The Global Fund
To Fight AIDS, Tuberculosis and Malaria

10 YEARS OF IMPACT

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Our ref: OGM/GJ/JP

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MESSAGE FROM THE GENERAL MANAGER AND INSPECTOR GENERAL

Audit Reports and Diagnostic Review issued by the Global Fund's Office of the Inspector General on 20 April 2012

Dear Reader:

Today the Global Fund has released three audit reports and one diagnostic review. These audits and reviews are part of the Global Fund's well established and consistent quality assurance process which seeks to ensure that grant money is used as effectively and efficiently as possible.

The reports are:

- Audit Reports: Ethiopia, Kenya and Uzbekistan;
- Diagnostic Review: Cuba.

While diagnostic reviews and audits serve similar purposes—they provide the Global Fund with an opportunity both to learn and to improve the way it does its business—there are certain important differences between them.

Audits take an historical perspective and comprehensively review grant implementation over time to substantiate whether grant funds have been used for the purpose intended and to provide assurance that grant funds are used wisely to save lives.

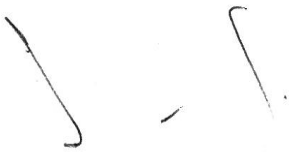
Diagnostic reviews look at the grants at a given point in time to identify the key risks to which grant programs are exposed. They provide recommendations to mitigate the risks identified.

The audit reports in the current release are 'legacy' reports, which relate to grants signed as far back as 2004 and to audits performed in 2009 and 2010. Many of the findings relate to weaknesses in grant management and oversight during the early years of the Global Fund that have been identified before, including in the High Level Panel Report and in other audit reports by the Office of the Inspector General. Many findings are already being addressed.

The diagnostic review in this release was performed in late 2011. It points to areas for improvement in managing Global Fund support. It also demonstrates solid achievements and good grant management practices.

Each report published today includes a concrete time-bound management plan of action that indicates how the findings will be addressed and the recommendations implemented. We both applaud the considerable progress that has already been made to improve grant management in response to the recommendations offered by the Global Fund's Office of the Inspector General.

Gabriel Jaramillo



John Parsons

THE OFFICE OF THE INSPECTOR GENERAL

The Global Fund to Fight AIDS, Tuberculosis and Malaria

EXECUTIVE SUMMARY

Audit of Global Fund Grants to the Federal Democratic Republic of Ethiopia

GF-OIG-10-014
20 April 2012

EXECUTIVE SUMMARY

Introduction

1. The Office of the Inspector General (OIG) as part of its 2010 work plan, conducted an audit of the Global Fund grants to Ethiopia. The purpose of this audit was to provide assurance that Global Fund resources have been spent wisely to save lives in Ethiopia.

2. The audit covered all 10 Global Fund grants, and 4 PRs, from Rounds 1 to 8, which totaled USD1,306 million, distributed as follows between PRs and diseases:

Principal Recipient	Disease	USD Million
Federal Ministry of Health (FMOH)	Malaria & TB	404
HIV/AIDS Prevention and Control Office (HAPCO)	HIV	879
Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA)	HIV	14
Network of Networks of HIV Positives in Ethiopia (NEP+)	HIV	9
Table 1: Grant Portfolio by PR as at November 2010	**Total**	**1,306**

At the time of the audit, in November 2010, the total amount disbursed under these grants was USD947 million, which represented 73% of the total grants.

HIV Program

3. Notable HIV program achievements for each PR included:

- **HAPCO:** After launching the free ART program, the estimated number of patients who started treatment increased from 8,226 in 2005 to 268,934 in 2009[1]. HCT uptake has increased from about 500,000 in 2004 to 9.4 million in 2009[2]. Health facilities (HFs) providing ART reached 517 in December 2009 from 93 in 2005[3].
- **EIFDDA:** In 2010, in line with targets, 31,702 orphans and vulnerable children (OVC) received educational support, 12,844 OVCs received food, shelter and clothing support, and 2,936 siblings and guardians received income generation activities (IGA) support[4].
- **NEP+:** 126,967 PLHIVs received treatment literacy and adherence education, which exceeded the target by 19%; and 15,135 PLHIVs received community and home-based care (HBC) compared to the target of 11,270.

[1] HIV Multi-Sectoral HIV/AIDS response, Annual Monitoring and Evaluation Report (July 2008 – June 2009)
[2] HAPCO Round 2 HIV RCC grant PUDR at 31 December 2010
[3] UNAIDS UNGASS Report issued on 30 June 2010
[4] EIFDDA Round 7 HIV grant PUDR at 31 December 2010

HIV Service Delivery - HAPCO

Construction of new health centers

4. For Rounds 4 and 7, as part of the strategy to expand entry points to ART, VCT, PMTCT, TB/HIV and STIs, a total USD83,344,534 was committed to renovate 550 existing HFs to provide VCT, PMTCT and ART services. In addition, USD 24,196,552 was provided for constructing and renovating health posts in the regions. During the audit, the OIG noted that 1,309 new health centers (HCs) had been constructed using Global Fund resources against the budget line for renovation of HFs and construction of Health Posts. A total of USD165,393,027 was spent for this purpose, resulting in over expenditure of USD57,851,941 against the approved budget for this budget line.

5. The budgets intended to finance other activities (e.g. OI drugs, ARVs, HMIS implementation, and prevention activities) were used to finance this over expenditure. This impacted program results; for example, the indicator for 'Number of patients who received prophylaxis and treatment for OI' was reported to be 74% of target[5]. Also, a review of the implementation of the PSM plans revealed that many of the planned OI drugs were not procured[6] and the supply and availability of OI drugs was observed to be insufficient in all the regions, zones, and woredas (districts) visited.

6. There was no formal approval from the Global Fund to expand grant activities for the construction of new HCs. Further, the TRP did not review and approve this material change to the scope and scale of the proposal originally approved, and the performance frameworks were not revised to reflect this significant reallocation of funds. The Global Fund Secretariat was aware, however, of the nature and extent of the HC construction activities and had contracted reviews in 2009 and 2010 to evaluate the HC construction projects funded by the Global Fund. A HC construction proposal had been presented to the TRP for approval under Round 5 and 6 but was not recommended for approval by the TRP for a number of programmatic and budget reasons.

7. Similarly, for Malaria R8, USD6.97 million was reprogrammed from indoor residual spraying to HC construction without the necessary formal approvals being obtained. The OIG recommended that HAPCO and the FMOH ensure that the necessary formal Global Fund approvals are obtained before any material reprogramming of grant activities takes place in the future.

HC construction quality issues

8. The OIG visited 77 sites of newly constructed HCs and observed significant deficiencies:

- 71% of the sites visited did not have access to water; 32% did not have functioning toilet facilities; 53% had major cracks in the floors; and 19% had leaking roofs.

[5] ETH-405-G04-H Grant Performance Report, updated 7 July 2011

6 As of March 2011 only USD0.882 M had been spent out of USD6.066 M provided in the Round 4 HIV budget

- Only 14% of the HCs had equipment such as microscopes and delivery beds; only 12% had functional drug stores; and none of the laboratories had work surfaces.

9. The OIG recommended that HAPCO should seek to rectify the defects of the HCs constructed so as to ensure the proper provision of health services related to HIV, TB and Malaria.

PMTCT and Pediatric ART

10. Of the 46 HFs visited, fully functional services for preventing mother-to-child transmission (PMTCT) were observed in only 12 HFs. The weak implementation of PMTCT was in particular affected by low ANC coverage which stands at around 28%. Pediatric ART and prophylaxis for diarrhea and pneumonia was only available at hospitals, and not at any of the HCs visited. The OIG recommended that HAPCO commission a study to identify specific causes for the weak implementation of PMTCT and the poor ANC coverage.

Inadequate supervision of HEWs

11. The HEWs conduct various activities and interventions in the community for the HIV grants, as well as for the malaria and TB grants. The OIG noted that there was inadequate supervision of the HEWs by the HEW supervisors and HCs, and recommended that regular supportive supervision be provided, along with monitoring of deliverables.

HIV Service Delivery - EIFDDA and NEP+

12. As a result of visits to SRs and SSRs of EIFDDA and NEP+ implementing activities for HBC for PLHIVs, OVC care and support, and IGA support for PLHIVs and OVC guardians, the OIG identified the need for the implementation of:

- Guidelines and criteria for conducting activities
- Standardized training
- Proper record keeping for the activities

13. The OIG also made recommendations to both EIFDDA and NEP+ aimed at strengthening systems for supervision of the activities implemented by the SRs and SSRs by developing and implementing guidelines and checklists.

Malaria and Tuberculosis Programs

Malaria Service Delivery

14. Malaria program achievements included:

- In areas heavily affected by malaria, 7.8 million houses were sprayed with insecticides in the 12 months to June 2010, which exceeded targets by 34%.
- More than 33 million LLINs[3] had been distributed to people at risk of malaria over the last 7 years which was close to the target of 33.8 million.

- Over 172 district level program managers[7] were trained on malaria prevention, control, and monitoring and evaluation, which was 108% of target.

Microscopy diagnosis quality issues

15. From visits to 46 HFs, the OIG noted that there was often a lack of running water and some microscopes were in a poor condition, which affected the quality of microscopy diagnosis for both malaria and TB. Additionally, internal and external quality assurance had not been properly implemented in many HFs visited.

Poor implementation of case management national guidelines

16. It was observed that none of the medical doctors and clinical nurses in the 46 HFs visited were trained in malaria case management as per national guidelines.

Long-lasting insecticidal nets (LLINs)

17. During visits to health posts, the OIG noted there was a lack of monitoring to ensure that LLINs were being used in households, and there was no strategy for the replacement of LLINs nearing their expiry period.

Indoor residual spraying (IRS)

18. The OIG noted there was a need to:

- Establish a system for on-site quality checks during IRS.
- Commission a study on the status of resistance to DDT used in IRS, as planned under the National Malaria Strategic Plan (NMSP).
- Disseminate to the implementation level the guidelines that have been developed at the federal level for storage, transport, and application of insecticides.

Active surveillance and epidemic control

19. The OIG recommended that the FMOH implement an active surveillance and epidemic control system as envisaged under the NMSP.

Tuberculosis Service Delivery

20. Though there had been some improvements in TB grant performance, many targets had not been met.

Case detection challenges

21. The OIG noted the following issues affecting case detection:

- For many TB suspects, the long distance to HCs limited access to sputum microscopy services. Also, civil society and private healthcare providers were not involved in the TB referral system although they are often the only institutions providing health services to the community in hard-to-reach areas.

[7] MoH Round 4 Malaria grant PUDR at 30 June 2010

- Referral of pulmonary TB suspects by HEWs was not taking place in some of the 46 HFs visited. Also, where HEWs did refer suspects for sputum microscopy, in some cases they did not follow-up on the results.
- There was inadequate information at HFs on pulmonary TB, its harm, and the services available.

Treatment regimen for TB

22. The OIG recommended:

- Inclusion of Rifampicin in the continuation phase of the DOTS regimen as recommended in WHO guidance[8].
- Providing each patient with a fixed dose combination in a box for each patient in order to ensure uninterrupted access to the complete course of treatment.
- Training for healthcare staff treating TB patients on identifying side effects and necessary remedial actions.

Impediments to DOTS

23. Due to long distances, it was difficult for some TB patients to travel every day to the HF to take the daily dose under supervision. For the continuation phase, patients were given drugs for a week or fortnight, and there was no system for verifying whether the patient had indeed taken the drugs. Also, a system for monitoring defaulters was only evident at 3 of 46 HFs visited where HEWs were involved in DOTS.

Multi-drug resistant tuberculosis (MDR-TB)

24. Though there was a MDR-TB diagnostic algorithm at the federal level, of the 36 HFs visited, the health officers/doctors were only aware of the MDR-TB strategy in 3 regional hospitals.

HIV-TB coordination

25. Better coordination in HIV clinics as compared to the poor coordination in TB clinics was observed on field visits. There was a lack of standardized formats for referral and feedback between the TB and HIV clinics. In all the health posts visited, none of the HEWs were trained in HIV-TB coordination.

Monitoring and Evaluation

26. For HAPCO, the OIG noted that grant work plans were not effectively cascaded to regions, zones and woredas; and also that program reports generated and analyzed at the woredas and zones were not forwarded to the regional or federal offices. The OIG recommended that HAPCO should:

- Ensure that the work plans at regional, zone, and woreda levels incorporate the objectives, activities, and sub-activities listed in the HAPCO work plans for the Global Fund grants.

[8] http://www.who.int/tb/publications/2008/who_htm_tb_2008_401_eng.pdf

- Put in place a mechanism for monitoring the implementation of activities in the grant work plans and strategic plans.
- As part of strategic planning and review, undertake a mapping of stakeholders and their areas of implementation.

27. The need to improve data collection and reporting was noted for HAPCO, EIFDDA and NEP+, as well as a need to standardize systems and processes for data validation at EIFDDA and NEP+

28. Additionally, for the FMOH, EIFDDA and NEP+, the OIG made several recommendations regarding the need to revise indicators to ensure greater clarity, and also include additional indicators to improve the measurement of interventions.

Financial Management

Ineligible expenditure

29. The OIG noted that HAPCO had charged a total of USD6 million of ineligible expenses to the grant programs, which included USD4.7 million of VAT on payments for the construction of HCs expensed to Round 4. The PR did, however, make a correcting adjustment for this VAT amount during the finalization of the OIG audit. Also, the FMOH as SR, wrongly included USD11 million in statements of expenditure submitted to HAPCO, as this amount had not yet been liquidated by the implementers. Recommendations were made to HAPCO to recover ineligible expenditure to the Global Fund accounts, and ensure proper verification of statements of expenditure in the future to confirm the validity of amounts reported.

Long-outstanding advances

30. For both the FMOH and HAPCO, the OIG noted instances where advances were outstanding for long periods. For example, an advance of USD6.3m by HAPCO to PFSA in April 2009 was still outstanding in November 2010. Additionally, advances were noted to be outstanding for grants that had expired; in particular, for Round 4 HIV, over USD5.5 million was advanced by HAPCO to the FMOH and was still outstanding by February 2011 although the grant expired in August 2010. A total of USD112k of advances by the FMOH to various regions and SRs was also found to be outstanding for expired grants (TB Round 1 and Malaria Round 2). The OIG recommended timelier monitoring and follow up of outstanding advances, and refund to the Global Fund of USD5.5 million related to expired grants.

Weaknesses in accounting systems at the FMOH

31. The FMOH's financial records for the grants were maintained using Excel spreadsheets instead of a suitable accounting software package. Also key reconciliations relating to cash and bank, and program disbursements were not regularly prepared and reviewed.

Improvement needed in budget preparation and monitoring at HAPCO

32. The PR prepared budgets by allocating lump-sum amounts to different work-plan activities. Also, periodic budget monitoring reports were not prepared and reviewed by management. The OIG recommended that HAPCO prepare activity-

based budgets, along with detailed supporting calculations including unit types, unit costs, and assumptions; and also prepare and review budget monitoring reports on at least a monthly basis, in order to identify and follow up on unexpected deviations.

Delayed annual audits of PR and SR financial statements

33. For the FMOH and HAPCO, the annual audits of program revenues and expenditures for various grants were not carried out on a timely basis, with delays of up to 9 months for HAPCO and over 21 months for the FMOH in some cases. The OIG recommended that the PRs ensure that the PR and SR books of account and financial statements should be made ready for audit on a timely basis and that the external auditor reduce the time taken on the external audit by performing interim audits before the financial year end and adopting a risk-based approach to auditing regions and SRs.

Inadequacies in internal audit

34. For HAPCO, the OIG noted that the internal audit function lacked organizational independence, as well as a system to ensure appropriate remedial actions are taken in response to audit recommendations. For EIFDDA, the internal audit function had very limited human resources and technical capacity. For both these organizations, the scope of the internal audit work did not include all high-risk areas.

Grant closure long overdue

35. The OIG noted that the TB Round 1 grant expired on 31 January 2009 and Malaria Round 2 grant expired on 31 March 2009. However, at the time of the OIG audit, nearly two years had elapsed and the grant closure for these grants was still incomplete.

Weak financial management by EIFDDA SR

36. The Ethiopian Muslim Development Agency (EMDA) received USD2 million from EIFDDA to undertake social mobilization and OVC support activities. The OIG observed significant financial and operational weaknesses at this SR, in particular proper books of accounts had not been maintained and controls over cash and bank were inadequate. The OIG recommended that EIFDDA ensure that EMDA addresses the many financial management issues noted, and should consider withholding funding to EMDA until this has been accomplished.

PR Governance

Strengthening PR boards

37. The OIG recommended that the boards of HAPCO, EIFDDA and NEP+:

- Establish a conflict of interest policy to ensure that board members who are also on the boards of SRs exclude themselves from board deliberations and decisions relating to their respective organizations.
- Consider setting up board committees to ensure that matters of a technical nature receive due attention, and that Board decisions and recommendations receive due follow-up.

Procurement and Supply Management

Planning, forecasting and logistics

38. The PFSA had received considerable support from several donors which had greatly enhanced forecasting and logistics for ARVs. Malaria and TB pharmaceuticals, however, were still mainly managed through the respective departments at the FMOH, and program targets were largely used to determine what to procure as virtually no consumption reports were collected from treatment centers. It was envisaged that the forecasting for the malaria and TB programs would be handed over to PFSA, and in August 2010, with support from USAID/SCMS, the PFSA conducted a national forecasting and quantification exercise covering the TB and Malaria programs.

39. For two HIV grants and one TB grant, the OIG compared actual quantities procured against PSM plans and observed significant variations, indicating poor planning and forecasting, which was mainly because the results of the new donor-supported systems and exercises had not yet been incorporated into the PSM plans. In the facilities visited, significant overstocking and stock outs of some medicines were observed, despite the existence of established minimum and maximum stock level for all medicines. The OIG made recommendations regarding the need to:

- Ensure PSM plans are updated to reflect the results of donor supported forecasting and quantification systems.
- Adhere to approved PSM plans.
- Monitor adherence to the established minimum and maximum stock levels.
- Complete the implementation of an effective logistics management information system for TB and malaria health products.

Delays in procurement

40. For 60% of the OIG sample of 144 items procured by PFSA under Global Fund grants, it was noted that the goods were not delivered within 6 months after the commencement of the bidding process, as stipulated in the PSM plans. The OIG stressed the need to: enhance the planning and execution of procurement activities; improve coordination with PRs; and better manage contracts to ensure improved and timelier performance by suppliers.

Quality assurance

41. Quality monitoring was only conducted via visual inspection, with only suspected samples being subjected to laboratory testing. The OIG recommended routine random sampling and testing from different points in the distribution chain as required by Global Fund policy. The implementation of a system for the tracking of medicines by batches was also recommended.

Grant Oversight

Country Coordinating Mechanism

42. The OIG noted aspects of the following CCM processes that needed improvement:

Aspect for improvement	Action proposed
Members representing CSOs were admitted to the CCM mainly on the basis of letters of introduction from their respective organizations.	*CCM membership* - CCM members representing non-government constituencies should be selected by their own constituency based on a documented, transparent process, developed within each constituency.
There was a lack of evidence that the concept notes solicited from the public were considered for inclusion in proposals.	*Proposal development* - The CCM should coordinate the development of funding applications through transparent and documented processes that engage a broad range of stakeholders.
The Ethiopia CCM guidelines state that the PR for malaria and TB grants will remain the FMOH.	*PR selection* – The CCM should document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.
Important examples were noted where program activities were not implemented as planned.	*Program oversight* - The CCM should oversee the performance of PRs to ensure that they achieve the agreed targets of the programs they are implementing.

Table 2: CCM Processes with Aspects for Improvement

Local Fund Agent

43. The OIG noted a number of important areas for improvement for the LFA:

- There was no evidence that the LFA had reviewed the PRs' external audit arrangements applicable to the Global Fund grants and advised the Global Fund on their acceptability.
- The LFA did not have an adequate documentation system for work performed or for quality assurance.
- With regard to the LFA's PUDR review work:
  i. The LFA's verification procedures failed to detect some significant amounts that were wrongly included in statements of expenditure, and did not include verification of the proper distribution of commodities to the ultimate recipients.
  ii. The LFA did not reconcile the financial information in the PUDRs to the PR accounting records prior to submission to Global Fund as was the case for the grant to EIFDDA.
  iii. There was a lack of analysis provided by the LFA on variances between the forecast and budget.

Global Fund Secretariat

44. The OIG recommended that the Global Fund Secretariat should:

- Ensure that Global Fund policies are properly followed for adjustments to grant programs, including: formal approval of all material budget changes; referral of material program activity changes to the TRP for review; and appropriate amendment of the grant agreement.

- Follow up on the implementation of the memorandum of understanding that ensures alignment of Global Fund grant work plans with those funded by PEPFAR. The OIG noted instances of duplication of funding with PEPFAR with respect to support to PFSA for distribution of commodities.
- Ensure the LFA reviews the Principal Recipients' audit arrangements and advises the Global Fund on their acceptability.
- For significant variances between forecast expenditure and budget in PUDRs:
  i. Ensure the PR specifies the factors that are the major drivers of the deviation.
  ii. Ensure the LFA provides analysis and comments on the variance.

Amounts Recommended for Refund to the Global Fund

45. The OIG has recommended the following amounts for refund:

PR	Description	Amount USD	Report Ref.
HAPCO	Outstanding advances related to the expired Round 4 grant	5,591,015	Paragraph 130 Page 40
HAPCO	VAT and other ineligible expenses charged to the grant programs	1,323,627	Table 13 Page 39
FMOH	Outstanding advances to various regions and SRs related to the expired grants: Malaria Round 2 and TB Round 1	112,287	Table 9 Page 29
	Total	7,026,929	

Table 3: Amounts Recommended for Refund to the Global Fund

Overall Conclusion

46. The Global Fund grants have been successful in increasing coverage for the three diseases. At the time of audit, there was weak implementation of PMTCT reflected in poor performance against grant targets. A total of USD165,393,027 was spent on Health Centre construction, resulting in over expenditure of USD57,851,941 or 54% against the approved budget for health facility renovation. There was inadequate control in place to assure quality and effective use of the constructed health facilities. From the audit findings, the OIG could not provide assurance that oversight arrangements ensured that grant funds are used for the purpose intended.

MESSAGE FROM THE GENERAL MANAGER

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19 April, 2012

MESSAGE FROM THE GENERAL MANAGER

I would like to thank the Office of the Inspector General for its thorough and insightful work on the Audit of the Global Fund grants in Ethiopia.

The audit was conducted in 2010 and early 2011 and covers grants made from Rounds 1 through 8 worth a total of USD 1.3 billion. The report outlines broad advances in Ethiopia for the treatment and prevention of HIV, such as starting more than 240,000 patients on anti-retroviral treatment, distributing more than 33 million insecticide-treated nets to prevent malaria, and constructing hundreds of new health centers to dramatically increase entry points for effective treatment and prevention.

The report also cites concerns about over-expenditures on the approved budgets for construction of new health centers and the functionality at some of those sites. The report cites insufficient programmatic, budgeting and oversight supervision for construction of that magnitude. The Secretariat was aware that health center construction activities were over budget and agrees with the Office of the Inspector General that the documentation should have been formalized in a better way.

The audit includes an action plan of 88 detailed recommendations for improvements in making the grants more effective, and a table that shows the status of progress on each recommended action. Many of the recommended actions are already complete. In March, 2012, the Secretariat was informed that 73 of 77 health centers visited by the Office of the Inspector General had been provisionally accepted, with construction problems rectified. The Global Fund Secretariat has made a detailed list of responses to issues raised in the audit report, and that list is included as Annex#2.

I am confident that with our new emphasis on risk management and grant management, we will have appropriate procedures in place to address and resolve in a timely way the issues raised in this report by the Office of the Inspector General.

Audit reports by the Office of the Inspector General are an essential form of quality control for the Global Fund. The Office of the Inspector General plays an indispensable role in helping us all achieve our mission of effectively investing the world's money to save lives.

Yours sincerely,

MESSAGE FROM THE COUNTRY COORDINATING MECHANISM

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February 2, 2012

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Dear John,

Subject: Responses to Country Audit of OIG Draft Report, Ethiopia

Kindly refer to your letter of 09 December 2011, Ref.No. OIG/JP_11/201ao regarding the above mentioned subject.

The Country Coordinating Mechanism of Ethiopia (CCM/E) is pleased to submit Responses to OIG Draft Report/country audit, for your kind review and consideration.

All comments and recommendations have been reviewed critically by the respective PRs/Ethiopia and CCM/E members and endorsed the responses accordingly.

On behalf of the Government of Ethiopia, CCM/E members and on my own behalf, as the Vice Chair of CCM/E, I would very much appreciate your positive response as a matter of importance to fight HIV/AIDS, TB and Malaria.

My sincere thanks to you once again for extending the date of the submission of the response based on our request.

The CCM/E members, very much appreciated your valuable recommendations which were found to be educational and hope for your continued support and assistance as always.

Sincerely,

Meshesha Shewarega (Dr.)
Executive Director