representative of the EU		
Dr. Luwei Pearson	UNICEF Health Section Head		
Mrs. Meri Sinnit	USAID, Chief Health, AIDS, Population and Nutrition/ co chair HPN donors group.	 Meri Sinnit	
Mr. Kenichi Ohashi	Resident Representative the World Bank		
Dr. Meshesha Shewarega	Executive Director CRDA	 Meshesha Shewarega (Dr.) Executive Director	
Dr. Fatoumata NAFO-TRAORE	WHO Representative and co-chair HPN Donor group		
Mrs. Roman Tesfay	Director General, Policy, Plan and Finance, FMOH		09/06/10

Roman Tesfay Mebrahtu
Policy, Planning and Finance
General Directorate Director General

*HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially*

Comments from partners:

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Comments from the Regional Working Group:

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

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

Name: Dr. Teodros Bekele

Post: Proactive Resource Mobilization Officer

Organisation: Federal Ministry of Health/PPF

Date...

Signature...

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date
H.E Dr. Tedros Adhanom G/Yesus	Minister of Health FMOH		
H.E Ato Mekonen Manyazewal	State Minister, MOFED		
H.E Dr. Kebede Worku	State Minister of Health, FMOH		
Ambassador Raffael de Lutio	Ambassador of Italy, representative of the EU		
Dr. Luwile Pearson	UNICEF, Health Section Head		
Mrs. Meri Sinnitt	USAID, Chief Health, AIDS, Population and Nutrition		
Mr. Kenichi Ohashi	Resident Representative the World Bank		
Dr. Meshesha Shewarega	Executive Director, CRDA		
Dr. Fatouma NAFO-TRAORE	WHO Representative		
Mrs. Roman Tesfay	Director General of Policy Plan and Finance/FMoH		09/06/10

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

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This APR reports on activities between July 7, 2009 – April 30, 2010 and specifies requests for the year 2010/11

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Annexes

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Annex 2: TOR & Example of ISS Financial Statement

Annex 3: TOR & Example of HSS Financial Statement

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List of Tables in 2009 APR

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5.8	Table 15	APR form	Indicators listed in original application approved
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6.2.1	Table 18	APR form	Outcomes of CSOs activities
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List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

Document N°	Title	APR Section
	Calculation of [Country's] ISS-NVS support for 2011 (Annex 1)	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
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1. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study¹ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination

¹ All available at <http://www.gavialliance.org/performance/evaluation/index.php>
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mechanism;

- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

1.1 Information relating to this report

1.1.1 Government fiscal year (cycle) runs from July (month) to **June** (month).

1.1.2 This GAVI HSS report covers 2009 calendar year from January to December

1.1.3 Duration of current National Health Plan is from July 2005 (month/year) to June 2010 (month/year).

Duration of the current immunisation cMYP is from January 2010 to December 2014

1.1.4 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

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

Name	Organisation	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications: Dr. Mekdim Enkossa FMoH, compiled the report, mkdmea2009@gmail.com</i>			
<i>Focal point for any accounting of financial management clarifications: Anchinalu Semegn, FMoH, director of Finance directorate</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			

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

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

The main sources of information for this report are the progress reports from the routine HMIS, progress reports from regions on specific activities of GAVI HSS and financial reports. These have been followed up regularly and verified through field visits by the technical staff from the MoH. The financial reports and findings were verified by external audit report which is attached with this report.

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

Physical progress reports and financial statements of most health sector programs including GAVI HSS follow Ethiopia's Fiscal Year. However; GAVI APR requests progresses and financial reports for 2009 calendar year which has become a challenge due to difficulty to align financial and physical reports with Ethiopia's fiscal year. The last progress report sent to GAVI, APR 2008, reflected achievements in 2008/09. Therefore, to avoid double reporting and align the reporting period with country's fiscal year this APR for 2009 is prepared to show the performance for 2009/10 which the period from July 2009 to April 2010.

Although the budget in the original proposal was prepared in US Dollars, GAVI APR including the previous ones were reported in local currencies especially the financial statements. This fiscal year's APR is also reported in Ethiopian Birr which is a reason for some discrepancies observed with 2008/09 report. In addition; it is to be noted that four different exchange rates were applied on the four tranches transferred to FMOH based on their exchange rates on date of transfer.

1.1.7 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? Please attach the minutes (**Document N°.....**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

The CJSC which is the equivalent of HSCC in Ethiopia did not have regular meetings in 2009. The joint governance structures of the health sector are being reviewed currently. An international consultant is hired and is doing the review of these structures. So the revitalization of CJSC or rearrangement can be outcomes of this study and the decision based on this study will be communicated to GAVI.

Furthermore the CJSC is the higher body and only discusses on policy matters not on operational and reprogramming issues. The operational issues are handled by JCCC. JCCC meets weekly and regularly.

Latest Health Sector Review report is also attached (**Document N°.....**). The document attached is the annual performance report for the EFY 2001 (2008/2009) which runs from July 2008 to September 2009. The current performance report which covers from July 2009 to June 2010 will be ready in September 2010.

1.2 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Receipt and Expenditure of HSS funds in the calendar year in ETB

	2006/07	2007/08	2008/09	2009/10
Original annual budgets (per the originally approved HSS proposal)	209,393,265.65	289,435,166.30	114,164,143.08	88,426,242.78
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year	209,393,265.65	406,669,841.7	86,136,384.32	0
Total expenditure during the calendar year	22,110.00	22,913,029.21	440,159,805.27	100,620,978.86
Balance carried forward to next calendar year	209,371,155.65	593,127,968.14	239,104,546.87	138,144,950.37
Amount of funding requested for future calendar year(s)	--	--	--	0

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement*):

No problem with the disbursement schedules in regards to the HSS funds. The disbursements were made before the schedules proposed in the original document
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Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009/10	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	HEALTH WORKFORCE MOBILIZATION, DISTRIBUTION AND MOTIVATION	
Activity 1.1:	Refresher course for HEWs	The budget for these activities was reprogrammed to the rehabilitations/construction -of the Health Centres and was reported in the last APR. The reprogramming was approved by the Joint Core Coordinating Committee. However; expenditures for these activities are reported on the financial statements attached to this calendar year's report as a result of receipt of the expenditure statements from implementers during the reporting year, 2009/10. It is to be noted that these expenditures were not reported on APR 2008 and double reporting is avoided. The Refresher course is currently being provided through fund provided from other development partners supporting the Health Extension Program.
Activity 1.2:	Training of health workers for IMNCI	
Activity 1.3:	Apprenticeships for HEW students	
Activity 1.4:	Capacity strengthening for Woreda Health management teams	
Objective 2:	SUPPLY, DISTRIBUTION AND MAINTENANCE SYSTEMS FOR PHC DRUGS, EQUIPMENT AND INFRASTRUCTURE	
Activity 2.1:	Upgrading of 212 Health Stations to Health Centres	The HC rehabilitation was a huge investment for the country and consumed a lot more money than allocated. This is due to escalation of construction materials and labour cost. GTZ through contractual agreement made with FMOH is undergoing upgrading and construction of 512 HCs including the planned 212 HCs financed by GAVI HSS Funds. Accordingly, GTZ has finalized the upgrading and construction of 51 additional HCs financed by GAVI HSS fund in the reporting period. Till April 2010 GTZ has finalized upgrading and construction of 432 HCs out of which 204 HCs are financed through GAVI HSS fund. In addition; through GAVI HSS fund transferred to regions the Project

		<p>Management Unit at FMOH has finalized the construction of 23 additional HCs during the reporting period. (see the table in the progress report for the comprehensive achievements in this line item).</p>
Activity 2.2:	Equipment for 7340 Health Posts	<p>As reported in APR 2008/09 a total of 3870 HCs were remaining to be equipped in order to finalize the planned number of 7340 HPs equipment by GAVI HSS Fund. Therefore; The equipment for 7340 Health Posts were procured through UNICEF and the distribution to every health post is concluded in this FY. The distribution to the HPs was financed and done by UNICEF.</p>
Activity 2.3	Equipment of 300 Health Centres	<p>The equipments for 300 HCs were procured by PFSA and are delivered in country. These need to be repacked in a kit form and distribution will be done along with other health centre equipment procured through other funds by the Agency. All the 300HCs will be equipped as the preparatory works and repacking is completed.</p>
Activity 2.4	Health Post construction	<p>The Fund for this activity was used for construction of Health posts in the four emerging regions. As reported in the previous APRs the money was not adequate to finalise the construction of the expected number of Health Posts so the regions are continuing with this construction using other funds. No construction has been done through GAVI HSS fund during 2009/10.</p>
Objective 3:	ORGANIZATION AND MANAGEMENT OF HEALTH SERVICES	
Activity :	Monitoring and evaluation	<p>Roll out of the new HMIS at sub national level is undertaken by support from GAVI and other development partners during the year. It is reported in APR 2008/09 that the HMIS materials have been provided to regions. In addition the allocated money for monitoring and evaluation was used fully for supportive supervision, for Woreda Planning and for HMIS training which are all part of M&E.</p>
Activity :	HEP Annual review meetings	<p>Annual review of Health Extension Program is currently carried out by</p>

	Support to initiate implementation of the Health Commodities Supply System	Regional Health Bureaus and Federal Ministry of Health through support from government and other financing Partners. As reported in APR 2008 the fund for this amount was also reprogrammed to construction and upgrading of HSSs to HCs.
Activity :		The amount allocated for PFSA was for construction and also some other activities to build the logistics master plan. The amount allocated for these other activities were reprogrammed for construction of hubs. As per the reprogramming PFSA is in the process of undergoing the construction of regional distribution hubs. The design for the hubs was done by the winning consultancy firm. Currently PFSA is on bid evaluation and the construction of the distribution hubs will commence as soon as the Bid evaluation is completed and a firm is awarded. As PFSA was not advancing as expected in the construction of Hubs some amount of the total allocated fund which is worth 2.5Million USD is reprogrammed for construction of Health Centres. Once the Bid evaluation is completed PFSA will use the remaining amount for advance payment and the Ministry of Health will raise more funds for further payments.

1.3 Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

1.4 Support functions

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

1.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The GAVI HSS funds have been managed by the Policy Planning and Finance General Directorate (which used to be Planning and Programming Department). The Financial resource mobilization Directorate was responsible for the management of GAVI HSS funds. It was managed as a contributor to the MDG Pool fund, though the GAVI HSS funds are earmarked to specific areas. M&E is part of the overall HMIS and information was gathered through routine data collection. This had to be supplemented by progress reports from regional Health Bureau, UNICEF, PFSA, Finance, and infrastructure directorates as the routine data were not adequate to follow the indicators set in the proposal.

Two evaluations were done, GAVI HSS tracking study and GAVI HSS evaluation studies during this FY, and an external audit was done on the GAVI HSS funds.

1.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

See the response to 1.4.1

1.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

The technical support can also be give to the overall management of the MDG fund, information management system including financial management system instead of focusing only on specific program.

Generally, in the future proposal development, GAVI HSS need to be part of the MDG pool fund and be managed as per the Joint Financing Arrangement so that the transaction cost is reduced. The APR should be part of the one reporting mechanism and the timing of the APR need to be adjusted to the country's annual performance review which is in October.

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) In USD	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	HEALTH WORKFORCE MOBILIZATION, DISTRIBUTION AND MOTIVATION				
Activity 1.1:	Refresher course for HEWs	1,107,313	These were reprogrammed for rehabilitation of Health Centres as reported in APR 2008/09. The refresher course for HEWs is undertaken by support from other sources	--	The Money allocated for these activities was reprogrammed for rehabilitation of Health Centres as reported in APR 2008/09. The refresher course for HEWs is undertaken by support from other sources
Activity 1.2:	Apprenticeships for HEW students	609,650		--	
Activity 1.3:	Capacity strengthening for Woreda management teams	659,835		--	
Activity 1.4:	Training of Health workers for IMNCI	360,000	To be used	--	To be used in the coming six months
Objective 2:	SUPPLY, DISTRIBUTION AND MAINTENANCE SYSTEMS FOR PHC DRUGS, EQUIPMENT AND INFRASTRUCTURE		Sources		
Activity 2.1:	Upgrading of 212 Health Stations to Health Centres	3,250,000	--		Including the total reprogrammed amount of funds for construction of HCs a total of

						21,374,181.30 USD was utilized so far out of which 14,160,247.66 USD was reported as utilized in 2008/09 APR. The remaining 7,213,933.64 USD is fully utilized during 2009/10.
Activity 2.2:	Equipment of 300 Health Centres	948,832	--	--		The equipments for 300 HCs were procured by PFSA and are delivered in country. These need to be repacked in a kit form and distribution will be done along with other health centre equipment procured through other funds by the Agency.
Objective 3:	ORGANIZATION AND MANAGEMENT OF HEALTH SERVICES					
Activity :	HEP Annual review meetings	125,017	--	--	0	This amount is also part of the reprogrammed and reported in APR 2008 .
Activity :	Monitoring and evaluation	851,751	--	--	0	The allocated money for monitoring and evaluation was used fully for supportive supervision, for Woreda Planning and for HMIS training which are all part of M&E.
Activity :	Management of HSS	150,000	--	--	0	The amount allocated for HSS management were fully utilized by 2008/09, the activities are mainly building the capacity of the Ministry of Health to manage the fund. Trainings, facilitate the BPR at different levels, field visits to supervise the field activities, facilitate joint meetings with implementers, audit fee, etc
Total Cost		8,062,398			0	

Table 14: Planned HSS Activities for next year (ie. 2011 FY) This information will help GAVI's financial planning commitments
Since this reporting year is the last year for HSS, there is no planned activity for 2011.

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

This is the last FY for the previous grant and GAVI HSS has no yet planned activity for 2011

1.5 Programme implementation for 2009 reporting year

1.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

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

Major Progresses:

Below is an overall summary of 2009/10 Fiscal year's accomplishments, challenges faced, actions taken and other additional issues with regard to implementation of HSS program.

As this Fiscal year is the last year of the program most of the activities planned are on the process of completion while some activities are being undertaken by support from other sources.

When compared with the original proposal developed for the implementation of the project the currently implemented activities would show deviations from the original. This is as a result of the dynamics of the funding mechanisms and reprogramming made through consultation and approval of the JCCC. The reprogramming was effected due to reasons that have been reported during the previous APR 2008 and is further explained in the explanatory note sent with this APR as well. Therefore; the major tasks that have been accomplished are mainly under training of Health workers on IMNCI, Rehabilitation of Health centres, Procurement and distribution of equipments to HPs and Health Centers, and Construction of regional distribution hubs by PFSA.

The major achievements are:

i) Health Work Force mobilization, distribution and motivation:

The Health Extension Program is the major pillar of the health service delivery system in Ethiopia. Through family and community based interventions it is expected to be a major driving force for achieving the health-related Millennium Development Goals (MDGs), particularly MDG 4, 5, and 6. A cumulative number of 31,831 HEWs were trained and deployed in the last three years. Making the number of HEWs newly trained and deployed during the period 7,260.

To fill the gaps in knowledge and skills of health extension workers and enable them catch up with new developments in the areas and strengthen existing skills; through support from GAVI HSS fund more than 4471 HEWs have been provide refresher courses and more than 2775 HEWs students have been sponsored for their apprenticeships during the year 2008/09.

The remaining fund for these trainings was reprogrammed for rehabilitation of health centers and no trainings were conducted by GAVI HSS fund this year. However; the provision of refresher training to the HEWs and support for apprenticeships for HEW students is continued by financings from other sources mainly from program funds.

ii) Supply, distribution and maintenance systems for PHC drugs, equipments, and infrastructure

Universal primary health coverage by 2009/10 is one of the targets set under the third phase of Health sector development Program. One of the critical components necessary for realization of universal primary health coverage is the construction and expansion of health centres. Accordingly, the ministry of Health is undertaking the necessary steps including the upgrading of Health stations and construction of Health Centers through support from Global fund, PEPFAR and GAVI HSS Fund by contracting out the construction of the facilities to GTZ and establishing construction Project Management Unit under FMOH.

During the year 2009/10 GTZ has finalized the rehabilitation and construction of 28 additional HCs financed by GAVI HSS fund. Till April 2010 GTZ has concluded the upgrading and construction of 432 HCs out of which 204 HCs are financed through GAVI HSS fund. Further more; through GAVI HSS fund transferred to regions the Project Management Unit at FMOH has finalized the construction of 23 additional HCs during the reporting period.

FY	Implementer	Fund utilised	No of HC completed
2007	GTZ	63,462,700	70
2008	GTZ	122,489,471	106
2009/10	GTZ	40,000,000	28
2009/10	PMU	32,410,477	23
Total to date		258,362,648.00	227

With regard to ensuring equipment for 7340 Health Posts, It was reported that 3470 HPs were equipped by the end of 2008. Equipment for the rest 3870 HPs were procured through UNICEF and distribution to all the HPs has been successfully carried out by UNICEF with additional financial support for the distribution from the Agency.

Similarly, PFSA has been handling the procurement and distribution of equipments to 300 HCs planned. PFSA has managed to procure all the equipments for the 300 HCs and the equipments have arrived. The distribution will soon be done as soon as the repacking of the kits in a package is finalized at PFSA ware houses. Distribution to all the 300 HCs is expected to be completed by the end of 2010.

iii) Organization and Management of Health Services

Annual review meetings of HEP are carried out by regional Health Bureaus annually with support from government and other development partners.

The amount allocated for PFSA was for construction and also some other activities to build the logistics master plan. The amount allocated for these other activities were reprogrammed for construction of hubs. As per the reprogramming PFSA is in the process of undergoing the construction of regional distribution hubs. The design for the hubs was done by the winning consultancy firm. Currently PFSA is on bid evaluation and the construction of the distribution hubs will commence as soon as the Bid evaluation is completed and a firm is awarded. As PFSA was not advancing as expected in the construction of Hubs some amount of the total allocated fund which is worth 2.5Million USD is reprogrammed for construction of Health Centres. Once the Bid evaluation is completed PFSA will use the remaining amount for advance payment and the Ministry of Health will raise more funds for further payments.

Over all Challenges:

Procurement of Equipments for HCs and HPs followed International procurement procedures which however; were tedious and lengthy arrangements causing delays on the overall implementation of the planned activities,

Some persistent challenges also include the continues rise of construction materials and labour

cost which also became a challenge not to attain construction of the targeted 212 HCs timely and with the budget allocated originally.

The Weak financial management at different levels of the system has also been one of the reasons for delayed program implementation, fund utilization, documentation and reporting. Statements of expenditures were not sent timely and in some cases were causing discrepancies of figures reported in the previous APRs and the current one. In this regard the ministry has made some improvements recently hiring four Senior Financial Technical Assistants and is also in the process of initiating Web based Public Financial Management system which is expected to significantly contribute to the improvement of Financial Management System.

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

Ethiopian Paediatric Society is one of the implementers of activities under HSS through its program on support to training of Health Workers on IMNCI.

The GAVI HSS fund was managed and utilized by the Ministry of Health, CSOs through their representatives in the joint governance structures have participated in some decision making. CSOs were the sole beneficiaries from GAVI CSO fund and this is reported in the next section.

1.6 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [**IF YES**] : please complete **Part A** below.

[**IF NO**] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

Part B: 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.

The GAVI HSS funds are channelled through the MDG pool fund which is an account held by the Ministry of Health in the National bank of Ethiopia. Budget was reprogrammed in the previous FY making the rehabilitation of HC, procurement of HP and HC equipment, and strengthening of PFSA to be major recipients for the 2010 budget. The budget approvals were made based either on this reprogramming or on the original proposal (for those budget line items where there was no reprogramming). Financial reports and progress reports were collected from all entities where funds were channelled. The JCCC has been following the process and were requested for approvals whenever there was any reprogramming. The reprogramming requests were made based on the identified financial gaps to implement the national strategic and annual plan of the sector.

1.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....**).

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

1.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Name of Objective or Indicator (<i>Insert as many rows as necessary</i>)	Data Source	Baseline Value and date	Baseline Source	2009 Target
2.1 HSS Inputs				
% of woredas with timely funding for HEWs refresher course	Woreda financial data	NA		95%
% of TVET schools with resources for apprenticeship	TVET schools financial data, through regional education bureaus (REB)			100%
# of contracts signed for expansion HS to HC	Contracts (MoH/GTZ or to private contractor)			35
# of regions with AWP for logistics Master Plan	LMIS (Logistics Management and Information System)			9
2.2 HSS Outputs				
# HEWs attending refresher courses per year	TVET school and REB reports	1600	HMIS	> 3,400
% of apprenticeships with 1/15 tutor/trainee	Woreda Health Offices and Regional Health bureau reports	No tutor for apprenticeship		> 90 %
% of HEWs trainees with EPI complete checklist				> 90 %

# of upgraded Health Stations (cumulative)	Woreda Health Offices and Regional Health Bureau reports	676 functional HC	212
# of Health Posts equipped (equipment in place , cumulative)	Health Post database (RHBS and UNICEF)	1400 HP functional	7340
# of Health Centres equipped (cumulative)	PFSA	676 functional HC	300
% of Health Posts in cluster system for cold chain efficiency	Annual rapid sample survey	20%	70%
% of woredas with updated/accurate stock reports	Woreda Health Offices and Regional Health bureau reports	NA	70%
% of Health Posts with 10day Kerosene stock			80%
# of woredas equipped for support superv.(max 109)			109
2.3. HSS Outcomes			
% of HPs providing EPI , twice a month (at least)	HMIS		90%
% of HEW recording refrigerator temp. twice daily	Rapid Annual survey		>90%
% of women attending at least one ANC			80%
% of HPs providing TT during ANC			75%
% of rural kebeles with access to full HEP package			70%
% of HPs with no essential.drugs shortage last 3 months			70%
% of pregnant women with access to BEOC			50%

% of HP supervised once in past two months				60%
% of HEP review recommendations included in .WorHO workplan				> 75%
2.4:HSS Impacts				
Pentavalent (DPT3) coverage (from 69% baseline 2005)	HMIS			85%
Measles coverage (from 59% baseline 2005)	Annual rapid sample survey			80%
% of children 6-12months having rec. Vit.A last 6 months				70%
% of children 12-59 months rec. Albendazole last 6 months				70%
% of children with Diarrhea receiving ORT/ORS at HP level				65%
% of "clean deliveries" ²				50%
% of children treated with the IMNCI protocol at HC level				50%
Under Five Mortality rate	DHS			85/100,000 LB

² Percentage of clean deliveries includes deliveries by trained HEWs as well as by skilled attendants

<p>In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:</p>
<p>Provide justification for any changes in the definition of the indicators:</p> <p>No change in definition of indicators</p> <p>Provide justification for any changes in the denominator:</p> <p>No change in denominator</p> <p>Provide justification for any changes in data source:</p> <p>There has not been adequate surveys done in the last few years which could retrieve the status of some of the indicators therefore; mostly routine reports and reports from GAVI focal persons and implementers were used in this APR.</p>

Table 16: Trend of values achieved

Name of Indicator (insert indicators as listed in above table, with one row dedicated to each indicator)	2007	2008	2009	Explanation of any reasons for non achievement of targets 2009 Target
2.1 HSS Inputs				
% of woredas with timely funding for HEWs refresher course	Not Available	NA	NA	HEWs refresher course is done at regional level and all the regional health bureaus have received timely funding from HSS while this was not done in the reporting year as a result of the reprogramming of funds under the activity
# of contracts signed for expansion HS to HC	1	1	1	All the upgrading of health stations is contracted out to GTZ through an initially signed agreement
2.2 HSS Outputs				
# HEWs attending refresher courses per year	2000	4471	0	Refresher courses for HEWs were provided through support from other sources
% of apprenticeships with 1/15 tutor/trainee	NA	100 %	0	
% of HEWs trainees with EPI complete checklist	30%	90	0	
# of upgraded Health Stations (cumulative)	NA	176	227	
# of Health Posts equipped (equipment in place , cumulative)	0	3720	3720	
# of Health Centres equipped (cumulative)	0	0	0	All the equipments for 300 HCs are procured and on preparation for distribution
% of Health Posts with 10day Kerosene stock*	NA	NA	NA	

# of woredas equipped for support superv. (max 109)	NA	100%	100%
2.3. HSS Outcomes			
% of HPs providing EPI , twice a month (at least)			85%
% of HEW recording refrigerator temp. twice daily	NA	NA	NA
% of women attending at least one ANC	59.4%	NA	66%
% of HPs providing TT during ANC			52%
% of rural kebeles with access to full HEP package			84%
% of HPs with no essential drugs shortage last 3 months	NA	NA	66%
% of pregnant women with access to BEOC	NA	NA	25%
% of HP supervised once in past two months*			
% of HEP review recommendations included in .WorHO workplan			
2.4:HSS Impacts			
Pentavalent (DPT3) coverage(from 69% baseline 2005)		81%	81.6%
Measles coverage (from 59% baseline 2005)		74%	76.6%
% of children 6-12months having rec. Vit.A last 6 months			94%

% of children 12-59 months rec. Albendazole last 6 months				98%	
% of children with Diarrhea receiving ORT/ORS at HP level				45%	
% of "clean deliveries" ³				10.8%	
% of children treated with the IMNCI protocol at HC level	NA	NA		37%	

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

Performances listed above for impact and outcome indicators show over all achievements which are also cumulative results of multiple programs and efforts in addition to GAVI HSS.

Progress with regard to some indicators [*] listed as input, output and outcome could not be tracked. Performances of these indicators were not available because neither the routine reports nor recently conducted localized surveys catch them.

1.9 Other sources of funding in pooled mechanism for HSS

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

³ Percentage of clean deliveries includes deliveries by trained HEWs as well as by skilled attendants

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal
Protection of Basic services (World Bank, Netherlands Embassy, Italian cooperation, Irish Aid, DFID, European commission, CIDA)	51,700,000	Three years	Supply equipment and maintenance systems (HC equipments), procurement of essential commodities (ITNs, essential drugs, contraceptives, vaccines) strengthening of M&E system, strengthening of PFSA and logistics management system
MDG Pooled fund (DFID, Spain, UNFPA, WHO, Irish Aid)	34,920,930	Three years	Rehabilitation of Health centres, Strengthening of M&E system
Health Pooled fund (DFID, Netherlands Embassy, Italian Cooperation,)	3,136,630.43	Four years	Annual review meetings, evaluations

2. Comments

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



~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL

STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in USD*
Balance brought forward from 2008 (balance as of 31 December 2008)	25 392 830	63 000
Summary of income received during 2009		
Income received from GAVI	67 493 200	120 000
Income from interest	7 665 760	16 000
Other income (fees)	179 666	375
Total Income	65 338 626	136 375
Total expenditure during 2009	30 592 132	63 862
Balance as at 31 December 2009 (balance carried forward to 2010)	60 139 324	125 523

Detailed analysis of expenditure by economic classification⁸ – 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 expenditure						
Vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTALS FOR 2009	42 000 000	87 663	30 592 132	63 852	11 407 868	23 811

* An average rate of CFA 179.11 = USD 1 applied

⁸ Expenditure categories are indicative and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING
(HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 ²
Balance brought forward from 2008 (balance as of 31 December 2008)	25 392 830	53 000
Summary of income received during 2009		
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	65 338 626	136 375
Total expenditure during 2009	30 592 132	63 852
Balance as at 31 December 2009 (balance carried forward to 2010)	60 139 324	125 523

Detailed analysis of expenditure by economic classification ¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
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
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

¹⁰ An average rate of CFA 179.11 = USD 1 applied

¹¹ Expenditure categories are indicative and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives activities and system for economic classification

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO)
TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for CSO ‘Type B’ are due to the GAVI Secretariat 6 months following the close of each country’s financial year.

Summary of income and expenditure – GAVI CSO 'Type B'			Local Currency (CFA)	Value in USD**
Balance brought forward from 2008 (balance as of 31 December 2008)			25,392,830	53,000
Summary of income received during 2009				
	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			65,338,626	136,375
Total expenditure during 2009			30,592,132	63,852
Balance as at 31 December 2009 (balance carried forward to 2010)			60,139,324	125,523

Detailed analysis of expenditure by economic classification** – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
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
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

** An average rate of CFA 479 : 1 = USD 1 applied

*** Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification

Non-salary expenditure	Training	3,000,000	6,262	4,000,000	8,349	-4,000,000	-2,657
Other expenditure	Capital works	12,500,000	26,090	6,792,132	34,177	6,707,868	11,813
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811