**I. General Clarification:**

***2. Composition of functioning of the HSCC***

The Joint Core Consultative Forum (JCF) is the equivalent of the HSCC. Joint Core Coordinating Committee (JCCC) works as the technical arm of the JCF. Together they represent the framework for the dialogue and governance for HSPD including the MDG Fund. The major functions of the JCCC are to give operational oversight and monitor the implementation of all pooled funds including the Health Pooled Fund, GAVI, MDG PF. It will also undertake other technical assignments as instructed by JCF. In addition JCCC will analyze and agree to FMOH recommendations on allocation or reprogramming of funding. It also reviews quarterly financial and activity plans and reports of MDG PF and GAVI HSS and submit to JCF.

1. *Monitoring and Evaluation/Performance Framework*

On the M&E framework for HSDP IV, there are only output and outcome indicators are included as the document is a strategy document. The intermediate indicators are included in the annual operational plans and also specific proposals like the one sent to GAVI.

**Note to the country:** The country is strongly encouraged to programme mid- and end of programme evaluations so as to assess the extent to which the desired health system is actually occurring.

The country has its own evaluation systems which includes midterm review, and final evaluations of HSDP, Joint review Missions and different surveys including facility surveys which will assess the progress of MDGs. The health systems are part and parcel of these studies and as the impact on program outcomes is very valid the progress on the system is closely followed.

**II. Specific Clarifications on the specific recommendations and requested clarifications points:**

1. **Clarification of the discrepancy in budget figures for cold chain and vehicles between cMYP and HSS Proposal**

It was clearly seen that there is a huge budget gap identified in cMYP and HSFP proposal specific to cold chain part. The cMYP document somewhat missed to incorporate the comprehensive cold chain rehabilitation plan. Recognizing that the Health Promotion and Disease Prevention Directorate (HPDP) called the TWG who worked on cMYP earlier to discuss on the way forward. The TWG decided that this is a big gap and the document needs to be revised at this point without waiting for its time to end. Accordingly the cold chain part together with its budget is revised and endorsed by the ICC. Please find the attached minutes of ICC and the revised document.

1. **Clarification of the very high unit costs for trucks, the training cost per participant and EMR.**

The cost for the EMR is defined based on the standard materials specification and the least price based on the specification given. Most of the procurement cost estimation information is collected from PFSA, a procurement agency under the ministry. Accordingly, as it is described in the Annex 1 Table 1 attached, for the given material specification and quantity, a unit cost is provided. This unit cost is defined after conducting a market analysis of the potential suppliers and taking the least price.

With regard to the cost of the refrigerated truck, according to the information from PFSA, we are planning to procure IVECO, 2009 model refrigerated truck. The cost estimation is made from a website (<http://www.trucksales.com.au/buy/details.aspx>) for the budgeting purpose. These trucks are going to serve transportation of vaccines from the centre to all regions.

The training cost per participant (277USD) given in the proposal includes the perdiem, transportation, stationeries, refreshment and other costs of the training calculated per participant. The estimation is made by applying the government rules of payment to participants during trainings. Please see the table 2 in Annex 2 attached.

1. **Operational details and benefits of m-Health**

mHealth or the use of mobile and wireless technologies as a strategy to support the achievement of global health objectives such as the Millennium Development Goals and Health Systems Strengthening, is rapidly advancing throughout the world. It has been seen in other countries that mHealth Program leverages to improve the maternal and child health interventions through facilitation of timely data exchange. In addition, mHealth is believed to be the centre pivot in supply chain management.

In Ethiopia, HEWs are the center in the data flow between the community, health posts and health center/Woreda health office. Timely data flow between these different actors determines timely technical and logistic support for HEWs during different occasions, including cold chain dysfunctions thereby prevent vaccine wastages and missed opportunities in the provision of different services at the health posts. A study conducted by vital wave consulting confirmed the feasibility of mobile technologies in the health sector programs specially those interventions who have women at their centre.

This feasibility study of mHealth in Ethiopia is based on telecommunication and electricity coverage, HEWs mobile ownership, communication and data flow system in the health sector and other parameters. Moreover, more researches are being conducted in the country by Addis Abeba University and more than 12 other development partners to further evaluate the tool and define the operational details for scale up. Many other studies, published in PubMed, conducted in rural Malawi, Uganda, South Africa and other developing countries have revealed the positive contribution of mHealth in; saving the time of CHWs and health professionals in communication and visiting a health institution for reporting, improvement in logistic management and positive outcome in maternal and child health interventions.

In Ethiopia, the major information and communication related health systems bottlenecks identified so far includes; geographical barriers which resulted in delays to submit reports/get feedback, delays in getting technical and logistic support from Woreda health office and supervisors and delays in facilitation of referral especially for maternal and child health related problems. So far, specific to vaccination services, these health systems bottlenecks have caused substantial delays in supply of different vaccines and logistics for immunization activities at the health posts and delays the technical support from health extension supervisors to solve the issues related to cold chain dysfunction on timely basis. In addition, in urban areas where there is significant mobile ownership by the community, mHealth could be a tool to remind mothers on different service schedules including immunization, ANC etc.

mHealth has been considered to take part in the GAVI HSS request by considering its significant contribution to address those health system bottlenecks. From the experience in other parts of the world and different pilot mHealth projects in Ethiopia, mHealth is believed to be a significant input in addressing these bottlenecks. This is also confirmed by mHealth assessment report of May 2011 conducted by Vital Wave consulting which outlines five areas for mHealth application for health extension program in Ethiopia. These are; supply chain management, data exchange, consultation, referrals and training and education. Thus, the introduction of mHealth will facilitate the communication between health extension workers and their supervisors to get logistic/commodity support for immunization activities, immediate technical support in case of cold chain dysfunction so that decrease vaccine wastage, facilitation of on time reporting and consultation for different occasions.

The infrastructure directorate of the ministry, in collaboration with Colombia University, PATH, Vital Wave consulting and others, has been working on the road map and plan of action of mHealth in Ethiopia which will further enriched with results of the studies being conducted in the country.

The GAVI HSS support will cover the procurement, software development and training costs related to introducing and scaling mHealth in the country which will build on the experiences of other similar countries and the results of the different studies being conducted in the country. Therefore, the introduction of mHealth in the GAVI HSS proposal is based on the feasibility of mHealth in Ethiopia and the experience and success in other similar developing countries

1. A clear specification of the types of materials to be acquired for the health centres and their unit costs.

The health centre equipments procurement modality is based on lots. Each of the lots has a defined standard list of materials for a health centre with detail quantity. The cost is provided per lot. Please see table 3 below for the cost per lot and table 4 in Annex 3 attached for detail description and quantity of the equipments per health centre.

Table 3: Cost of health centre equipment per lot

|  |  |  |
| --- | --- | --- |
| Lot I | Microscope | 560 USD |
| Lot II | Centrifuge | 6,000 USD |
| Lot III | Sterilizers | 7,100 USD |
| Lot IV | Refrigerators | 10,340 USD |
| Lot V | Different kinds of Laboratory & Pharmacy Equipment | 4,500 USD |
| Lot VI | Examination, Treatment, MCH, OR & Delivery Equipment | 5,500 USD |
| **Total** | | **34,000 USD** |

1. The incorporation of depreciation or replacement costs [or plans] for the equipments and vehicles to be acquired.

According to the vehicles procurement and management rules of the government, the vehicles are expected to serve for more than 10 years as far as all the needed timely maintenance and services are kept. For all the vehicles under the government, an annual plan for maintenance and replacement will be designed. In addition, as a rule of government, the regional government will have a matching fund agreement with the central government to cover the continuous maintenance and replacement cost need for equipments and vehicles purchased and distributed to regions. One practical experience which can be sited as an example for this could be the procurement of Ambulances by the Federal MoH which are distributed to each woreda (One per woreda) where each regional president has committed and signed an agreement to cover all the maintenance, replacement and running cost for the Ambulances.

Moreover; the grant period for GAVI HSS is only 4 years, which is too far less than the expected replacement years of the vehicles. Thus, there is no need to include the depreciation/replacement costs in this proposal. With the given period of the grant, the important point to consider is maintenance and as it is stated in the proposal, the continuous maintenance cost will be covered by the government.

1. Further specification of the plans for the award of grants to the CSOs.

Ethiopia is a low income country with an under-resourced health system. Civil Society Organizations (CSOs) are recognized as important stakeholders in the health system. CSOs typically provide complementary services to support the government’s Expanded Program on Immunization (EPI), including training health workers, community mobilization, technical assistance, etc. Since the implementation of GAVI’s health system strengthening support to Ethiopia a total budget of US$ 76,494,000 allocated for 2006/07 to 2009/10, and CSO support amounts to US$ 3,320,000 over a two year period from 2008 to 2010. As mentioned above the budget allocation for CSO reaches closely US$ 1,660,000 per year. Additionally the FMOH was using Ethiopian Paediatric Association, a professional association, to execute IMNCI training. The annual budget for this was 360,000USD.. Adding the two together the annual budget used by CSOs was about 2,000,000USD.

In the previous experience, the GAVI/CSO Support Fund was able to improve the long standing low immunization coverage through community mobilization, capacity building, community involvement and strengthening the mobile, outreach and static immunization service, which is believed to extend the EPI service to more pastoral and unreached community. Taking the previous experience into consideration, the allocation for CSO annually is fixed at 2,000,000USD. The total amount US$ 8000,000 in four years is about 10% of a total budget which is in line with GAVI’s recommendations.

There are a large number of CSOs in Ethiopia, supporting the immunization sector as part of their broader work on maternal and child health. Thus to provide equal opportunity there will be a call proposal which will be communicated through mass media and this will be based on a set criteria and guidelines. . The submitted proposals will be evaluated against the criteria by FMoH jointly with JCCC and the accepted proposals will be funded. The ceiling for the budget will be the USD 2,000,000 per year. Therefore, the winner can be one or many CSOs based on the soundness of their proposal and the feasibility of their proposed budget.

**List of attachments**

1. Minutes of ICC
2. Revised cMYP

Annex 1.

**Table 1: List of materials and budget breakdown for the implementation of Electronic Medical Record (EMR)**

|  |  |  |  |
| --- | --- | --- | --- |
| Devices | Quantity | Unit Price $ | Total Price $ |
| HP Server | 2 | 7000 | 14000 |
| Computers | 65 | 800 | 52,000 |
| Access Points | 26 | 800 | 20,800 |
| Wireless LAN Controller | 2 | 6000 | 12000 |
| APC UPS 2200VA | 4 | 1000 | 4000 |
| APC UPS 750 VA | 70 | 350 | 24,500 |
| Switch 24 port | 7 | 1200 | 8,400 |
| Rack 6U | 7 | 300 | 2100 |
| UTP CAT6 Cable (Bandle) | 10 | 397 | 3970 |
| Trunk 40x20 (meter) | 1800 | 2.3 | 4,140 |
| Conduit 16 mm (meter) | 350 | 0.50 | 175 |
| Power Cable (meter) | 50 | 2.4 | 120 |
| Patch Panel CAT6 24 port | 7 | 270 | 1890 |
| RJ-45 wall mountable Sockets | 25 | 8 | 200 |
| PCI Wireless Adapter | 10 | 60 | 600 |
| RJ-45 Connector CAT 6 | 60 | 0.50 | 30 |
| Re-enforcement Cable (Meters) | 250 | 2.00 | 500 |
| Electric Extension Cord | 20 | 15 | 300 |
| Server Cooling Fan | 2 | 48 | 96 |
| Electric Power Sockets | 5 | 2.80 | 14 |
| **Total Price** | | | **149,835** |

Annex 2.

**Table 2: Detail cost break down for training cost per participant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.N | Activity | Budget description | Unit cost | total | Remark |
| 1 | Per diem | * Total number of training (12) and average transportation day days (2) = 14 * Perdiem per day = 150 birr (8.57USD) | 14 days X 8.57 USD | 120 USD |  |
| 2 | Refreshment | * Total number of training days = 12 * Average refreshment cost 3 USD/per day | 12 days X 3USD | 36 USD |  |
| 3 | The share of each trainees from the cost of hall rent (1.5USD/day=1.5X12=18USD), stationary(14USD/participant) and field practice (12 USD/Participant) |  | 18+14+12 | 44 USD | The assumption is 30 trainees per session, |
| 4 | The share of each trainees from the cost incurred to trainers, Woreda coordinators and facilitators per session | 4 trainers, 2 facilitators and 1-2 Woreda coordinators |  | 52 USD |  |
|  | **Sub total** |  |  | **252** |  |
|  | Contingency cost | 10% of the total cost |  | 25.2 |  |
|  | **Grand total** |  |  | **277.2** |  |

|  |  |  |
| --- | --- | --- |
| **Annex 3.**  **Table 4: List of health center equipments** | | |
|
| Lot | Item/equipment | **Quantity** |
| Lot I | Microscope | 1 |
| Lot II | Centrifuge | 1 |
|  | Hand driven centrifuge | 1 |
| Lot III | Sterilizers |  |
|  | Hot air sterilizer | 1 |
|  | Steam sterilizer | 2 |
|  | Instrument sterilizer | 2 |
|  | Pressure cooker | 1 |
|  | Sterilization drum 24x24 cm | 2 |
|  | Sterilization drum 36x36cm | 2 |
|  | Sterilization drum 29x35 | 2 |
| Lot IV | Refrigerators |  |
|  | Medical refrigerator 120-130 L | 1 |
|  | Medical refrigerator 60-80 L | 2 |
| Lot V | Laboratory & Pharmacy Equipment |  |
| 1 | Differential counter | 1 |
| 2 | Alarm timer | 2 |
| 3 | Haemoglobinometer | 1 |
| 4 | Precision balance | 1 |
| 5 | Spoon | 2 |
| 6 | Measuring cylinder | 5 |
| 7 | Jug | 3 |
| 8 | Water filtration apparatus | 1 |
| 9 | Laboratory glass wares | 1 |
| Lot VI | Examination, Treatment, MCH, OR & Delivery Equipment |  |
| 1 | Examination light | 3 |
| 2 | Sphygmomanometer | 4 |
| 3 | Stethoscope | 4 |
| 4 | Fetal stethoscope | 2 |
| 5 | Instrument trolley | 4 |
| 6 | Instrument trolley | 2 |
| 7 | Instrument tray | 1 |
| 8 | Instrument tray | 1 |
| 9 | Filter tray | 1 |
| 10 | Tablet counting tray | 1 |
| 11 | Bowl | 2 |
| 12 | Bowl | 2 |
| 13 | Bowl with stand | 2 |
| 14 | Infusion stand | 10 |
| 15 | Vacuum extractor (Manual) | 1 |
| 16 | Oxygen cylinder | 5 |
| 17 | Instrument cabinet | 4 |
| 18 | Stretcher with trolley | 2 |
| 19 | Wheel chair | 2 |
| 20 | Examination couch | 2 |
| 21 | Gynecological examination bed | 2 |
| 22 | Delivery bed | 1 |
| 23 | Baby crib | 2 |
| 24 | Patient bed | 7 |
| 25 | Patient bed | 3 |
| 26 | Screen | 3 |
| 27 | Pick up forceps with jar | 3 |
| 28 | Delivery forceps (set) | 1 |
| 29 | Cup for cotton swabs | 1 |
| 30 | Resuscitation set | 1 |
| 31 | Thermometer rectal | 2 |
| 32 | Thermonmeter | 2 |
| 33 | Tape meter | 2 |
| 34 | Visual chart | 1 |
| 35 | Hand torch | 2 |
| 36 | Adult Scale | 2 |
| 37 | Infant scale | 2 |
| 38 | Bed pan | 7 |
| 39 | Urinal female | 5 |
| 40 | Enema can | 1 |
| 41 | Wash basin | 1 |
| 42 | Pot with cover | 1 |
| 43 | Kidney dish | 1 |
| 44 | Kidney dish | 4 |
| 45 | Breast pump | 2 |
| 46 | Aspirator | 2 |
| 47 | Sputum cup | 4 |
| 48 | Sputum cup | 3 |
| 49 | Urine bottle | 2 |
| 50 | Stove | 2 |
| 51 | Stool OR type | 1 |
| 52 | Minor operation set | 4 |
| 53 | D&C complete set | 1 |
| 54 | Dental extraction set (complete) | 1 |
| 55 | Dressing instrument set | 5 |
| 56 | MCH diagnostic kit | 4 |
| 57 | Diagnostic set (complete) | 1 |
| 58 | Delivery set | 3 |
| 59 | Craniotomy set | 1 |