

5. Health System 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 2010**. All countries are expected to report on:
 - a. Progress achieved in 2010
 - b. HSS implementation during January – August 2012 (interim reporting)
 - c. Plans for 2013
 - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2010, or experienced other delays that limited implementation in 2010, 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 2010 fiscal year starts in January 2010 and ends in December 2010, HSS reports should be received by the GAVI Alliance before **15th May 2011**. 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 2011, the HSS reports are expected by GAVI Alliance by September 2011.
3. Please use your approved proposal 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 activities and budget (reprogramming) please explain these changes in this report (Table 14, 15 and 16 as per APR) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**
5. If you are requesting a new tranche of funding, please make this clear in Table 11 as per APR.
6. Please ensure that, **prior to its submission to the GAVI Alliance, this report has been endorsed by the relevant country coordination mechanisms (HSCC or equivalent)** as provided for on the signature page of the online APR form in terms of its accuracy and validity of facts, figures and sources used.
7. Please attach all required **supporting documents** (see list of supporting documents in the online APR form). These include:
 - a. Minutes of the HSCC meetings held in 2010 including those on the discussion/endorsement of this report
 - b. Latest Health Sector Review Report
 - c. Financial statement for the use of HSS funds in the 2010 calendar year
 - d. 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.
10. Please provide data sources for all data used in this report.

5.1 Receipt and expenditure of HSS funds in the 2010 calendar year

5.1.1 Please complete Table 11 (as per APR) for each year of your country's approved multi-year HSS programme.

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of this table.

Table 11: Receipt and expenditure of HSS funds and request for a new tranche (Currency ETB)

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Original annual budgets <i>(as per the originally approved HSS proposal)</i>	209,393,265.65	289,435,166.30	114,164,143.08	88,426,242.78	None	None
Revised annual budgets <i>(if revised by previous Annual Progress Reviews)</i>						
Total funds received from GAVI during the calendar year	209,393,265.65	406,669,841.7	86,136,384.32	None	None	None
Total expenditure during the calendar year	22,110.00	22,913,029.21	440,159,805.27	70,967,797.66*	84,379,191.07	82,901,917.03
Balance carried forward to next calendar year	209,371,155.7	593,127,968.1	239,104,546.9	168,144,950.37*	83,765,759.3	863,842.27
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Please note that figures for funds carried forward from 2010/11, income received in 2011/12, expenditure in 2011/2, and balance to be carried forward to 2012/13 should match figures presented in the financial statement for HSS that should be attached to this APR.

- **Financial management of HSS funds**

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2011/12 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.

Yes, a joint FMA was conducted by consultants and the process was funded by different DPs: GAVI, World Bank, Netherlands Embassy and Australian Aid. This was conducted in March – April 2011 and final report communicated to MOH and DPs. A Plan of Action was developed based on the findings of the FMA and the implementation is being followed regularly jointly by MOH and DPs.

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

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.

The GAVI HSS fund was channelled through the government preferred channel, MDG PF and this was managed by the Ministry of Health using the government rules and procedures. The account is kept in the National Bank of Ethiopia.

GAVI HSS funds were used as per the originally approved proposal and when there is a need to reprogramme some activities, it was presented to Joint Core Coordinating Committee. In the reporting period there was no reprogramming done on GAVI HSS funds.

GAVI resources are put as part of the annual resource mapping exercise, and are planned for, annually during the woreda planning.

5.2 Detailed expenditure of HSS funds during the 2011/12 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011/12 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: Annex 1**).

If any expenditures for the May 08 2011 – August 2012 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document Number:.....**).

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 Number:.....**).

5.3 Progress on HSS activities in the 2011/12 calendar year

Please use Table 12 to report on activities in 2011/12 as per your country's original HSS proposal. 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 12: HSS activities in the 2011/12 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (where applicable)	Explanation of progress achieved and relevant constraints. Also explain if any activity not implemented/modified with references (e.g. evaluations, HSCC meetings)	Source of information/data (if relevant)
Objective 1:	HEALTH WORKFORCE MOBILIZATION, DISTRIBUTION AND MOTIVATION			
Activity 1.1:	Refresher course for HEWs		Integrated supportive supervision was done to the HEWs who were trained during the previous years.	
Activity 1.2:	Training of health workers for IMNCI		The training which was given in the previous years and was documented (financial documentation) during the reporting period.	
Activity 1.3:	Apprenticeship for HEW students		The developing regions used the remaining of this fund to finance the apprenticeship which was not used previously as their intake was not as much as the bigger regions.	
Activity 1.4:	Capacity Strengthening for woreda HMT		Training on woreda based planning methods and the costing tool was given to the woreda 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		Rehabilitation of HC was continued through GTZ and some were done by Project Management unit. The construction is being finalised in most areas, except some regions.	
Activity 2.2:	Equipment for 7340 Health Posts		No activity under this for 2011/12. Finalized and reported in the previous APR	
Activity 2.3:	Equipment of 300 Health Centres		The HC equipments were delivered in country completely and distribution was also finalised. In the reporting period there were some activities of distribution to the facility level.	
Activity 2.4:	Health Post construction		Health Post construction was finalised and reported in the previous APRs, some financial documentation was done and expenditure incurred due to this.	
Objective 3:	ORGANIZATION AND MANAGEMENT OF HEALTH SERVICES			
Activity 3.1:	Monitoring and evaluation		Integrated Supportive Supervision was conducted to regions and training on HMIS for some regions with budget constraints. This activity used about 527,450.06.	
Activity 3.2:	HEP Annual review meetings		HEP annual review meetings were conducted at regional levels.	
Activity 3.3:	Support to initiate implementation of the Health Commodities Supply System		Construction of hubs is under construction using funds from GAVI and also other sources like the global fund. The remaining fund from GAVI was fully used to progress the constructions.	
Activity 3.4:	Management of HSS		In this line item majority of the activities were payment for audit, bank charge, freight, and procurement of fuel and lubricant for the EPI program were included.	

N.B: As per the original proposal the GAVI HSS support for Ethiopia started 2006/07 and ended in 2009/10. Therefore there was no income this year and no activities planned to be done during the reporting period. However, the fund was not fully utilized during the specified time period in the proposal, so the unfinished activities were continued with the remaining fund.

Therefore, this APR covers only those activities carried out from May 2011 to August 2012. The financial statement is also adjusted to cover the specific reporting period.

5.4 General overview of targets achieved

Please complete Table 13 for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

As the original proposal was concluded last FY, there is no Agreed target for this reporting period.

Table 13: Progress on targets achieved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				
Objective 1:						
1.1 IRT for HEW workers			7,440	No target	HMIS	Targets achieved
1.2 IMNCI training			5,400	No target	Report from EPS	Targets achieved
1.3 Apprenticeship for HEW students						
1.4 Capacity Strengthening for woreda HMT						
Objective 2:						
2.1 Upgrading Health stations to HC			212	212	Routine report	Targets are in process and will be achieved in September 2011

2.2. Equipment for Health posts			7,340	7,340		Achieved
2.3. Equipment of Health Centres			300	300		Under distribution
2.4. Construction of HPs						
Objective 3:						
3.1. Monitoring and evaluation				No target		
3.2. HEP review meetings				One review meeting per region per yr		
3.3. Support for implementation of the HCSS						
3.4. Management of HSS						

1.4 Programme implementation in 2012

1.4.1 Please provide a narrative on major accomplishments in 2012, especially impacts on health service programs, notably the immunization program

- Integrated Supportive Supervision was done to HEWs who were trained on URT in the previous project periods.
- The rehabilitation of HC was continued during the year and majority were finalised.
- HEP annual review meetings were conducted in each region and looked into the achievements in the year and the plan for the coming years.
- Finalisation of distribution of HC equipment
- Construction of Hubs at PFSA was continued and progressed well

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

As this is the last APR, it was required to document all un-liquidated fund. The major undertaking was to collect Statement of Expenditures from various users. This too longer than anticipated.

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

The M&E arrangement for GAVI HSS was part of the overall M&E system for the sector. GAVI HSS planning is done as part of the annual planning; the reports come from the routine reports. It is reported in the Annual Health Sector performance report. In addition GAVI requires annual report on the specific reporting format.

1.4.4 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 harmonised with existing reporting systems in your country.

The M&E arrangement for GAVI HSS was part of the overall M&E system for the sector. GAVI HSS planning is done as part of the annual planning; the reports come from the routine reports. It is reported in the Annual performance report. The GAVI secretariat participates in the annual review meetings of the sector, have participated in the Joint Assessment of Health Sector Strategy.

1.4.5 Please outline any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments.

NA

1.4.6 Please describe the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations)

CSO and other stakeholders participated in HSS implementation such as:

- EPS (Ethiopian Paediatrics Society) conducted the IMNCI training
- GTZ managed majority of the fund utilised for HC rehabilitation and upgrading
- UNICEF procured and distributed HP equipment
- UNOPS procured the vehicles during the first two years of the project

1.4.7 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

Management of HSS fund was mainly used by the Federal Ministry of health to cover the transaction costs incurred during the implementation of the GAVI HSS project.

There was no fund disbursement constraint during the year.

Please outline the technical support that was accessed to support programmatic implementation, M&E or reporting. Technical assistance was used in the implementation of IRT and IMNCI trainings, procurement of HP equipment and specifications for HC equipment, Expertise from GTZ was used in the management of HC construction funds.

1.5 Planned HSS activities for 2012

Please use Table 14 to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

The project is finished in 2009/10 and only the remaining funds were used the end of August 2012. No planned activity for the coming year.

Table 14: Planned activities for 2011

Major Activities	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2012 actual expenditure (as at August 31, 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Remark
Objective 1:	Health Workforce					
Activity 1.1:	IRT for HEW workers	No original budget for 2012	9,853,336.89			
Activity 1.2:	IMNCI training	No original budget for 2012	3,866,769.35			
Activity 1.3:	Apprenticeships for HEW students	No original budget for 2012	982,902.11			
Activity 1.4:	Capacity strengthening for Woreda HMT	No original budget for 2012	1,851,929.36			
Objective 2:	Supply, distribution and maintenance systems					
Activity 2.1:	Upgrading Health stations to HC	No original budget for 2012	11,325,314.22			

Activity 2.2:	Equipment for 7340 HPs	No original budget for 2012	-			
Activity 2.3:	Equipment for 300 Health Centres	No original budget for 2012	107,434.24			
Activity 2.4:	Construction of HPs	No original budget for 2012	984,618.06			
Objective 3:	Organization and management					
Activity 3.1:	Monitoring and Evaluation	No original budget for 2012	722,328.06			
Activity 3.2:	HEP annual review meetings	No original budget for 2012	5,468,358.49			
Activity 3.3:	Support for implementation of the HCSS	No original budget for 2012	26,273,579.34			
Activity 3.4:	Management of HSS	No original budget for 2012	21,465,346.91			
TOTAL COSTS			82,901,917.03			

1.6 Planned HSS activities for 2013

Please use Table 15 to outline planned activities for 2012. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

No Plan for 2013 as the money and the program is concluded with this APR.

1.7 Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2012 affect the indicators used to measure progress, please use Table 16 to propose revised indicators for the remainder of your HSS grant for IRC approval. NA

1.8 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 17: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
DFID			These donors fund the MDG pooled fund which is un-earmarked flexible fund which supports all priorities of the sector including HSS. In EFY 2004, HSS was about 30% of the total budget.
Spanish Agency for Cooperation			
Irish Aid			
WHO			
UNFPA			
UNICEF			
Italian Cooperation			
AusAID			
Embassy of Netherlands			

5.9.1 Is GAVI's HSS support reported on the national health sector budget?

Yes/No

1.9 Reporting on the HSS grant

1.9.1 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 18: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
HMIS routine report	<i>Through Joint review Mission which validates the reports by going to the field and verifying. Done by MOH and DPs together (JRM)</i>	
Annual Performance report		
Activity report on IMNCI training	<i>Through Integrated Supportive Supervision</i>	

1.9.2 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.

The timing of this report doesn't go with the Annual Performance report of the country so separate data verification was required and has consumed a lot more time than was expected if it was aligned with the reporting period of the country.

The separate format and separate indicators to report on, make the APR compiling process very difficult.

1.9.3 How many times did the Health Sector Coordinating Committee (HSCC) meet in 2011/12? JCF which equivalent with the HSCC met three times during this time but the discussion was mainly on other topics not on GAVI HSS. The day to day management of GAVI HSS was given to be handled by JCCC.

JCCC members have seen this report individually and signed their endorsement.

Please attach:

1. The minutes from all the HSCC meetings held in 2011/12 including those of the meeting which discussed/endorsed this report (**Document Number.....?**)
2. The latest Health Sector Review report (**Document Number.....**).

The Financial statement is attached below



HSS financial report.pdf

Signature Page



HSS Signature page.pdf

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 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 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 ⁹
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	

⁹ An average rate of CFA 479.11 = USD 1 applied.

¹⁰ 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.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES							
Non-salary expenditure							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTAL FOR ACTIVITY 1.2	18,000,000	37,570	11,792,132	24,613	6,207,868	12,957	
TOTALS FOR OBJECTIVE 1	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	