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INTERNATIONAL DEVELOPMENT ASSOCIATION

RESTRUCTURING PAPER

ON A

PROPOSED PROGRAM RESTRUCTURING
OF
ETHIOPIA HEALTH SUSTAINABLE DEVELOPMENT GOALS PROGRAM FOR RESULTS
{APPROVED ON FEBRUARY 28, 2013}

TO THE

Federal Democratic Republic of Ethiopia

Health, Nutrition & Population Global Practice
Africa Region

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ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
APTS	Auditable Pharmaceuticals Transactions and Services
CBHI	Community Based Health Insurance
CHD	Community Health Days
CMU	Country Management Unit
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration and Vital Statistics
DLI	Disbursement Link Indicator
DQA	Data Quality Assurance
EOS	Enhanced Outreach Services
FEACC	Federal Ethics and Anti-Corruption Commission
FM	Financial Management
FPPA	Federal Public Procurement and Property Administration Agency
VERA	Vital Events Registration Agency
GFF	Global Financing Facility
GMP	Growth Monitoring and Promotion
HMIS	Health Management Information System
HNP	Health Nutrition and Population
HRITF	Health Results Innovation Trust Fund
ICT	Information and Communication Technology
IDA	International Development Association
IFA	Iron and Folic Acid
INVEA	Immigration, Nationality and Vital Events Agency
IPF	Investment Project Financing
KPIs	Key Performance Indicators
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MOF	Ministry of Finance
MOH	Ministry of Health
MTR	Mid Term Review
OFAG	Office of the Federal Auditor General
PAP	Program Action Plan
PDO	Program Development Objective
PforR	Program for Results
PFSA	Pharmaceuticals Fund and Supply Agency
PHC	Primary Health Care
OPCS	Operations Policy and Country Services
SARA	Service Availability and Readiness Assessment

SBD	Standard Bidding Document
SORT	Systemic Operations Risk-Rating Tool
UN	United Nations
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
VERA	Vital Events Registration Agency

DATA SHEET (Ethiopia Health MDG Support Operation - P123531)

Project ID	Financing Instrument	IPF Component
P123531	Program-for-Results Financing	No

Approval Date	Current Closing Date
28-Feb-2013	31-Jul-2021

Organizations

Borrower	Responsible Agency
Ministry of Finance (MOF)	Ministry of Health (MOH), Immigration Nationality and Vital Events Agency (INVEA)

Program Development Objective(s)

To improve the delivery and use of a comprehensive package of maternal and child health services.

Summary Status of Financing

Ln/Cr/TF	Approval Date	Signing Date	Effectiveness Date	Closing Date	Net Commitment	Disbursed	Undisbursed
IDA-60900	09-May-2017	18-May-2017	27-Jun-2017	30-Jun-2021	150.00	126.81	28.95
IDA-52090	28-Feb-2013	29-Mar-2013	17-Jun-2013	31-Jul-2021	100.00	79.41	14.69
TF-A4689	18-May-2017	18-May-2017	13-Nov-2017	30-Jun-2021	20.00	13.25	6.75
TF-A4705	18-May-2017	18-May-2017	13-Nov-2017	30-Jun-2021	20.00	13.71	6.29
TF-14107	29-Mar-2013	29-Mar-2013	29-Mar-2013	31-Jul-2021	20.00	13.80	6.20

Policy Waiver(s)

Does the Program require any waivers of Bank policies applicable to Program-for-Results operations?

No

I. PROGRAM STATUS AND RATIONALE FOR RESTRUCTURING

A. Program Status

1. The Project Development Objective (PDO) of the Ethiopia Health SDGs Program for Results (PforR) ("the Program") is to improve the delivery and use of a comprehensive package of maternal and child health services. Project financing includes: (i) an original allocation of US$100 million IDA (International Development Association) and a grant of US$20 million from the Health Results Innovation Trust Fund (HRITF) (FY13); and (ii) an Additional Financing (AF) of US$150 million IDA with grants of US$60 million from the Global Financing Facility (GFF) and US$20 million from the Power of Nutrition (FY17).

2. The Program is supported by a hybrid of two financing instruments: the PforR instrument which finances the Program with 15 core Disbursement Linked Indicators (DLIs) focusing on maternal and child health results (see Results Framework), and the Investment Project Financing (IPF) instrument, which finances three sub-components:

(a) Sub-Component 1: Support to Civil Registration and Vital Statistics System (US$15 million)
(b) Sub-Component 2: Technical Assistance and Capacity Building to Support National Nutrition Program II (US$5 million); and
(c) Sub-Component 3: Technical Assistance and Capacity Building (US$1 million).

3. Overall the Program is performing well, both in terms of progress towards achieving the development objective as well as on disbursement, with an overall disbursement ratio of 80% between IDA and trust fund sources (see figures from Data Sheet). Some of the key results, as measured by the Results Framework PDO indicators, show substantial improvements in coverage of essential services for maternal and child health (Table 1). With regards to process-related DLIs progress remains mixed. The Ministry of Health (MOH) has missed annual deadlines for some timebound DLIs, and progress on DLIs and Program Action Plan (PAP) actions related to fiduciary and safeguards elements is slow (see Annex II on status of PAP actions). For example, PAP actions 4, 5, 6 and 8, related to governance, financial management and procurement elements, as well as PAP actions 14-16, related to environmental and social safeguards, are off track to meeting their achievements and milestones. To reflect these challenges, while the project previously had ratings of Moderately Satisfactory for Fiduciary and Safeguards aspects, they have been downgraded to Moderately Unsatisfactory in the ISR for March 2019 that is currently being processed. The lack of progress on these actions and the needs for restructuring were a key topic of discussion and action during the Mid-Term Review (MTR) of the Program's AF in early February 2020 and summarized in the aide memoire and management letter communicated to government on April 5 ,2020. Discussions are ongoing with the Ministries of Health and Finances on the specifics of future program restructuring with the intention to complete the forthcoming restructuring in the coming months.

Table 1: Progress on PDO indicators, July 2019

PDO Indicator	AF baseline (2016)	Actual (July 2019)	End Target (2021)
Deliveries attended by Skilled Birth Provider	28%	50%	40%
Deliveries attended by Skilled Birth Provider for the bottom 3 Performing Regions (Afar, Oromia and Somali)	19%	33.4%	28%

Pregnant women receiving at least four antenatal care visits	32%	43%	38%
Children 12-23 months Immunized with Pentavalent 3 Vaccine	65.7%	65.7%*	76.7%
Contraceptive prevalence rate (CPR)	27%	35%	35%
Contraceptive prevalence rate (CPR) (for rural women only)	32%	37.7%	38%
Percent of pregnant women taking iron and folic acid (IFA)	42.1%	60%	54.1%
Percent of Children 6-59 months receiving Vitamin A Supplements	45%	45%**	53%
Percent of Woredas in non-emerging regions delivering Vitamin A Supplements to children through routine systems	48%	69%	80%

*As a Household Cluster Survey has not been conducted since baseline, no updates on results have been documented. The survey is planned for 2020.

** Will be verified by next DHS survey planned for 2021

Data sources: Ethiopia Demographic Health Survey (EDHS) 2016 report; 2019 Mini-DHS; Nutrition Data Verification Joint Review Mission Report, Dec 2018; 2012 HMIS Data Quality Assessment (DQA) Report; 2014 HMIS DQA and current data from 2018 SARA report.

4. With regard to the three IPF sub-components, the program status is as follows:

(a) Sub-Component 1: Support to Civil Registration and Vital Statistics System: The missions from December 2018 and May 2019 noted substantial progress on improving civil registration and vital statistics (CRVS) outcomes. A total of 19,839 (89%) of Kebeles currently offer civil registration services. As of August 2019, 56% of planned birth registrations and 60% of planned death registrations for the 2019 calendar year had been achieved. Most births (46.6%) were current registrations (registered within 90 days); 27.6% late registration (registered after 90 days but within the year of occurrence); and the remaining 25.8% registered after a year of occurrence. At national level, 80% of birth registered in 2018/19 were issued with birth certificates and 77% issued with death certificates. Wide disparities were noted by region in different processes of civil registration. For example, the completeness of birth registration was over 20% in Addis Ababa, Amhara and Tigray and less than 5% in Somali. While good progress has been made, there were institutional changes at the Federal level for civil registration in the past year.

(b) Sub-Component 2: Technical Assistance and Capacity Building to Support National Nutrition Program II and Sub-Component 3: Technical Assistance and Capacity Building: There were substantial delays in the first year due to extended negotiations between the MOH and UNICEF on the contractual agreements for these sub-components. The United Nations contractual agreements, budgets and workplans to support technical assistance in 2019 and 2020 was finalized during the December 2018 mission. Since January 2019, the implementation of activities under these sub-components is moving forward smoothly.

5. **Exclusion of expenditure incurred under high value contract:** The Financing Agreement for the AF stipulates that the Recipient shall ensure the Program excludes any activities which involve procurement of goods estimated to cost US$50 million or more per contract; provided however that such activities may be included if procured under contracts for which the Recipient has requested, and received, prior written approval from the Bank.

6. Despite the provision in the Financing Agreement of the AF (approved April 2017), during the first implementation support mission for the AF, conducted the first week of November 2017, a High Value Contract

(HVC) for the procurement of ambulances was identified by the task team. Specifically, the Federal Ministry of Health (FMOH) had entered into a contract in August 2017 with MOENCO (The Motor & Engineering Company of Ethiopia Ltd. S.C.) for the procurement of 2,614 Ambulances with a contract amount of JPY 11.45 million (US$104 million). This contract with MOENCO combines two budget sources: (i) the SDG Performance Fund (SDG-PF), an account managed by the federal level of the Ministry of Health that is supported by eleven development partners and the defined program boundary of the PforR to which the Program contributes; and (ii) contributions from the state level, specifically the annual budgets from the 11 Regional Health Bureaus (RHB) in the country.

7. Of the 2,614 ambulances included in the contract, the cost of 1,114 ambulances costing around US$ 43.5 million is being covered by SDG-PF over the contract period. Resources from the RHB budgets are not considered as within the program boundary. Within this framework for institutional arrangements, the Government of Ethiopia had interpreted the PforR HVC policy in a way that led them to believe they were adhering to the policy by funding only US$ 43.5 million from within the PforR program boundary, as the other resources contributing to the contract were seen as outside the program.

8. The expenditure framework for the PforR is the SDG-PF, which has a strong focus on reproductive, maternal and child health interventions through strengthening of primary health care services. Hence the SDG supports the sub-set of the overall government program and has a total cost of US$ 750.1 million as shown on the Project's Additional Financing paper.

9. While the procurement of ambulances will still be supported by the broader SDG-PF (with financing from other SDG-PF contributors) total amount of US$ 43.5 million for procurement of ambulances will be excluded from the PforR program expenditure framework and not supported by the Program's financing.

10. To avoid such incidents in the future, a briefing has been made to the Ministry of Health regarding high value contracts and their implications. It has also been agreed that with every quarterly IFR submission for the program, the Ministry will also submit the list of contracts with contract amount, supplier name, type of procurement and other relevant information for analysis by the Bank. The ambulance delivery monitoring sheet will also be submitted to the Bank quarterly to ensure that only the cost of the 1,114 ambulances is recorded in the accounts of the SDG PF and the remaining cost of 1500 ambulances is properly recorded in the regional government's contribution account. In addition to the quarterly financial reports, the audited annual financial statement of the SDG PF will incorporate a note to the financial statement which shows the number of ambulances received and the expenditure recorded for that financial year. This will be complied with until all procured ambulances are delivered and recorded.

11. The details of the expenditure recorded so far in the program and the amount disbursed by the Bank is shown in Annex IV for reconciliation purposes. As can be noted, there will be adequate expenditure to cover the Bank's payment to the SDG fund even with the exclusion of the amounts paid for the ambulances.

B. Rationale for Restructuring

Impact of the Change in implementation arrangements for Sub-component 1: Support to Civil Registration and Vital Statistics System

12. The implementation arrangements for the AF include Federal Vital Events Registration Agency (VERA) as the implementing agency for Sub-Component 1 under the IPF. The activities to be financed through this sub-component included providing technical support and capacity building for VERA to convert from a paper-based registration to an electronic system; procuring motorcycles, field vehicles and storage and archival equipment; and creating public awareness and advocacy on the importance of civil registration. However, in October 2018 VERA was merged with Immigration and Nationality services to form a new agency, Immigration, Nationality and Vital Events Agency (INVEA), and moved from the Ministry of Justice to the Ministry of Peace. As such, in addition to the change in the name, VERA ceased to exist as an independent agency. Given the changes in the name and the structure of the implementation agency, and the lack of a clear framework on how the new agency is going to operate, there was a need to review potential implications of these new developments and the Bank's ability to continue its support for CRVS. Assessment missions took place in May and June 2019, respectively, to review the institutional arrangements at regional, zonal, woreda and kebele levels, as well as a Financial Management Assessment at INVEA.

13. The technical mission held in May 2019 identified significant variations across regions on how the merger of immigration, nationality and vital events registration functions were adopted at regional level. The four Regional VERA offices that were visited (Amhara, Oromia, SNNP and Tigray) fall under four different regional bureaus (President's office; Attorney General; Peace and Administration; and Justice, respectively). Except for Tigray region, all regional VERA offices remain independent agencies providing civil registration services only while regional VERA in Tigray was merged with Documentation and Authentication. It was further noted that civil registration activities at the regional level have not merged with immigration and nationality and that at the kebele level, Kebele managers continue to issue kebele identity documents. The FM assessment findings conducted at the federal level concluded that the systems currently in place satisfy the Bank's minimum requirement to manage a Bank-financed operation. While procured assets will be transferred to the regions, actual transfer of funds to the regions was not included in the original project design and this will still apply going forward. However, attention should be given to action points identified during previous missions which intend to strengthen the system further. Although the team has identified the reputational risk in consultation with the Country Management Unit and social safeguards team, a more thorough safeguards assessment will be undertaken as part of the Bank-wide assessments being undertaken on information sharing and privacy for various projects where the Ministry of Peace is associated through project implementation arrangements. The Project Implementing Unit (PIU) supporting the implementation of CRVS activities, originally established within VERA, is now within INVEA. Currently, except for the ICT, three of the four positions of the PIU are filled. INVEA will maintain this unit, with the three positions, for the implementation of the project.

<u>Status of ICT Related Activities and Rationale for replacing with TA and capacity building at lower administrative levels</u>

14. With the establishment of INVEA, the framework for the electronic integration of immigration services, national ID and VERA has not yet been developed. While immigration and vital events registration services were offered under the new agency, decisions were yet to be made on the implementation of the national ID. It was noted that planned activities for the conversion of the CRVS system from paper to electronic supported by the IPF component of the Ethiopia Health SDG PforR, including the development of the IT strategy, have not yet been initiated. From the field visits undertaken, the mission noted that three of the four regional VERAs had electronic systems in place that captured all the information on the registration forms. The mission was informed that only aggregate data had been shared with the federal agency, but not individual records.

15. Based on the interviews and observations made during the May 2019 mission field visits, registration forms and blank copies of vital events certificates at the kebele level were still not stored in a secure manner, undermining the confidentiality and safekeeping of these legal documents. In addition, there was inadequate storage facilities at some regional offices for copies of registration forms kept at this level for authentication and issuance of duplicate copies. Procurement of filing cabinets for safe storage of registers and certificates at kebele level was included for financing under Sub-Component 1. At the time of the mission, the bidding documents were still under preparation. The transfer of copies of registration forms from kebele to woreda, from woreda to zone and from zone to regional offices was also considered insecure as the forms were usually transported by public transport or on foot, without use of appropriate document holder bags. Due to lack of transport, there was also limited supervision and monitoring. INVEA reported that the procurement of motorcycles has been completed through UNOPS, while procurement of a field vehicle is currently being processed.

Continued Support for Activities related to advocacy and awareness

16. The May 2019 mission was informed of activities undertaken at regional, woreda and kebele level to create public awareness on the importance of CRVS. These include mobilization at community level; use of public and social gatherings for advocacy; and use of different types of media to promote CRVS (for example radios, television, social media and posters). The activities to support advocacy and public awareness from the IPF component of the Ethiopia Health SDG PforR had not been initiated. The mission was informed of the need to support ongoing work on advocacy and public awareness aimed at increasing the completeness of civil registration.

Inclusion of lagged financing of US40m from GFF and corrective revisions in legal agreements

17. As per the Program Appraisal Document, the GFF allocation for Ethiopia is US$60m. However, during project negotiations the GFF was only able to commit US$20m. The agreement was to amend the grant agreement by adding the remaining US$40 million when it became available without the need to go through any additional operational steps as the full amount of US$60 million is included in the PAD. As such the current IDA Financing Agreement (IDA-60900), GFF Grant Agreement (TF-A4689) and Power of Nutrition Grant Agreement (TF-A4705) reference US$20m GFF financing. However, now that the GFF US$40 million in additional funds have been made available, the team, in consultation with OPCS and legal colleagues, has identified revisions for the AF grant agreements and the Financing Agreement to reflect the lagged financing amount (US$40m) in addition to the legal amendment for the restructuring. A description of the proposed changes and a more detailed description of the program status is presented in subsequent sections of this paper.

II. DESCRIPTION OF PROPOSED CHANGES

Change in implementation arrangements and activities for Sub-component 1: Support to Civil Registration and Vital Statistics System

18. Based on the recent government restructuring that has resulted in the dissolving of VERA and integration of CRVS activities into the newly created INVEA, along with the abovementioned status of the CRVS program, it is proposed to restructure Sub-Component 1 of the IPF to (i) change the implementing agency for the

component from VERA to INVEA; (ii) drop activities that aimed to support the creation of a national electronic registration system; and (iii) add new activities in place of those dropped that focus primarily on strengthening civil registration at lower administration level, including training of officials responsible for notification and registration of vital events, awareness raising and logistics support for the paper-based registration system. All the new activities will be supported centrally by INVEA at federal level, where required funds will be transferred. The change in scope of activities does not have any implications on the allocated financing amount nor the existing procurement arrangements. The detailed budget breakdown is presented in Annex III(a).

19. Due to the lack of an established framework of operation having merged the civil registration agency responsibilities with immigration and nationality agencies, changes in the name of the implementing agency from VERA to INVEA, it is proposed that the support for a centralized electronic CRVS system be dropped and resources initially allocated for this activity reprogrammed. Establishing the operational framework for the new agency; undertaking an information technology (IT) assessment for CRVS; and developing the civil registration IT system may take a long time, which is not sufficient given the remaining period of the project. In addition, the development of a centralized electronic system in Ethiopia needs to be guided by policies on data protection and privacy, which are yet to be put in place. Activities related to the establishment of the electronic systems had not yet been initiated at the time of the implementation support mission.

20. To provide guidance in the newly established agency with regard to civil registration activities, it is proposed that a comprehensive assessment of CRVS be undertaken in the country from which a costed national CRVS strategic plan will be developed. The first national CRVS strategic plan was developed in 2013 for the period 2013–2018 and has thus lapsed. Developing a strategic plan for CRVS in Ethiopia is timely given the recent changes in institutional arrangements for civil registration which have implications on business processes for vital events registration, as well as implications for modernizing the CRVS system in the country. Additionally, the last strategic plan did not include any activities to strengthen death registration and identification of causes of death. A new strategic plan for 2020–2025 will help the country to define its goals and outcomes and identify its strategic interventions to strengthen the CRVS system holistically.

21. There remains limited capacity for civil status officers and health extension workers who undertake registration and certification and notification of vital events, respectively, at the local level. Face-to-face training is required for officials to improve the quality of civil registration processes through understanding the laws governing CRVS, undertaking notification, registration and certification processes, collaboration between key stakeholders and advocacy for CRVS at the local level. Training manuals will be developed for the face-to-face training but for sustainability, self-learning courses (e.g. e-learning courses) adapted for the Ethiopia context should be considered.

22. The agency responsible for civil registration in Ethiopia (VERA) was established in 2013 and officially launched the registration of births, deaths, marriages and divorces in August 2016. Civil registration activities have not been well-funded in the country since then and INVEA continues to have the same problem. Among other challenges faced is the lack of funding for printing vital events registry books and blank certificates. As an immediate step, funds will be directed towards printing in selected regions, procured centrally by INVEA, to ensure constant supply of registration documents to facilitate continuous registration of events and issuance of certificates.

23. While the CRVS component in the SDG PforR included safe storage of registration forms at Kebele level, it did not include the safe transfer of registration forms from Kebele to woreda level, where three copies of each

registration form are sent for further processing. Currently, the forms are transported by foot or public transport, using inappropriate document holder bags. Waterproof and locking bags are thus required to protect confidential documents during transit from kebeles to woredas. The procurement of filing cabinets for safe storage of registration and certification materials as well as motorcycles and field vehicles to support supervision and secure transfer of forms will be maintained in the project. The revised activities and budget for sub-component 1 are presented in Annex III (A) and the revised results framework is presented in Annex III (B).

Inclusion of lagged financing of US$40m from GFF and corrective revisions in legal agreements

24. **Inclusion of GFF US$40 million lagged financing*:*** The GFF has confirmed the availability of the additional US$40 million funds from the donors of TF-A4689 to support the activities of the Project. An amendment of the AF Grant Agreements (GFF and PON) and of the Financing Agreement has been prepared to allocate these funds by category and DLI indicators.

Other minor revisions to legal agreements

25. **Correcting total GFF allocation**: While the total contribution from GFF is US$60m, $1million was "missed" both in the PAD and in Schedule 2 of the original agreement that was supposed to be reflected under DLI-7. Hence, the restructuring will include reference to an additional US$1 million under DLI 7.

26. **Category 18:** Under the IPF Sub-Component II, US$1 million is allocated for technical assistance and capacity building. The terms "unallocated" and "technical assistance" are used interchangeably throughout the PAD. On the other hand, only the term "unallocated" is reflected in the legal agreements and should be replaced with "technical assistance". To address this issue, the restructuring will include changing the terminology in Category 18 from "unallocated" to "technical assistance".

27. **DLI14.1:** Proportion of Woredas with functional Community Based Health Insurance (CBHI) schemes has four targets. However, three of the targets were not incorporated in the original financing agreement as categories. The only category included in the Agreement that was attached with the GFF first tranche was Category 14.1a (2017): Establishment of a baseline for the Percent of Woredas with functional community-based health insurance schemes (Prior Result) (IDA: SDR 4,800,000; GFF: US$ 3,014,600). Hence, the restructuring will add the additional three categories in the amended agreement to ensure consistency with the PAD: *b, c, d: Increase in the proportion of Woredas with functional community-based health insurance schemes up to a maximum of 30 percentage points from baseline)*. The full allocation from GFF to the DLI categories b, c and d is US$ 10,485,400.00m and the maximum DLI increment for disbursement is 30 percentage points. Specifically:

(a) Category 14.1b (2018): 20 percentage points increase from baseline; US$ 5,485,400
(b) Category 14.1c (2019): 25 percentage points increase from baseline; US$ 2,500,000
(c) Category 14.1d (2020): 30percentage points increase from baseline; US$ 2,500,000

III. SUMMARY OF CHANGES

	Changed	Not Changed
Change in Implementing Agency	✓	
Change in Results Framework	✓	
Reallocation between and/or Change in DLI	✓	
Change in Disbursements Arrangements	✓	
Change in Disbursement Estimates	✓	
Change in Institutional Arrangements	✓	
Other Change(s)	✓	
Change in Program's Development Objectives		✓
Change in Program Scope		✓
Change in Loan Closing Date(s)		✓
Change in Cancellations Proposed		✓
Change in Systematic Operations Risk-Rating Tool (SORT)		✓
Change in Safeguard Policies Triggered		✓
Change in Legal Covenants		✓
Change in Technical Method		✓
Change in Fiduciary		✓
Change in Environmental and Social Aspects		✓
Change in Implementation Schedule		✓

IV. DETAILED CHANGE(S)

IMPLEMENTING AGENCY

Implementing Agency Name	Type	Action
Ministry of Health (MOH)	Implementing Agency	No Change
Immigration Nationality and Vital Events Agency (INVEA)	Implementing Agency	New

DISBURSEMENT ESTIMATES

Year	Current	Proposed
2013	778,800.00	32,285,036.40
2014	11,347,200.00	32,404,630.64
2015	19,078,400.00	136,275.00
2016	23,200,700.00	5,163,755.83
2017	20,237,900.00	6,427,252.93
2018	17,511,900.00	79,814,439.57
2019	7,845,100.00	78,047,729.89
2020	0.00	115,720,879.74
2021	0.00	0.00

ANNEX 1: RESULTS FRAMEWORK

Results framework

Program Development Objectives(s)

To improve the delivery and use of a comprehensive package of maternal and child health services.

Program Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	End Target
To Improve the delivery and use of comperhensive package of Maternal and Child Health (MCH) Services			
Deliveries attended by skilled birth providers (Percentage)		10.00	40.00
Deliveries attended by skilled birth providers for the bottom 3 performing regions(Afar,Oromia&Somal (Percentage)		19.00	28.00
Pregnant women receiving at least four antenatal care visits (Percentage, Custom) (Percentage)		32.00	38.00
Children 12-23 months immunized with Pentavalent 3 vaccines (Percentage)		65.70	76.70
Contraceptive prevalence rate (Percentage)		27.30	35.00
Contraceptive Prevalence Rate (for Rural women only) (Percentage)		32.00	38.00

Indicator Name	DLI	Baseline	End Target
Percent of pregnant women taking Iron Folic Fcid (IFA) (Percentage)		42.10	54.10
Percent of children 6-59 month receiving Vitamin A supplements (Percentage)		45.00	53.00
Percent of Woredas in non emerging regions delivering vitamin A supplements to children (Percentage)		48.00	80.00

Intermediate Results Indicators by Result Areas

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Improve delivery and utilization of a comperhensive package of maternal and child health services				
Introduction of Procurement Key Performance Indicators developed by Federal Public Procurement Agenc (Yes/No)		No		Yes
Automate the PFSA Core Business Fiduciary System using selected software in PFSA HQ and Addis Ababa (Yes/No)		No		Yes
PFSA submission of Backlog audit reports and timely quality audit reports thereafter (Yes/No)		No		Yes
Percent of Children 0- 23 month participating in GMP (Percentage)		27.00		51.00

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Percent of Woredas in emerging Regions transitioning from EOS to Community Health Days-CHD (Percentage)		0.00		50.00
Percent of PHC Facilities having all drug from the MOH list of drug available (Percentage)		42.00		47.00
Developed and Implement postnatal Care Service directive to improve the quality of Postnatal service (Yes/No)		No		Yes
Improve quality of adolescent services (Yes/No)		No		Yes
Percent of Woreda with Functional Community Health Insurance Schemes (Percentage)		23.00		53.00
Undertake CBHI review every two Years (Yes/No)		No		Yes
Devise and implement a mechanism for documenting consultations (Yes/No)		No		Yes
Development and implementation of health sector community score card (Yes/No)		No		Yes
Health Centers reporting HMIS data in time (Percentage)		50.00	86.00	86.00
Development and implementation of Annual Rapid Facility Assessment (Yes/No)		No		Yes
Improved transparency of Pharmaceutical Fund and Supply Agency (PFSA) procurement process (Yes/No)		No		Yes

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00		88,943,602.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00		45,091,862.00
Number of children immunized (CRI, Number)		0.00		2,203,481.00
Number of women and children who have received basic nutrition services (CRI, Number)		0.00		85,500,000.00
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00		1,240,121.00
Sub-Component 1: Civil Registration and Vital Statistics *(Action: This Result Area is New)*				
Percent of births occurring in a given year registered (Percentage)		15.00		40.00
Action: This indicator is New				
Percent of deaths occurring in a given year registered (Percentage)		0.00		25.00
Action: This indicator is New				
Strategic plan developed (Yes/No)		No		Yes
Action: This indicator is New				
Percentage of kebeles storing and transferring registration forms safely (Percentage)		0.00		90.00
Action: This indicator is New				

Disbursement Linked Indicators Matrix				
DLI 1	Deliveries attended by skilled birth providers (Scaled DLI- 1a)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	45,430,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	10.00			
N/A	40.00		45,430,000.00	
DLI 2	Deliveries attended by skilled birth providers for the bottom 3 performing regions -Afar, Oromia & Somali- (New DLI- 1b)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	19.00			
N/A	28.00		20,000,000.00	

DLI 3	Children 12-23 months immunized with Pentavalent 3 vaccine (Scaled- DLI- 2c)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	8,130,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	65.70			
N/A	75.70		8,130,000.00	

DLI 4	Pregnant women receiving at least four antenatal care visits (New DLI -3a)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	32.00			
N/A	38.00		20,000,000.00	

DLI 5	Contraceptive prevalence rate for rural women only (New DLI -4a)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	17,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	32.00			

N/A	38.00		17,000,000.00	
DLI 6	Health Centers reporting HMIS data in time (restructured -DLI- 5a)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Percentage	7,770,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	68.00			
N/A	86.00		7,770,000.00	
DLI 7	Development and implementation of Annual Rapid Facility Assessment (restructured-DLI- 7c)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	10,950,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		10,950,000.00	
DLI 8	Transparency of PFSA procurement process (scaled - DLI 8c)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	10.86	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**

Baseline	No			
N/A	No		10.86	
DLI 9	Introduction of Procurement Key Performance Indicators developed by Federal Public Procurement Agency at PFSA (New DLI- 9(1))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	2,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		2,000,000.00	
DLI 10	Automate the PFSA Core Business Fiduciary System using selected software in PFSA HQ and Addis Ababa City (New_ DLI-9(2))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	7,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		7,000,000.00	

DLI 11	PFSA submission of Backlog audit reports and timely quality audit reports thereafter (New - DLI 9(3))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	6,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		6,000,000.00	

DLI 12	Percent of children 6-59 months receiving Vitamin A supplements (New- DLI -10a)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	45.00			
N/A	53.00		5,000,000.00	

DLI 13	Percent of Wordas in non-emerging Regions delivering Vitamin A Supplements to children through routine system – Health Facilities (New- DLI-10b)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Percentage	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**

Baseline	48.00			
N/A	80.00		5,000,000.00	
DLI 14	Percent of Pregnant women taking Iron Folic Acid (IFA) tablets (New- DLI- 11)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	17.00			
N/A	25.00		5,000,000.00	
DLI 15	Percent of Children 0- 23 month participating in GMP (New DLI-12a)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Percentage	15,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	27.00			
N/A	51.00		15,000,000.00	

DLI 16	Percent of Woredas in emerging Regions transitioning from EOS to Community Health Days- CHD (NewDLI- 12b)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Percentage	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
N/A	50.00		5,000,000.00	

DLI 17	Percent of PHC Facilities having all drug from the MOH list of drug available(New- DLI DLI-13(1))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Percentage	7,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	42.00			
N/A	47.00		7,000,000.00	

DLI 18	Developed and Implement postnatal Care Service directive to improve the quality of Postnatal services (New- DLI-13(2))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			

N/A	Yes		5,000,000.00	
DLI 19	Improve quality of adolescent services (New- DLI 13(3))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	6,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		6,000,000.00	
DLI 20	Percent of Woreda with Functional Community Health Insurance Schemes (New- DLI-14 (1))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Percentage	19,500,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	20.50			
N/A	50.50		19,500,000.00	
DLI 21	Undertake CBHI review every two Years (New- 14- (2))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**

Baseline	Yes			
N/A	Yes		5,000,000.00	
DLI 22	Devise and implement a mechanism for documenting consultations when communal Private land is used for construction of health facilities (New- DLI-15(1))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	4,500,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		4,500,000.00	
DLI 23	Development and implementation of health sector community score card(New- DLI- 15(2))			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Yes/No	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	No			
N/A	Yes		5,000,000.00	

Note to Task Teams: End of system generated content, document is editable from here. *Please delete this note when finalizing the document.*

ANNEX II: PROGRAM ACTION PLAN

Action Description	Source	DLI#	Responsibility	Timing		Completion Measurement
Development and implementation of a Postnatal Care Directive/policy	Technical		Client	Due Date	31-Dec-2020	Developed Postnatal Care Directive.
Commodity distribution process - Roll out of APTS and provide progress update to ensure existence of adequate monitoring mechanism of delivery to ultimate beneficiaries at the branch level	Technical		Client	Recurrent	Yearly	Rolled out APTS
PFSA launches an open call for pre-qualifications bidders as per the Recipient's law at least once and introducing Framework Contracting Methods for common and repetitive procurement items.	Fiduciary Systems		Client	Recurrent	Yearly	Launched an open call prequalification and introduced framework contract methods.
Ensure a system of recording fraud and corruption complaints at all levels including Woredas; Ensure the deployment of Ethics and Anticorruption Liaison Officer and experts at all levels (PFSA; PFSA regional Hubs; RHBs, offices).	Fiduciary Systems		Client	Due Date	31-Dec-2018	Recorded complaints and deployed ethics and anticorruption liaison officers.

Automation of PFSA	Fiduciary Systems		Client	Recurrent	Yearly	Automated fiduciary system at PFSA
FPPA undertaking annual procurement audit and FMOH and Bank team to consult OFAG on the feasibility of undertaking financial and value for money audits for SDGPF.	Fiduciary Systems		Client	Recurrent	Yearly	Report on feasibility of undertaking financial and value for Money audits for SDGPF by FPPA
Review and improve the SBD and agree with FPPA; and review current Bid Evaluation reporting methods and develop a template that keeps and records all relevant evaluation information	Fiduciary Systems		PSA	Recurrent	Yearly	Improved Standard Bidding Document
Improve tracking system of monitoring contracts with UN agencies and disclose award decisions to the public	Fiduciary Systems		Client	Recurrent	Yearly	Disclosed award decisions of UN Agencies based on the developed tracking system
Undertake assessment study and develop coding and categorization system of procurable items	Fiduciary Systems		Client	Recurrent	Yearly	Developed and implemented the coding and categorization system of procurable items
Gender based violence strategy for the health sector is prepared and implemented and analysis of gender disaggregated HMIS data is conducted	Technical		Client	Recurrent	Yearly	Developed health sector Gender Based Violence strategy and disclosed gender analysis from HMIS.

Conduct Training and regular implementation support of health workers at the facility level on cause of death as per national disease notification codes, registration of births and other VE registration requirements.	Technical		Client	Recurrent	Yearly	Provided training for health workers on CRVS.
MoH Provides and Federal Ethics and Anti-corruption (FEACC) verify and submit to the Bank quality and timely biannual report on Fraud and Corruption complaints and priority actions related to the program	Fiduciary Systems		MOH and FEACC	Recurrent	Semi-Annually	Biannual report on fraud and corruption complaints verified and submitted by Federal Ethics and Anti Corruption Commission.
Ensure inclusiveness of Fraud and Corruption and complaint handling processes or priority actions in FMOH and Regional Health Bureaus joint forum discussions semiannually.	Fiduciary Systems		Client	Recurrent	Continuous	Fraud and corruption and compliant handling process discussed at joint FMOH- RHB meeting
Availing appropriate temporary storage facilities for collection of hazardous wastes until final disposal, enforce compliance with MWM and Disposal Directive in HF constructed	Environmental and Social Systems		MOH	Recurrent	Continuous	Availed temporary storage facilities for collection of hazardous medical wastes.

before issuance of the Directive						
Update relevant documents to incorporate environmental impact and risk criteria in site selection screening for all health facilities, strengthen the coordination and reporting mechanism on social and environmental safeguard in MOH.	Environmental and Social Systems		Both	Due Date	31-Dec-2018	Developed a document/checklist to incorporate environmental impact and risk criteria in the site selection template for constructing health facilities.
Documenting consultations and participatory nature of discussions where communal land is used for construction of health centers and where applicable compensation for land and livelihood paid.	Environmental and Social Systems		Client	Recurrent	Continuous	Report on documenting consultations using the developed checklist.
Documenting outreach and specific actions focused on providing services to all vulnerable persons	Technical		Client	Recurrent	Continuous	Report on actions taken on vulnerable group
Implementation of the postnatal care directive/policy.	Technical		FMOH	Due Date	31-Dec-2020	Implemented Postnatal Care directive

Table II.1: Current status of PAP Actions, December 2019

No	Actions	Current Status	Need for Restructuring
1	Development and implementation of a Postnatal Care Directive/policy	Completed in 2019	No
2	Commodity distribution process - Roll out of APTS and provide progress update to ensure existence of adequate monitoring mechanism of delivery to ultimate beneficiaries at the branch level	Report on track	No
3	PFSA launches an open call for pre-qualifications bidders as per the Recipient's law at least once and introducing Framework Contracting Methods for common and repetitive procurement items.	Launched an open call prequalification and introduced framework contract methods	No.
4	Ensure the deployment of Ethics and Anticorruption Liaison Officer and experts at all levels (PSA; PSA regional Hubs; RHBs, woreda offices) and establish a system of recording fraud and corruption complaints at all levels including woredas	Off track.	No. As this is a requirement by government law and is also a requirement in the PforR, the action remains.
5	Automation of EPSA	Off track.	No. The long-term intervention is captured as DLI.
6	FPPA undertaking annual procurement audit and FMOH and Bank team to consult OFAG on the feasibility of undertaking financial and value for money audits for SDGPF	PSA 2010 EFY procurement audit done; Action Plan developed in Amharic that needs to be translated to English	Off track. Procurement audit is a legal covenant for fiduciary assurance. The 2010 EFY audit report has not been received to date.
7	Review and improve the SBD and agree with FPPA; and review current Bid Evaluation reporting methods and develop a template that keeps and records all relevant evaluation information	Completed	No. Bid Evaluation Template remains to be done.
8	Improve tracking system of monitoring contracts with UN agencies and disclose award decisions to the public.	Progress with limitations. Tracking sheet needs improvement	No
9	Undertake assessment study and develop coding and categorization system of procurable items	Completed	No
10	Gender-based violence strategy for the health sector is prepared and implemented and analysis of gender disaggregated HMIS data is conducted	GBV Strategy development underway; discussion with MOH PPD is required on gender disaggregated HMIS data analysis	No. The draft Strategy was submitted in mid-December 2019
11	Conduct training and regular implementation support of health workers at facility level on cause of death as per the national disease notification codes, registration of births and other VE registration requirements	Integrated training conducted – report will be shared soon	No
12	MoH Provides to Federal Ethics and Anti-corruption (FEACC) verify and submit to the Bank quality and timely biannual report on Fraud and Corruption complaints and priority actions related to the program	On track – PSA has reported to Anti-Corruption. MOH needs to follow up to make sure the Bank receives the letter	No

13	Ensure the deployment of Ethics and Anticorruption Liaison Officer and experts at all levels (PSA; PSA regional Hubs; RHBs, woreda offices) and establish a system of recording fraud and corruption complaints at all levels including woredas	Ethics officers in regional hubs have resigned due to insufficient work loads. PSA management is assessing the most efficient approach to clustering hubs so that each ethics officer covers several regions	No. As this is a requirement by government law and is also a requirement in the PforR, the action remains.
14	Availing appropriate temporary storage facilities for collection of hazardous wastes until final disposal, enforce compliance with MWM and disposal directives in health facility constructed before issuance of the directive	MoH and PSA have established incinerator in Adama which can handle 1000 kg/hr and also MoH has planned to assess the country overall hazardous wastes burden and produce disposal guidelines this year.	No. Evidence has been provided bythe MoH on the reported progress (established/assigned a unit for safeguards coordination).
15	Update relevant documents to incorporate environmental impact and risk criteria in site selection screening for all health facilities, strengthen the coordination and reporting mechanism on social and environmental safeguard	MoH working on strengthening the coordination and reporting mechanism on social and environmental safeguard	No.
16	Documenting consultations and participatory nature of discussions where land acquisition is required for construction of health centers and where applicable compensation for land and livelihood paid	Off track. Discussions ongoing with MOH on improved template and methodology.	No.
17	Documenting outreach and specific actions focused on providing services to all vulnerable persons	MOH will have a discussion with the different directorates and collect related documents to strengthen the system to support vulnerable groups	No.

ANNEX III: REVISIONS TO ACTIVITIES AND BUDGET FOR SUB-COMPONENT 1

Table III.A: Summary of the proposed changes in activities and budget for Sub-Copmponent 1: Civil Registration and Vital Statistics

Main activities	Current activities			Proposed activities		
	Budget item	Cost	Total cost	Budget item	Cost	Total cost
Support for supervision	Field vehicle for INVEA	115,000	4,559,445	Field vehicle for INVEA	115,000	4,559,445
	Motorcycles for woredas	4,444,445		Motorcycles for woredas	4,444,445	
Safe storage and transfer of forms	Filing cabinets for kebeles	4,916,266	4,916,266	Filing cabinets for kebeles	4,916,266	5,551,555
	-	-		Document transit bags for kebeles	635,289	
Project management	Project Implementation Unit	523,333	523,333	Project Implementation Unit	523,333	523,333
End line project evaluation	Consultancy for evaluation	250,000	250,000	Consultancy for evaluation	250,000	250,000
Support for ICT	IT Consultant	120,000	4,550,956	-	-	0
	Consulting services for CRVS system design, software development and training; ICT strategy	4,430,956			-	
Training and capacity building	-Training of registration officials & stakeholders	200,000	200,000	Training of CRVS staff at Federal and Regional level and civil status officers in kebeles	1,150,000	1,650,000
				Training of health workers in kebeles	500,000	
Support for printing registration documents	-	-	0	Printing blank vital events certificates	1,710,368	2,000,000
	-	-		Printing vital events registry books	289,632	
Strategic plan (new)	-	-	0	Undertake comprehensive CRVS assessment and develop strategic plan	350,000	350,000
Advocacy and awareness creation	-	-	0	Printing advocacy materials and undertaking workshops	115,667	115,667
Total			**15,000,000**			**15,000,000**

(B) Revised results framework for Sub-Component 1: Civil Registration and Vital Statistics

Indicator	Unit of measurement	Baseline (2018)	Target		Frequency	Data source	Responsibility
			Y1	Y2			
% of births occuring in a given year registered	%	15	25	40	Annual	INVEA administrative data; population estimates	INVEA, CSA
% of deaths occuring in a given year registered	%	12	15	25	Annual	INVEA administrative data; population estimates	INVEA, CSA
Strategic plan developed	Yes/No	No	Yes	-	Once	INVEA administrative data	INVEA
% of kebeles storing and transferring registration forms safely	%	0	50	90	Annual	INVEA administrative data	INVEA

ANNEX IV: EXCLUSION OF EXPENDITURE INCURRED UNDER HIGH VALUE CONTRACT

1. The detail of the expenditure recorded so far in the program and the amount disbursed by the Bank is shown below for reconciliation purposes. In the program's financial reporting, the procurement of the ambulances is recorded under the expenditure code of 6311 (under the Maternal health component) when the vehicles are delivered and goods receiving notes are made available. As the delivery is done in batches, the status of the 1,114 ambulances is as follows: (i) 602 ambulances have been delivered hence cost of US$ 24,732,308.24 has been completed and reported in the program's financial statement as shown in the table below; (ii) 154 ambulances have been delivered and documentation completed but the cost of ETB 175,898,713.51 (approximately USD 6 million) will be recognized as expenditure in the 2nd quarter IFR covering the period of October 10, 2019 to January 7, 2020; (iii) the delivery of the final 358 ambulances is at the final stages and expected to be recognized as expenditure once the delivery and documentation is completed. Subsequent IFRs of the program will include the status of the delivery of the remaining ambulances. As can be noted, there will be adequate expenditure to cover the Bank's payment to the SDG fund even with the exclusion of the amounts paid for the ambulances.

Table IV.I: Expenditure of ambulances recognized in the program financial statement as of July 7, 2019

IFR for the quarter ended	Amount in ETB	Amount in USD	Remark
7-Jul-18	401,290,858.48	14,718,757.52	Delivery of 350 ambulances. Account already audited by external auditor
8-Jan-19	278,958,497.23	10,013,550.72	Delivery of 252 ambulances. Amount under audit by external auditor
Total	**680,249,355.71**	**24,732,308.24**	

Table IV.II: Expenditure reported by health sector program category, as of July 2019 under the SDG PF

Description of activity	July 2014	July 2015	July 2016	July 2017	July 2018	July 2019	Total
Public Health Commodity Procurement	95,380,265.60	61,798,718.67	80,756,747.06	22,303,682.61	6,757,282.13	38,527,725.83	**305,524,421.90**
Maternal Health	14,729,305.10	343,505.82	317,983.05	15,442,704.68	24,736,634.43	27,123,929.76	**82,694,062.84**
Child Health	6,359,391.64	3,542,972.41	15,306,287.67	13,089,271.26	4,473,012.94	11,630,954.44	**54,401,890.36**
Prevention and Control of Communicable and non-communicable Diseases	-	4,027,635.35	16,024,684.62	12,163,093.92	10,528,453.42	28,968,337.65	**71,712,204.96**
Health Service Delivery	266,253.83	947,973.28	5,307,712.49	2,316,129.59	1,848,820.94	4,304,708.10	**14,991,598.23**
Health System Strengthening	4,816,877.72	26,650,908.51	75,797,191.18	19,442,273.54	31,156,862.75	55,859,880.42	**213,723,994.12**
Health Extension program	5,770,461.38	2,454,086.60	15,623,760.57	3,287,439.60	2,294,903.74	4,723,067.22	**34,153,719.11**
Human resource development	3,448,466.71	-	-	-	-	-	**3,448,466.71**
Miscellaneous	87,850.01	777,939.96	315,842.42	1,058,543.18	368,216.42	1,088,231.91	**3,696,623.90**
Total	**130,858,871.99**	**100,543,740.60**	**209,450,209.06**	**89,103,138.38**	**82,164,186.77**	**172,226,835.33**	**784,346,982.13**

Table IV.II: Total amount paid by the Bank so far under the original project and the Additional financing

	Total allocation	Total amount so far paid by IDA and TFs	IPF component	Amount paid with DLIs
IDA 52050	90,000,000.00	75,300,000.00	-	75,300,000.00
TF14107	20,000,000.00	13,800,000.00	-	13,800,000.00
TFA4689	20,000,000.00	13,000,000.00	5,517,480.00	7,482,520.00
IDA 60900	153,000,000.00	123,800,000.00	-	123,800,000.00
TFA4705	20,000,000.00	13,800,000.00	589,082.00	13,210,918.00
Total	**303,000,000.00**	**239,700,000.00**	**6,106,562.00**	**233,593,438.00**