

# Hidase Hulentenawi Agelglot Yebego Adragot Mahber (HHA)

## Business Plan 2013 - 2018

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# Executive Summary

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Hidase Hulantenawi Agelglot Yebego Adragot Mahber (HHA) NGO was registered in 2013 with the Ethiopian government as an Ethiopian residents' charity and is based in Awassa, the capital of the Southern Nations, Nationalities and Peoples' Region (SNNPR). Poor access to healthcare and low health indicators within SNNPR make it a vital region in which to research how community based interventions can impact on priority health needs. HHA aims to deliver high quality implementation research, leading to the development of practice and policy guidelines for the scale up of low cost, innovative healthcare interventions that improve health outcomes. As an indigenous led NGO, our capacity to deliver high quality research will position us to be a leading south-south provider of advice and training within Ethiopia and the region.

We seek to achieve our aims through three strategic objectives:

1. To develop a portfolio of community health operational and implementation research that meets priority health needs in SNNPR
2. To develop research capacity in delivering high quality community based operational and implementation research; the results of which can be used to support national scale up
3. To strengthen our own organisational capacity

HHA has a proven capability of attracting research funding and a core team with a strong track record of implementing the TB Reach research project, working in close collaboration with the Ministry of Health prior to forming HHA. HHA will invest time in creating adequate management systems to allow effective management of multiple research projects to the satisfaction of our funders and to carefully manage our resources – our staff, finances, data and systems. With this investment it will provide a strong basis in which to create a sustainable organisation, capable of contributing to improving access to healthcare in SNNPR and Ethiopia as a whole.

We will seek to build a portfolio of work through:

1. Collaborating on international research proposals
2. Increasing the portfolio of research lead by HHA
3. Proactively developing research proposals that meet local health priorities
4. Promoting the visibility of HHA

As a new NGO, we will prioritise the strengthening of our internal systems, policies and procedures to meet funder expectations, particularly focusing on:

1. Personnel competencies and management
2. Financial planning and control
3. Contractual and legal compliance
4. Risk management

HHA has successfully generated full funding for 2013 and the majority of funds needed to cover costs in 2014. Therefore our priority in the short term is ensuring delivery of this portfolio of work and seeking contracts that commence part way through 2014 to ensure our sustainability.

# Business Plan

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## Background

Hidase Hulentenawi Agelglot Yebego Adragot Mahber (HHA) NGO is based in Awassa the capital of the Southern Nations, Nationalities and Peoples' Region (SNNPR) in Ethiopia. The region has a population of more than 15 million and is the most rural region in Ethiopia (almost 90%). The health indicators in the Region are among the lowest in the country and the population has poor access to social services including health care.

The government of Ethiopia introduced a health service extension programme (HSEP) in 2003, which aims to improve equitable access to essential health interventions through community-based health services. This extension service is provided as a package and focuses on both preventive and curative elements, targeting households, particularly women, at the kebele level (the lowest administrative unit averaging 1000 households and a population 5000). Health extension workers (HEWs) are a new cadre of female community health workers trained for one year through the HSEP and are responsible for curative and preventive health care activities at community level. The government aims to deploy two HEWs for each kebele in the country. As part of the Ethiopian Ministry of Health's decentralised programme it has a number of collaborations for operational research.

HHA was registered in 2013 with the Ethiopian government and is one of these collaborations which developed from the WHO-funded TB Reach research project. TB Reach has been implemented in Sidama zone since 2010 in partnership with the Liverpool School of Tropical Medicine, UK. HHA was formed out of the successful implementation of TB REACH Waves 1 and 2 with the aim of establishing an indigenous research institution with capacity to conduct locally relevant community health research and build research capacity in the region and wider.

HHA builds on the project's strong track record in translating research into practice at zonal level and which has also been incorporated into national health policy. HHA is actively developing implementation research in maternal health and other priority health areas, building on its substantial experience of working on TB with community therapeutic care providers in Sidama zone.

HHA aims to deliver high quality implementation research, leading to the development of practice and policy guidelines for the scale up of low cost, innovative healthcare interventions that improve health outcomes. As an indigenous led NGO, HHA's capacity to deliver high quality research will position the organisation to be a leading south-south provider of advice and training within Ethiopia and the region.

HHA already has a strong portfolio of research grants, its Director and key research staff have more than 10 years of successful collaboration with international and national partners. HHA now seeks to build on this success to further develop into a robust and sustainable research institute that conducts high quality implementation research focussed on addressing local health challenges of national policy relevance.

## **Mission Statement**

We are an indigenous research institution who aims to improve health outcomes for the predominantly rural population in SNNPR through operational and implementation research into innovative community health interventions. We work in collaboration with international research institutions, local government and health facilities to develop local capacity in research and scale up of successful community based interventions.

## **Aims and Objectives**

### **Overarching aim**

Deliver high quality operational and implementation research into innovative community health interventions that meet priority health needs.

### **Objective 1: Develop a Portfolio of Community Health Operational and Implementation Research that meets priority health needs in SNNPR**

- 1.1 Be part of consortia undertaking international and national operational research programmes into community based health interventions
- 1.2 Develop implementation research proposals to demonstrate scale up for successful community based interventions
- 1.3 Develop a portfolio of pilot research projects that meets locally defined health needs and develop local research capacity
- 1.4 Build strategic partnerships with international and national research institutions and local research and health facilities

### **Objective 2: Develop research capacity in delivering high quality community based operational and implementation research**

- 2.1 Strengthen capacity of internal staff through a programme of induction, guest lectures and continuing professional development
- 2.2 Build local capacity in research skills and scale up through
  - 2.2.1 Including a capacity building component into all research proposals
  - 2.2.2 Delivering the research portfolio in collaboration with local healthcare workers and facilities
- 2.3 Develop quality assurance systems and standard operating procedures to ensure delivery of high quality research and implementation programmes
- 2.4 Develop and disseminate best practice and lesson learning from all research activities

2.5 Establish and maintain close working relationships with national and local government

### Objective 3: Strengthen organisational capacity

3.1 Ensure that the organisation has appropriate policies, procedures and systems in order to comply with legal and contractual responsibilities and to protect its staff, research subjects and funders

3.2 Ensure that the organisation has robust financial management and control procedures to ensure regulatory and funding compliance

3.3 Ensure that the organisation has embedded robust, risk mitigation strategies to minimise the risk of organisational failure

3.4 Develop a robust financial plan and costing policies to ensure the sustainability of the organisation

### SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Experience of managing health research programmes at local, district and regional level</li> <li>• Substantial research experience into the Health Extension Programme SNNPR and particularly in Sidama Zone</li> <li>• Good networks and collaborative relationships with international research institutions</li> <li>• Good collaborative relationships with international regulatory institutions including WHO.</li> <li>• Good reputation and relationships with key stakeholders in the Southern Region</li> <li>• Strong infrastructure and knowledge of the context and working practices in S. Region</li> <li>• Experience in managing multicentre projects internationally</li> <li>• Expertise in public health and research</li> <li>• Well-established network with international donors</li> <li>• Established human resources to take projects forward</li> <li>• Successful research proposal development</li> <li>• Experience of effective and efficient project implementation</li> <li>• Proven ability to build research capacity</li> </ul>	<ul style="list-style-type: none"> <li>• New NGO with limited experience</li> <li>• Limited core funding available to support institutional development</li> <li>• Limited internal experience of NGO management</li> <li>• Limited internal experience in setting up systems for HR and corporate finance</li> <li>• Limited resources to cover large population</li> <li>• Short timeframes in which to establish NGO before project implementation must begin.</li> <li>• Joint managerial and technical expert responsibilities by the team</li> <li>• Scarcity of pool of researchers to recruit from at post Masters level with local language and high level of research capacity</li> <li>• Need for collaboration with external institutions to bid for large scale funding opportunities.</li> <li>• Limited experience dealing with funders conditions and legal agreement frameworks</li> </ul>

Opportunities	Threats
<ul style="list-style-type: none"> <li>• The availability of well-structured community based health initiatives and workers</li> <li>• Working with priority health problems</li> <li>• Availability of strong government support to work in partnership</li> <li>• The availability of wide range of support for health research and development priorities in the world</li> <li>• Policy provision for community based initiatives</li> <li>• Established technical working groups and forums in the region</li> <li>• Established research partnership with LSTM and other international partners</li> <li>• Identified need to improve access to health in SNNPR</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulties with administration, logistics and supplies when implementing research projects</li> <li>• Barriers to community members accessing health facilities including harmful traditional practices</li> <li>• Limited number of HEWs in Gurage and Siltie zones</li> <li>• Migration of professionals</li> <li>• Poor implementation capacity at woreda level</li> <li>• Delay in resolving challenges arising during the project implementation</li> <li>• Failure to get the funds and change of funding conditions</li> <li>• Rapid scale-up of activities and lag time on scale up of organisations systems</li> </ul>

The NGO has already proven itself capable of attracting research funding and the core team has a good track record of implementing the TB Reach project, working in partnership with the Ministry of Health. Poor access to healthcare and low health indicators within SNNPR make it a vital region in which to research how community based interventions can impact on priority health needs. HHA will invest time in creating adequate management systems to allow effective management of multiple research projects to funder satisfaction and to carefully manage its resources - staff, finances, data and systems. With this investment it will provide a strong basis in which to create a sustainable organisation, capable of contributing to improving access to healthcare in SNNPR and Ethiopia as a whole.

## Marketing Plan

We have an excellent track record in strategic partnerships and developing research proposals with winning research consortia. This success must continue to be underpinned by excellence in delivery giving us a reputation as an implementation research centre that produces rigorous research and demonstrates how to make much needed healthcare interventions work in practice.

Our marketing plan is based on three strategies for building our portfolio and one relating to promoting our name and reputation:

1. Continue to collaborate on international research programmes with our existing international partners - building on trust and relationships that have already been proven. These partners are:

Liverpool School of Tropical Medicine, UK  
Eijkman Institute of Molecular Biology, Indonesia  
Koninklijk Instituut voor de Tropen, Royal Tropical Institute (KIT), The Netherlands  
James P Grant School of Public Health, BRAC University, Bangladesh  
Liverpool VCT, Care and Treatment (LVCT), Kenya

University Eduardo Mondlane, Mozambique  
REACH Trust, Malawi  
University of Bergen, Norway

2. Increase our portfolio of research proposals led by HHA - responding to Ethiopian and international calls for research proposals
3. Proactively develop research proposals that meet priority health needs or add value to our existing research portfolio and identify potential donors for funding
4. Promote the visibility of HHA through appropriate use of a website, social media, publications, conference presentations, membership of technical working/advisory groups and networking.

### **Our Research Approach**

As the development of local research skills is one of our core aims, we will endeavour to build a capacity building component into all research proposals for our internal staff and for staff within the zone (where funding rules allow).

We aim to improve health outcomes for the people of SNNPR and will systematically look for opportunities to ensure that positive research outcomes can influence policy and practice through consistent engagement and communication with government and healthcare facilities and effective dissemination of our results.

### **Pricing our Research**

In pricing our research we are bound by donor funding rules, but we will seek to do the following:

1. Pay our staff fair salaries and benefit packages and hence cost them appropriately in our proposals.
2. Ensure that sufficient contribution to overheads is made to enable the NGO to have the appropriate support structures required to become a viable and sustainable organisation. We will, strive to keep our overhead costs low, to ensure that the majority of funding received is spent on research outputs.
3. Seek to build up a contingency fund of 3 months running costs for core staff and key researchers to allow bridging funding if there is a gap between major research funding streams.
4. Seek payment terms that allow us to deliver high quality research without risking delays due to cash flow.

### **Legal Constitution and Oversight**

HHA was registered with the Ethiopian government in February 2013 and is designated as an Ethiopian Residents Charity in accordance with the Charities and Societies Proclamation No. 621/2009. Registration will need to be renewed with the government every 3 years. (See Annex 3 for Certificate of Registration and Annex 7 for the Governing Regulations).

The Board of Directors meet quarterly and there is annual meeting of the General Assembly. A full list of the Board of Directors and General Assembly is attached in Annex 4. The CV of the Executive Director is included in Annex 6.

## **NGO Organisational Strengthening**

As a new NGO a considerable investment in time and effort is required to ensure that sufficient systems, checks and balances are in place for an efficient and sustainable organisation. We have limited resources to fund core staff positions and hence may need to buy in additional short term expertise when skill gaps are identified.

There are four key domains in which we will focus our efforts:

### **1. Personnel Competencies and Management**

A first priority is to ensure an appropriate staffing structure which encompasses the competencies required to

- Develop a portfolio of work and become sustainable
- Deliver high quality research
- Have sound financial, personnel, contractual and risk management procedures and policies underpinning the organisation

Our key strategy to achieve this will be the eventual recruitment of a senior management team of three people who will be responsible for each of these priorities respectively. These priorities link to the 3 strategic objectives of the NGO. Hence there will be a person responsible for protecting the future of the NGO by ensuring that sufficient work is coming through the proposal pipeline as other research is delivered. Having this person wholly focussed on the pipeline of incoming work whilst someone else ensures delivery, mitigates the risk of bottlenecks and delays to work which can risk reputational damage. The senior manager responsible for ensuring the high quality delivery of research awards is protecting the NGOs reputation and ensuring that it meets its mission. A third senior manager will be responsible for protecting the organisation, its relationship with its funders and its work through ensuring it has appropriate policies and procedures, financial planning and practices risk mitigation.

A current organogram and a planned future organogram are included in Annex 1.

In addition to ensuring appropriate staffing and structure, it is also important that we invest in our staff through:

- Fair and appropriate personnel procedures
- Fair remuneration packages including sickness benefits
- Personal development enabling our staff to develop as the NGO develops
- Fair performance management and supervision

## **2. Financial planning and control**

In order to ensure compliance with funders' financial regulations and reporting needs and to ensure the financial security of the NGO it is vital and that the NGO has proper financial planning, financial systems, financial reporting and analysis and financial controls.

Hence the NGO will invest in:

- Implementation of a finance system that can report by award and report aggregate corporate reports for the NGO as a whole
- Financial control procedures including:
  - Authorisation rules
  - Separation of duties for making and authorising payments
  - Policy regarding the financial records and paperwork to be able to prove compliance
  - Expenses policies
- Financial reporting which allows reporting to funders but also oversight of the financial health of the organisation as a whole with a particular focus on cash flow
- Invest in increasing the financial literacy of senior staff to allow them to analyse financial reports and make informed decisions as a result

## **3. Contractual and Legal Compliance**

The NGO must ensure that it complies with national and local legislation and delivers its research awards within the contractual terms of its various funders. Where it is appropriate we will ensure communication of contractual terms to the whole research team responsible for the delivery of a particular award in lay language to ensure that the whole team understands how to avoid the risk of non-payment for work due to non-compliance.

## **4. Risk Management**

It is vital for a new NGO to take an active role in risk management as the first 3 years of an organisation's life bring with it a high risk of failure. Key risks that the NGO will need to manage and some strategies are listed in the table below.

Risk	Mitigation Strategy
<p>Insufficient cash flow to cover outgoings ie the timing of cash coming in does not match the timing of when expenditure needs to go out</p>	<ol style="list-style-type: none"> <li>1. Negotiate payment terms that are not detrimental to cash flow</li> <li>2. Monthly cash flow reports to highlight any potential shortfalls in cash prior to them arising</li> <li>3. Investigate potential sources of loans or bridging funding</li> <li>4. Authorisation of large payments made by senior manager according to payment policies and with knowledge of cash flow forecasts</li> <li>5. Monitoring &amp; management of incoming funds</li> </ol>
<p>Reputational damage through poor quality or late delivery of research outputs</p>	<ol style="list-style-type: none"> <li>1. Plan for research start up when submitting proposals</li> <li>2. When financially viable recruit senior manager responsible for planning and oversight of all research awards - separation from business development responsibility enables focus on delivery</li> <li>3. Ensure appropriate induction and training for research staff to ensure they have the right competencies to deliver</li> <li>4. Ensure systems are responsive to a range of donor requirements.</li> </ol>
<p>Insufficient overhead funding to enable core staff who can work to develop portfolio of future work and develop its organisational capacity</p>	<ol style="list-style-type: none"> <li>1. Rigorous financial planning and cost control to ensure that the percentage overheads needed by the organisation is built into research proposals</li> <li>2. Ensure understanding of funder rules before submitting proposals to ensure that all allowable direct and indirect costs are charged.</li> <li>3. Ensure compliance with funding rules to avoid non-payment of items that have already been paid for by the organisation.</li> </ol>
<p>Insufficient future pipeline of work to fund key research personnel when research awards come to an end</p>	<ol style="list-style-type: none"> <li>1. Have one senior management solely focussed on building the research portfolio to ensure future work.</li> <li>2. Build a contingency fund equivalent to 3 months running costs for overheads and key research personnel to enable bridging funding in the event of a gap.</li> <li>3. Develop relationships with international partners to be able to negotiate short term pieces of work to fund key personnel.</li> <li>4. Ensure that non-essential research personnel are on fixed term contracts in line with funding.</li> <li>5. Ensure quick start up of research awards to avoid periods of no cost extensions which can put pressure on staffing budgets.</li> </ol>

## **Financial Plan**

### **Current Funding**

The NGO currently has a portfolio of research awards and these are summarised in Annex 2. This portfolio gives sufficient funding for the financial year 2013 and gives a substantial amount of funding for the following year.

### **Start-up Costs**

As the NGO has been formed utilising the staff who were already in place from TB REACH, the NGO has had very limited start up costs and these have been able to be funded by research award overheads.

### **Funding and Capitalisation**

As the NGO has been formed at the point where it had guaranteed funding from TB REACH Wave III it has needed no capital funding and currently has no debt or loans that require repayment.

### **Currency**

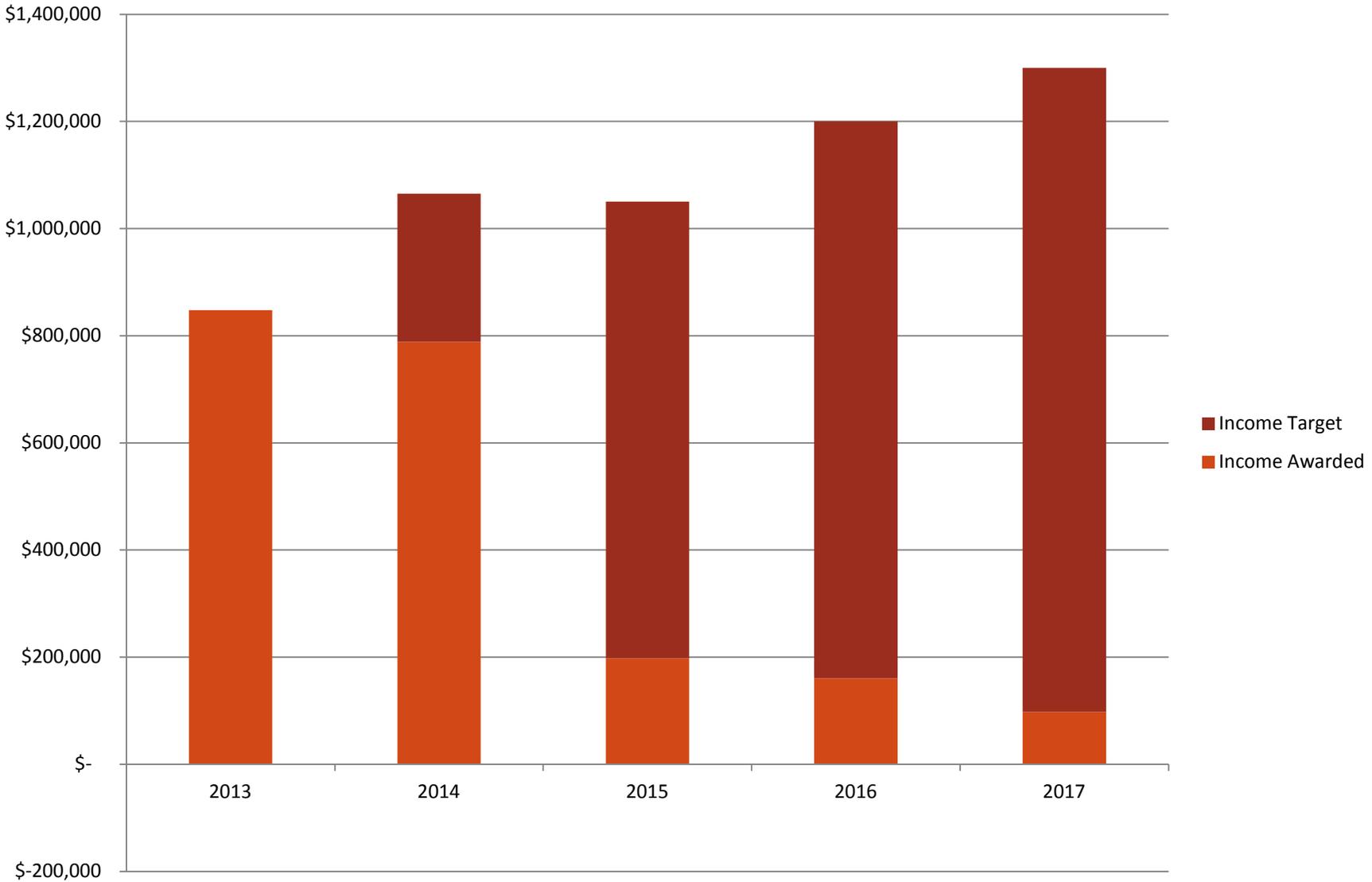
All financial plans and analysis are in US dollars unless otherwise stated.

## Income Forecast: Breakdown of Target Income and Work Secured

Description	Total in US Dollars	Year 1	Year 2	Year 3	Year 4	Year 5
		2013	2014	2015	2016	2017
International Research Programmes Target	3,461,922	711,922	750,000	650,000	650,000	700,000
National Implementation Research Target	800,000	-	100,000	150,000	250,000	300,000
Small Scale Pilot and Capacity Development Target	1,200,745	135,745	215,000	250,000	300,000	300,000
Total Target Income (USD)	5,462,667	847,667	1,065,000	1,050,000	1,200,000	1,300,000
Remaining Income to Secure (USD)	3,370,322	0	276,353	852,267	1,039,390	1,202,312

1. All income has been secured for Year 1 (2013).
2. Significant funds have been secured for Year 2 (2014) but \$276k needs to be secured if we are to expand our staffing according to plan.
3. Our ability to continue to attract large implementation research such as the TB Reach programme which gives significant funds per annum will be crucial to attaining income targets for 2014-2017. Given the team has been implementing this programme for the last three years we are confident that we have the knowledge and experience to attract this type of research funding. However, if we are not able to attain these income targets we will need to reassess the plans to expand the management team.
4. Income targets are raised in Year 2 to cover additional costs of expanding the management team who subsequently will be increasingly funded by research projects. Hence the slightly reduced income target for Year 3 than Year 2.

### Income Forecast: Awarded and Target



## Breakdown of work secured by year and contract

Description	Donor	Duration	Start date	End Date	Total in Budget Currency	Currency	Total in US Dollars	2013	2014	2015	2016	2017	Future
								Year 1	Year 2	Year 3	Year 4	Year 5	
Total Work Secured							\$ 2,092,345	\$ 847,667	\$ 788,647	\$ 197,733	\$ 160,610	\$ 97,688	\$ 8,141
Reach Out	EC	5 years	Feb-13	Jan-18	517,608	EURO	\$ 697,218	\$ 123,659	\$ 187,147	\$ 149,678	\$ 130,905	\$ 97,688	\$ 8,141
TB Reach Wave III	WHO	1 year	May-13	Apr-14	767,939	USD	\$ 767,939	\$ 511,959	\$ 255,980	\$ -	\$ -	\$ -	\$ -
Neat TB	EDTCP	2 years	Feb-13	Jan-15	161,510	EURO	\$ 217,554	\$ 99,799	\$ 108,865	\$ 8,889	\$ -	\$ -	\$ -
TB Pooling in Children	Grand Challenges	1 year	Sep-13	Sep-14	113,000	CAD	\$ 107,838	\$ 35,946	\$ 71,892	\$ -	\$ -	\$ -	\$ -
mHealth	IDRC	3 years	Sep-13	Sep-16	324,773	CAD	\$ 309,937	\$ 76,303	\$ 164,763	\$ 39,166	\$ 29,705	\$ -	\$ -

## Contribution to Overheads by Contract

	Overhead Contribution as % of total income	Overhead as % on project costs
Reach Out	17%	20%
TB Reach Wave III	11%	12%
Neat TB	9%	10%
TB Pooling in Children	12%	13%
mHealth	7%	8%
<b>Total</b>	<b>12.0%</b>	<b>13.6%</b>

1. The majority of contracts are for a 1 year duration. The NGO will seek to build up a larger portfolio of research projects of longer duration to avoid the problem of needing to constantly bid for next years' work whilst delivering the current portfolio.
2. All contracts are in international currency and therefore careful management of funds in relation to exchange rates is crucial to the NGO's work.
3. The NGO is currently achieving a 13.6% overhead contribution on its research project costs. In forecasting project expenses an overhead contribution rate of 13.5% on costs has been used. It will be important for the portfolio of research to be managed in order to be able to attain this percentage so that the organisation has sufficient funds for the support services it needs to deliver.

## Overall NGO 5 year Forecast Income and Expenditure Statement

Description	2013	2014	2015	2016	2017
	Year 1	Year 2	Year 3	Year 4	Year 5
Income Awarded	\$ 847,667	\$ 788,647	\$ 197,733	\$ 160,610	\$ 97,688
Income Target	\$ -0	\$ 276,353	\$ 852,267	\$ 1,039,390	\$ 1,202,312
<b>Total Income</b>	<b>\$ 847,667</b>	<b>\$ 1,065,000</b>	<b>\$ 1,050,000</b>	<b>\$ 1,200,000</b>	<b>\$ 1,300,000</b>
Project Expenditure from Awarded Income	\$ 754,324	\$ 701,694	\$ 167,473	\$ 136,206	\$ 81,406
Project Expenditure for Target Income	\$ -	\$ 245,692	\$ 766,697	\$ 930,123	\$ 1,073,028
<b>Total Project Expenditure</b>	<b>\$ 754,324</b>	<b>\$ 947,386</b>	<b>\$ 934,170</b>	<b>\$ 1,066,329</b>	<b>\$ 1,154,434</b>
Total Unrestricted Funds to cover Overheads	\$ 93,343	\$ 117,614	\$ 115,830	\$ 133,671	\$ 145,566
As a Percentage of Income	11%	11%	11%	11%	11%
Salaries	\$ 32,233	\$ 75,139	\$ 75,454	\$ 81,113	\$ 87,196
Office Related Costs	\$ 17,440	\$ 18,748	\$ 20,154	\$ 21,666	\$ 23,291
Insurance and Professional Costs	\$ 13,215	\$ 15,206	\$ 15,272	\$ 16,417	\$ 17,648
Other Expenses	\$ 700	\$ 753	\$ 809	\$ 870	\$ 935
Depreciation	\$ 1,000	\$ 1,075	\$ 1,156	\$ 1,242	\$ 1,335
<b>Total Overheads</b>	<b>\$ 64,588</b>	<b>\$ 110,921</b>	<b>\$ 112,844</b>	<b>\$ 121,307</b>	<b>\$ 130,405</b>
Expected surplus or (Deficit)	\$ 28,755	\$ 6,693	\$ 2,986	\$ 12,364	\$ 15,160
	Surplus	Surplus	Surplus	Surplus	Surplus

1. The increase in overheads in Year 2 is due to the recruitment of two additional senior managers and the increased overhead funding of the Directors post which is fully project funded in Year 1.
2. The NGO shows a surplus in all 5 years but this is dependent on achieving the income targets and in attaining the overhead contribution on costs rate of 13.5%. It also assumes that the NGO will spend to budget on its existing portfolio.
3. For years 2-4 overheads are approximately 10% of forecasted income.

## Detailed Overhead Budget

Description	Type	Periodicity	2013	2014	2015	2016	2017
			Year 1	Year 2	Year 3	Year 4	Year 5
Salaries including all taxes and benefits (non-project staff)							
Director (Project funded Year One and Part Year Two,)	Salaries	Monthly		11,250	14,513	15,601	16,771
Research & NGO Operations Manager	Salaries	Monthly		16,500	12,416	13,347	14,349
Research Portfolio Manager	Salaries	Monthly		11,250	9,675	10,401	11,181
Administrator	Salaries	Monthly	8,520	9,159	9,846	10,584	11,378
NGO Finance Officer	Salaries	Monthly	12,720	13,674	14,700	15,802	16,987
Research Finance Officer	Salaries	Monthly	6,925	8,933	9,603	10,323	11,098
Guard	Salaries	Monthly	2,244	2,412	2,593	2,788	2,997
Cleaner	Salaries	Monthly	1,824	1,961	2,108	2,266	2,436
				-	-	-	-
Trustees Expenses	Other Expenses	Irregular	200	215	231	248	267
Books and journals	Other Expenses	Irregular	500	538	578	621	668
				-	-	-	-
Rent and Rates	Office Related	Monthly	8,820	9,482	10,193	10,957	11,779
Light and Heat	Office Related	Monthly	1,320	1,419	1,525	1,640	1,763
Office expenses (cleaning materials, water etc...)	Office Related	Monthly	500	538	578	621	668
Postage and stationery (not covered by project)	Office Related	Monthly	500	538	578	621	668
Communications (not covered by project)	Office Related	Monthly	6,300	6,773	7,280	7,826	8,413
				-	-	-	-
Legal and accounting fees	Insurance & Fees	Irregular	1,500	1,613	1,733	1,863	2,003
Recruitment costs (not covered by project)	Insurance & Fees	Irregular		1,000			
Insurance	Insurance & Fees	Monthly	11,215	12,056	12,960	13,932	14,977
Bank charges (not covered by project)	Insurance & Fees	Irregular	500	538	578	621	668
				-	-	-	-
Depreciation of equipment (not purchased by project)	Depreciation		1,000	1,075	1,156	1,242	1,335
<b>Total Overheads</b>			<b>64,588</b>	<b>110,921</b>	<b>112,844</b>	<b>121,307</b>	<b>130,405</b>

1. The majority of overhead costs are for salaries of support and management staff.

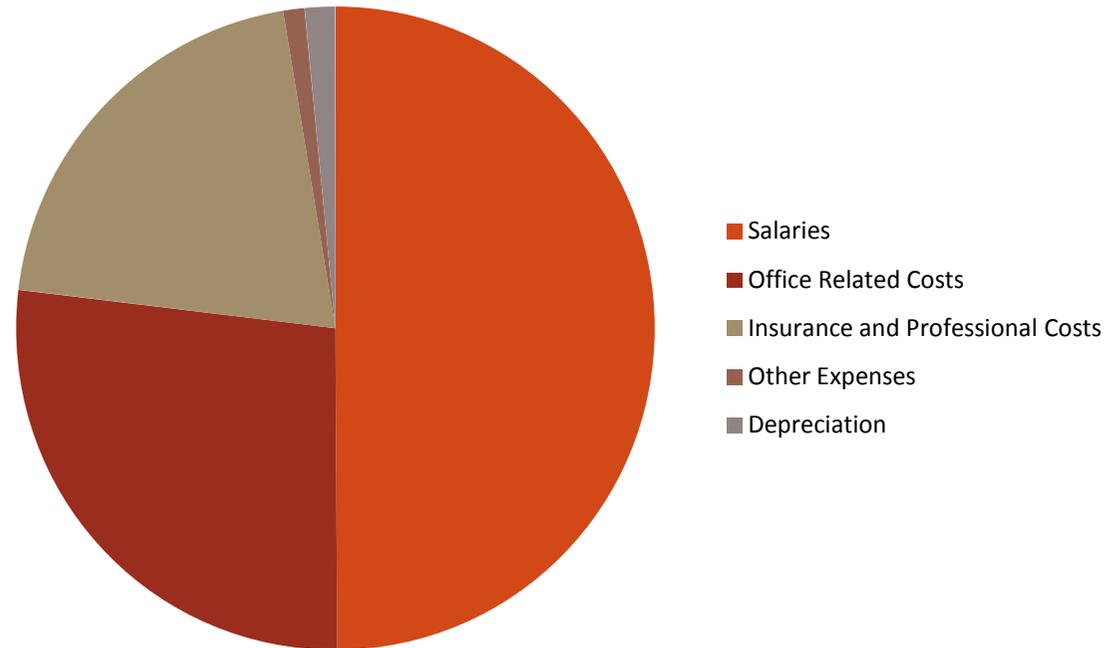
2. The Executive Director is fully project funded for the period of TB Reach WAVE III.

3. It is assumed that the three senior managers would be in post part way through 2014 and that they will have a proportion of their salary funded by projects on an increasing basis. However, ideally they should not be fully project funded to enable them to have sufficient time to invest in the development of the NGO

4. If income targets are not attained then the recruitment of senior managers or the salary available to pay for them may need to be reviewed.

5. Percentage of salary funded by overheads for staff are shown in the table below:

### Breakdown of Yr 1 Overhead Expenditure



Post	Year 2	Year 3	Year 4	Year 5
Director	45%*	45%	45%	45%
Research & NGO Operations Manager	66%	46%	46%	46%
Research Portfolio Manager	50%	40%	40%	40%
Research Finance Officer	50%	50%	50%	50%

\* Fully funded for 4 months of the year

6. It is assumed that the majority of equipment needed for the office is either already in place from previous research projects which did not require its return or will be funded within new research proposals.

## Cash Flow Forecast Year One

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>Income</b>									
Reach Out									\$ 170,957
Wave III	\$ 191,985			\$ 191,985			\$ 191,985		
Neat TB	\$ 55,444			\$ 33,266			\$ 31,066		
Grand Challenges						\$ 100,204			
mHealth									\$ 136,802
<b>Total Income</b>	\$ 247,429	\$ -	\$ -	\$ 225,250	\$ -	\$ 100,204	\$ 223,051	\$ -	\$ 307,759

<b>Project Expenditure</b>									
Reach Out	\$ 11,416	\$ 11,416	\$ 11,416	\$ 11,416	\$ 11,416	\$ 11,416	\$ 11,416	\$ 11,416	\$ 11,416
Wave III	\$ -	\$ 57,138	\$ 57,138	\$ 57,138	\$ 57,138	\$ 57,138	\$ 57,138	\$ 57,138	\$ 57,138
Neat TB	\$ 10,081	\$ 10,081	\$ 10,081	\$ 10,081	\$ 10,081	\$ 10,081	\$ 10,081	\$ 10,081	\$ 10,081
Grand Challenges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,953	\$ 7,953	\$ 7,953	\$ 7,953
mHealth	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,984	\$ 17,984	\$ 17,984	\$ 17,984
<b>Total Expenditure</b>	\$ 21,497	\$ 78,635	\$ 78,635	\$ 78,635	\$ 78,635	\$ 104,572	\$ 104,572	\$ 104,572	\$ 104,572

<b>Overheads Expenditure</b>										
Salaries	\$	3,581	\$	3,581	\$	3,581	\$	3,581	\$	3,581
Office Related Costs	\$	1,938	\$	1,938	\$	1,938	\$	1,938	\$	1,938
Insurance and Professional Costs	\$	1,302	\$	1,302	\$	1,302	\$	1,302	\$	1,302
Other Expenses	\$	78	\$	78	\$	78	\$	78	\$	78
Depreciated Equipment	\$	2,000	\$	-	\$	-	\$	-	\$	-
<b>Total Overheads Expenditure</b>	\$	8,899	\$	6,899	\$	6,899	\$	6,899	\$	6,899

<b>Total Income</b>	\$	247,429	\$	-	\$	-	\$	225,250	\$	-	\$	100,204	\$	223,051	\$	-	\$	307,759
<b>Total Expenditure</b>	\$	30,396	\$	85,534	\$	85,534	\$	85,534	\$	85,534	\$	111,470	\$	111,470	\$	111,470	\$	111,470
<b>Net</b>	\$	217,033	\$	-85,534	\$	-85,534	\$	139,716	\$	-85,534	\$	-11,267	\$	111,580	\$	-111,470	\$	196,289
<b>Cumulative Cashflow</b>	\$	217,033	\$	131,499	\$	45,965	\$	185,682	\$	100,148	\$	88,881	\$	200,462	\$	88,991	\$	285,280
<b>Surplus/Deficit</b>		Surplus		Surplus														

1. Due to significant upfront funding on the largest contracts the NGO is able to remain in a positive cash flow situation throughout year one.
2. However, careful management of funds is crucial to ensure that upfront funding is managed correctly and that projects do not run out of funds at the end of their span.
3. Straight line spending has been assumed for most of the projects - as the majority of costs is staff for many of them this is not an unreasonable assumption. HHA will do quarterly cash flow projections to take account of the timing of major events that will effect this assumption in order to manage cash appropriately.

## Cash Flow Forecast Year Two

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
<b>Income</b>												
Reach Out			\$ 47,292			\$ 47,292		\$ 115,331				
Wave III	\$ 191,985				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Neat TB	\$ 26,667			\$ 26,667			\$ 26,667					
Grand Challenges									\$ -	\$ -	\$ 7,635	\$ -
mHealth									\$ -	\$ -	\$ 173,136	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Income</b>	\$ 218,651	\$ -	\$ 47,292	\$ 26,667	\$ -	\$ 47,292	\$ 26,667	\$ 115,331	\$ -	\$ -	\$ 180,770	\$ -

<b>Project Expenditure</b>												
Reach Out	\$ 11,416	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137	\$ 13,137
Wave III	\$ 57,138	\$ 57,138	\$ 57,138	\$ 57,138	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Neat TB	\$ 10,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081	\$ 8,081
Grand Challenges	\$ 7,953	\$ 7,953	\$ 7,953	\$ 7,953	\$ 7,953	\$ 7,953	\$ 7,953	\$ 7,953	\$ -	\$ -	\$ -	\$ -
mHealth	\$ 17,984	\$ 17,984	\$ 17,984	\$ 17,984	\$ 17,984	\$ 17,984	\$ 17,984	\$ 17,984	\$ 2,690	\$ 2,690	\$ 2,690	\$ 2,690
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditure</b>	\$ 104,572	\$ 104,292	\$ 104,292	\$ 104,292	\$ 47,154	\$ 47,154	\$ 47,154	\$ 47,154	\$ 23,907	\$ 23,907	\$ 23,907	\$ 23,907

<b>Overheads Expenditure</b>												
Salaries	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262	\$ 6,262
Office Related Costs	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562	\$ 1,562
Insurance and Professional Costs	\$ 1,059	\$ 2,559	\$ 2,059	\$ 1,059	\$ 1,059	\$ 1,059	\$ 1,059	\$ 1,059	\$ 1,059	\$ 1,059	\$ 1,059	\$ 1,059
Other Expenses	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63
Depreciated Equipment			\$ -	\$ 500		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500
<b>Total Overheads Expenditure</b>	<b>\$ 8,945</b>	<b>\$ 10,445</b>	<b>\$ 9,945</b>	<b>\$ 9,445</b>	<b>\$ 8,945</b>	<b>\$ 9,445</b>	<b>\$ 8,945</b>					

<b>Total Income</b>	\$ 218,651	\$ -	\$ 47,292	\$ 26,667	\$ -	\$ 47,292	\$ 26,667	\$ 115,331	\$ -	\$ -	\$ 180,770	\$ -
<b>Total Expenditure</b>	\$ 113,517	\$ 114,738	\$ 114,238	\$ 113,738	\$ 56,100	\$ 56,100	\$ 56,100	\$ 56,100	\$ 32,853	\$ 32,853	\$ 33,353	\$ 32,853
<b>Net</b>	\$ 105,134	\$ -114,738	\$ -66,946	\$ -87,071	\$ -56,100	\$ -8,808	\$ -29,433	\$ 59,232	\$ -32,853	\$ -32,853	\$ 147,417	\$ -32,853
<b>Cumulative Cashflow</b>	\$ 390,414	\$ 275,676	\$ 208,730	\$ 121,659	\$ 65,560	\$ 56,752	\$ 27,319	\$ 86,551	\$ 53,698	\$ 20,845	\$ 168,262	\$ 135,410
<b>Surplus/Deficit</b>	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus	Surplus

1. The NGO remains in positive cash flow throughout Year Two.

**Ratification by the Board of Directors**

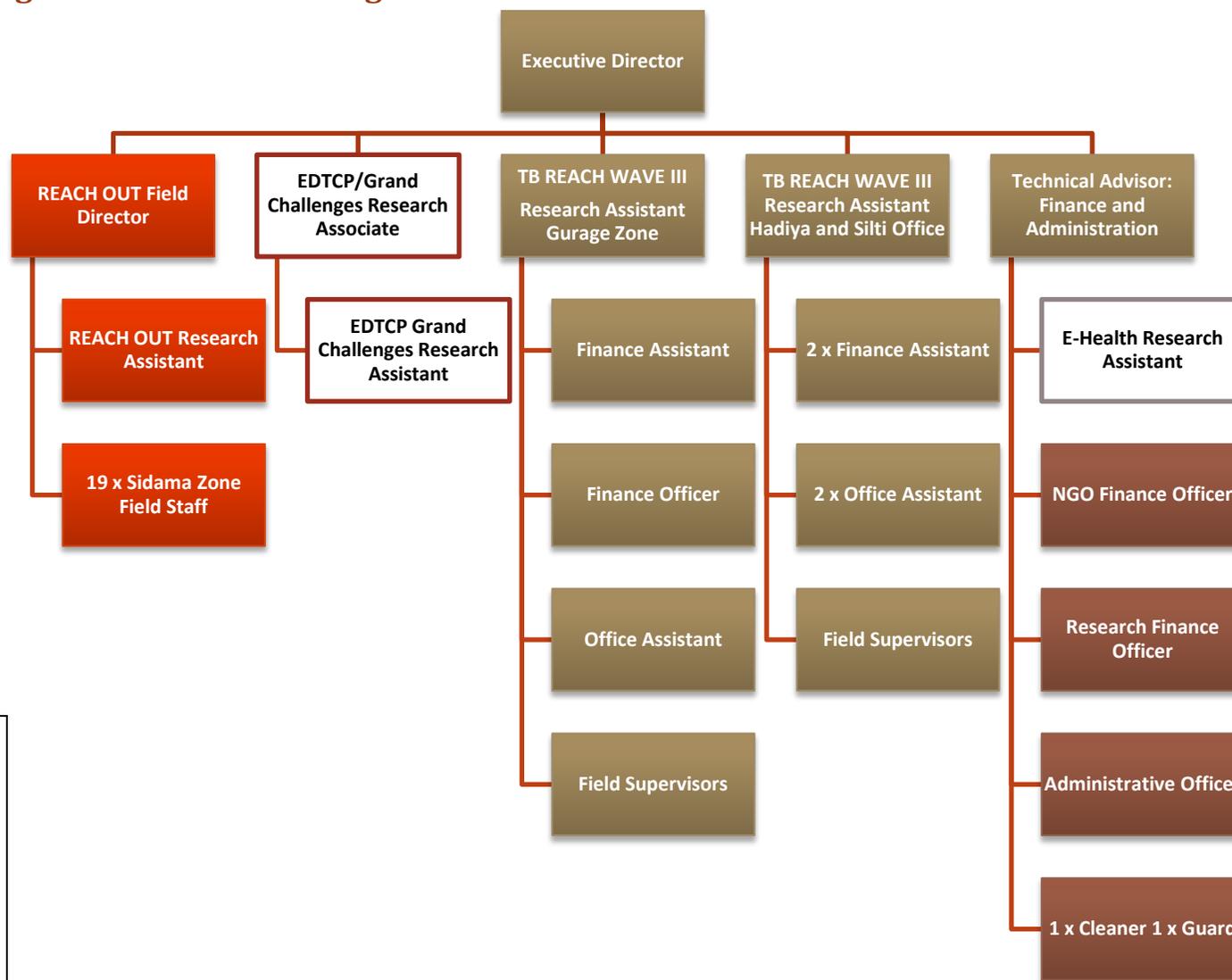
**We hereby certify that on \_\_\_\_\_ this plan was ratified by  
agreement of the Board of Directors**

**Signed by \_\_\_\_\_ Chair of the Board**

**Signed by \_\_\_\_\_ Executive Director**

**Date Signed \_\_\_\_\_**

## Annex 1 Organogram 1: Current Staffing

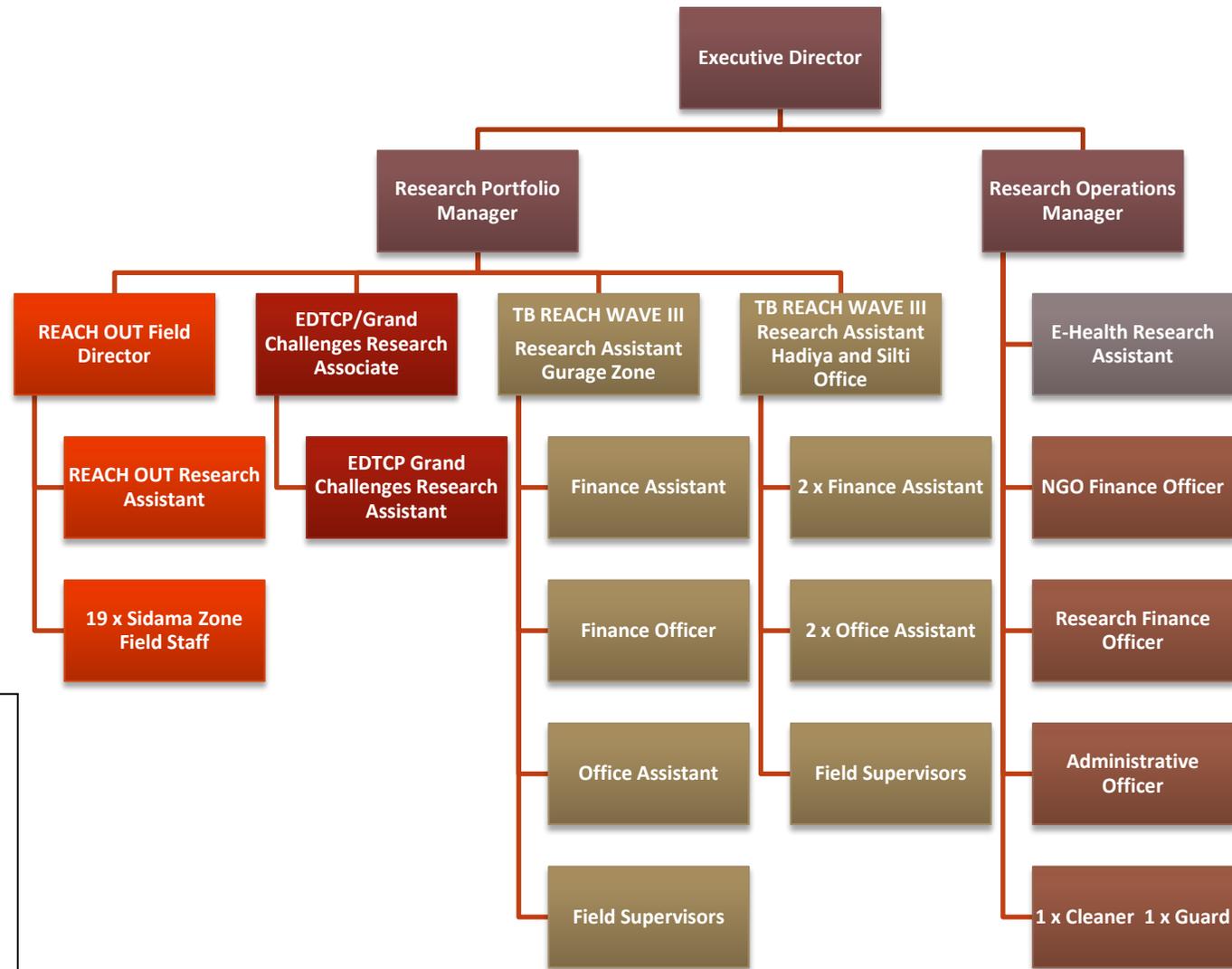


**KEY**

- No fill - To be recruited
- Funded by Reach Out
- Funded by TB Reach
- Funded by EDTCP/GC
- Funded by IDRC
- Overhead funded

## Annex 1 Organogram 2: Proposed Future Structure

Note: The current portfolio of research awards have been used to demonstrate the management structure, however, in the future the specific research projects and associated staff would be different.



- KEY**
- Part Research funded part overheads
  - Funded by Reach Out
  - Funded by TB Reach
  - Funded by EDTCP/GC
  - Funded by IDRC
  - Overhead funded

## Annex 1 Competencies and experience for Senior Management Team

### Director

- Leadership
- Networking
- Knowledge of Stakeholders
- Proposal Development
- Identification of research questions
- Knowledge of region
- Health Expert with PhD
- Research Expertise
- Strategic Planning
- Ability to understand and analyse NGO finances

### Portfolio Manager

- Research Management
- Research Expertise
- Health Expert with PhD
- Capacity Development
- Portfolio management
- Quality assurance for research
- Monitoring and Evaluation
- Research ethics
- Risk management
- Team management
- Budget management

### Research Operations

- Qualified accountant
- Experience of NGO finance
- Risk management
- Management of HR
- Management of ICT
- Team management
- Administration
- Experience of servicing NGO board
- Logistics
- Experience of working in NGO managing multiple international projects

## Annex 2: Current portfolio of work

Funder	Name of Grant	Lead	Total Value (HHA) by yr	Start and end date	Work of HHA	Brief Description of overall grant
WHO	TB Reach Wave III	LSTM	\$767,939	May 2013 – April 2014 (probable no cost extension of 3 mths)	Implement the TB REACH project within 5 zones in SNNPRS. Sidama and Gurage have a full package (HEWs providing information, advice and home sputum testing, sending slides to be tested at health facility and then returning with results and treatment to the home of the patient). Part package is a new test, introduced in 3 zones, where HEWs simply advocate and refer potential patients for HF testing and treatment. Some limited follow up and home testing is available.	As over.
EC	REACHOUT	LSTM	€517,608	Feb 2013 – Jan 2018	REACHOUT in Sidama Zone, Ethiopia will identify factors affecting delivery of maternal health with an emphasis on the known shortfalls relating to M&E, quality assurance and human resource management. It will develop the capacity of local researchers who will work in partnership with providers and policy makers to develop a culture of operational research. By so doing, the aim is to improve delivery through developing an evidence-based framework to reduce the barriers and improve the access to high quality service delivery to pregnant women using the existing community based health workers and volunteers.	Working with some of the most respected and widely quoted close-to-community services we will identify how CTC services can best be delivered and document generic lessons for system development and strengthening. We aim to maximize the equity, effectiveness and efficiency of CTC services in rural and urban slum areas of six countries: Indonesia, Bangladesh, Mozambique, Ethiopia, Kenya and Malawi.

<b>Funder</b>	<b>Name of Grant</b>	<b>Lead</b>	<b>Total Value (HHA) by yr</b>	<b>Start and end date</b>	<b>Work of HHA</b>	<b>Brief Description of overall grant</b>
<b>IDRC</b>	eHealth	HHA	CAN\$ 324,773	Sep 2013 – Sep 2016 (Assessment after Year 1)	Providing mobile technology to HEWs in Sidama zone, programmed with data on pregnant women and TB suspects/cases in order to promote follow up on ANC/TB Testing and treatment and to improve HMIS.	mHealth project (probably a QI cycle within REACHOUT) to assess the feasibility of using e-health to strengthen equitable health systems through inter-package linking and improving HMIS in Southern Ethiopia. This project will also fund one REACHOUT PhD student fees.
<b>EDTCP</b>	NEAT TB	LSTM	€161,510	Feb 2013 2 years	Research and capacity building in Sidama zone institutions, personnel and laboratories, to improve the readiness in the zone for a future clinical trials base for MDR TB treatments and community based treatments.	Paving the way for clinical trials of MDR TB treatments.
<b>Grand Challenges</b>	Grand Challenges	HHA	CAN \$113,000	Sep 2013 – Sep 2014	Research in Sidama zone and Hawassa city administration, to test the incremental yield of pooling samples in the TB diagnosis in children.	Increasing the detection, confirmation and treatment of children with TB in Ethiopia.

**Annex 3: Registration Certificate**

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የበጎ አድራጎት ድርጅቶችና ማህበራት ኤጀንሲ



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA  
CHARITIES AND SOCIETIES AGENCY

**የምዝገባና ፈቃድ የምስክር ወረቀት**

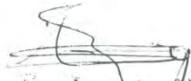
**CERTIFICATE OF REGISTRATION  
AND LICENSE**

በበጎ አድራጎት ድርጅቶችና ማህበራት አዋጅ ቁ. ፳፻፳፩/፪ሺ፩ መሠረት ህዳሴ ሁለንተናዊ አገልግሎት የበጎ አድራጎት ማህበር የኢትዮጵያ ነዋሪዎች በጎ አድራጎት ድርጅት ሆኖ በኤጀንሲው መመዘኛውንና ፈቃድ ማግኘቱን ለማረጋገጥ ይህ የምስክር ወረቀት ተሰጥቷል።  
ይህ ቁጥሩ 3020 የሆነው የምስክር ወረቀት የተሰጠበት ጊዜ በ ሚያዝያ 04 ቀን 2005 ዓ.ም ሲሆን የሚፀናበት ጊዜ እስከ፡ ሚያዝያ 04/2008 ዓ.ም.።

This is to certify that HIDASE HULETENAWI AGELEGLOT YEBEGO ADRAGOT MAHIBER has been registered and licensed by the Agency as a Ethiopian Residents Charity in accordance with the Charities and Societies Proclamation No. 621/2009.  
This Certificate bearing the number 3020 has been issued on April 12/ 2013 and shall be valid until April 12/2016 G.C.

ያፀደቀው :-

Approved by:

  
TAMRAT H/MICHAEL  
የምዝገባና ክትትል ድጋፍ ከግተኛ ሰጪ  
Registration, Monitoring  
Support Senior Officer



ማስታወሻ :- ይህን የምስክር ወረቀት የሰጠውን ኤጀንሲ በሚከተሉት አድራሻዎች ማግኘት ይቻላል።

Note: The Agency issuing this certificate can be contacted on:  
ኢ-ሜይል/E-mail [infochsa@yahoo.com](mailto:infochsa@yahoo.com)  
Website: [WWW.chsa@gov.et](http://WWW.chsa@gov.et)

ስልክ/Tel: +251111110344/67  
ፋክስ/Fax: +251111567825/49  
ፖ.ሳ.ቁ/P.O.Box 14340

## Annex 4: Board of Directors and General Assembly

### Board of Directors

<b>Name</b>	<b>Role</b>
Mr. Addise Makebo	Chairman
Mr. Tarekegn Ayele	Vice Chairman
Dr Daniel Datiko	Executive Director
Dr. Kebede Mulatu	Member
Ms. Netsanet Haile	Member
Mr. Daka Jilo	Member

### General Assembly

1. Dr Mohammed Ahmed
2. Dr Daniel Gemechu
3. Mr. Paulos Markos
4. Mr. Tadesse Mamo
5. Mr. Girum Asnake
6. Mr. Lowa Daola
7. Mr. Sisay Gemechu
8. Mr. Daka Jilo
9. Mr. Addise Makebo
10. Mr. Tarekegn Ayele
11. Dr. Kebede Mulatu
12. Ms. Netsanet Haile
13. Ms. Kidist Demeke

## Annex 6: CV of Executive Director: Daniel Datiko

### CURRICULUM VITAE

**Name:** Daniel G. Datiko  
**Place of birth:** Gidole, Ethiopia  
**Nationality:** Ethiopian

### SUMMARY OF EXPERIENCE

With a background of General Medical Practitioner I have worked in health institutions under the Ministry of Health working with common medical problems in health centre and one of the oldest and biggest hospitals in the country, Yirgalem Hospital which provides comprehensive health services equivalent to Regional referral hospital. TB is one of the major public health problem addressed. I have also worked as TB Leprosy and Blindness Prevention and Control Programme coordinator for Southern Ethiopia with a population of about 15 million. In the programme I was responsible for training, planning, monitoring and evaluation of the programme. I have also worked with stakeholders and partners working related activities in capacity building and improving services. As a field director for TB REACH project Ethiopia, I have worked on project implementation in case finding and treatment outcome which is successful in identifying and treating more TB cases by involving community based health workers using mobile technology to identify suspects and sending smears for laboratory examination.

### EDUCATION

- 2011 PhD in Epidemiology, **Highest Distinction**, University of Bergen, Bergen, Norway entitled *Improving tuberculosis control in Ethiopia, performance of TB control programme, community-DOTS and its cost-effectiveness*  
 1998 Doctor of Medicine, Addis Ababa University Medical Faculty, Addis Ababa, Ethiopia

### Other trainings

- 2004 Health Research Capacity Building Training Workshop, November 22 - December 01, 2004 organized by Ethiopian Science and Technology Commission in collaboration with Regional Health Bureau of southern Region, Yirgalem, Ethiopia  
 2003 Management Priorities for Eye Care Programme Managers organized by LAICO Indian and CO Tanzania, December 8 - 13, 2003  
 2003 Essentials of Leprosy and Tuberculosis for Physicians and Scientists, September 8 - 26, All Africa Leprosy and Rehabilitation Centre, Addis Ababa, WHO collaborating Centre, Ethiopia  
 2002 Integrated Management of Childhood Illnesses, Dec. 24 – Jan. 04, 2002, Yirgalem, Ethiopia  
 2002 Training on Health Management Information System, August 28 - 31, Yirgalem, Ethiopia  
 2000 HSR proposal Development Seminar, conducted in FIDS in collaboration with WHO/ESHE/JSI

### COUNTRIES OF WORK EXPERIENCE

Ethiopia

### LANGUAGES

*Note: Choose one of the following - Excellent/Fluent, Very Good, Good, Fair, or Basic and/or indicate if Native*

Languages	Speaking	Reading	Writing
English	Excellent	Excellent	Excellent
Amharic	Excellent	Excellent	Excellent
Derashita	Excellent	Excellent	Excellent
Oromipha	Good	Good	Fair

**EMPLOYMENT RECORD**

<b>Date : from / to</b>	May 2013 up to date
<b>Company</b>	REACH ETHIOPIA
<b>Position</b>	Executive Director REACH ETHIOPIA, Consultant for Liverpool School of Tropical Medicine
<b>Description</b>	TB REACH Wave III scaling up Innovative community-based approaches for enhanced case finding and treatment outcome in southern Ethiopia

<b>Date : from / to</b>	2010 up to April 2013
<b>Company</b>	LSTM - TB REACH PROJECT ETHIOPIA
<b>Position</b>	Field Director for TB REACH PROJECT ETHIOPIA, Consultant for Liverpool School of Tropical Medicine
<b>Description</b>	TB REACH Wave 1 entitled Innovative community-based approaches for enhanced case finding and treatment outcome in southern Ethiopia

<b>Date : from / to</b>	2003 - 2010
<b>Company</b>	Southern Nations, Nationalities and Peoples' Regional State Health Bureau, Ministry of Health, Ethiopia
<b>Position</b>	TB Leprosy and Blindness Prevention and Control Programme Coordinator
<b>Description</b>	I have worked as TB Leprosy and Blindness Prevention and Control Programme coordinator for Southern Ethiopia with a population of about 15 million; responsible for training, planning, monitoring and evaluation of the programme. I have also worked with stakeholders and partners working related activities in capacity building and improving services.

<b>Date : from / to</b>	2000 - 2003
<b>Company</b>	Yirgalem Hospital, Sidama, SNNPR, Ethiopia
<b>Position</b>	General Medical Practitioner, Assistant Medical Director
<b>Description</b>	General Medical Practitioner providing general services to common medical conditions. As an assistant medical director I was involved in the general management of the hospital

<b>Date : from / to</b>	1999 - 2000
<b>Company</b>	Darara Health Centre, Sidama, SNNPR, Ethiopia
<b>Position</b>	General Medical Practitioner
<b>Description</b>	Medical services team leader and involved in the community based activities linked to the communities around the health centre providing services to a population of more than 50 thousand population

**WORK UNDERTAKEN THAT BEST ILLUSTRATES CAPABILITY TO HANDLE THE TASKS ASSIGNED**

<b>Project</b>	TB REACH PROJECT ETHIOPIA
<b>Year</b>	2010 to date
<b>Location</b>	ETHIOPIA
<b>Client</b>	LSTM
<b>Description</b>	TB REACH Project Ethiopia, an innovative community based approaches for enhanced case finding and treatment outcome in southern Ethiopia. This mainly involves community health extension workers in identifying suspects, collecting, sputum, preparing smears and using mobile phones to call field supervisors to

	collect slides for examination. The communication continues during the patient care and follows up. It is also involved in improving the health information management system
--	---

<b>Date : from / to</b>	2003 - 2010
<b>Company</b>	Southern Nations, Nationalities and Peoples' Regional State Health Bureau, Ministry of Health, Ethiopia
<b>Position</b>	Programme Coordinator
<b>Description</b>	I have worked as TB Leprosy and Blindness Prevention and Control Programme coordinator for Southern Ethiopia with a population of about 15 million; responsible for training, planning, monitoring and evaluation of the programme. I have also worked with stakeholders and partners working related activities in capacity building and improving services. Moreover the PhD work I have done is mainly related to community based activities and TB control.

### Workshop and conference presentations

REACH OUT, LSTM, poster presentation and overview of REACH OUT Ethiopia, Liverpool May 2013

NEAT MDR TB, Barcelona, over view of TB REACH Project Ethiopia, 2013, kick off meeting NEAT MDR TB Barcelona April 21, 2013

38<sup>th</sup> Union World Conference on Lung Health, South Africa, 2007; Community and TB care: can it improve case detection and treatment success rate?

42<sup>nd</sup> Union World Conference on Lung Health, France, 2011; Active case-finding through community workers in Ethiopia

6<sup>th</sup> TB Research Advisory Committee meeting and World TB day Gondar, 2011, Ethiopia:  
*Mohammed A. Yassin, Daniel G. Datiko, Olivia Tulloch, Paulos Markos, Melkamsew Aschalew, Estifanos B. Shargie, Mesay H Dangisso, Ryuichi Komatsu, Suvanand Sahu, Lucie Blok, Luis E. Cuevas, Sally Theobald,*  
**Innovative community based approaches for enhanced case finding and treatment outcome in southern Ethiopia**

8<sup>th</sup> TB Research Advisory Committee meeting and World TB day, Addis Ababa, 2013, Ethiopia  
*Mohammed A. Yassin, Daniel G. Datiko, Olivia Tulloch, Paulos Markos, Melkamsew Aschalew, Estifanos B. Shargie, Mesay H Dangisso, Ryuichi Komatsu, Suvanand Sahu, Lucie Blok, Luis E. Cuevas, Sally Theobald,*  
**Innovative community based approaches for enhanced case finding and treatment outcome in southern Ethiopia**

### Awards

2011 University of Bergen, PhD with **Highest Distinction**

6<sup>th</sup> TB Research Advisory Committee meeting, Gondar, Ethiopia, **Gold Medal**

8<sup>th</sup> TB Research Advisory Committee meeting, Addis Ababa, Ethiopia, **Best Abstract Award**

## Publications

- M. A. Yassin, **D. G. Datiko**, E. B. Shargie, **Ten-year experiences of the tuberculosis control programme in the southern region of Ethiopia**, *Int J Tuber Lung Dis* 2006; 10(10): 1166 -1171
- Daniel G. Datiko**, Mohammed A. Yassin, Luelseged T. Chekol, Lopisso E. Kabeto, Bernt Lindtjørn, **The rate of TB HIV coinfection depends on the prevalence of HIV in the community** *BMC Public Health* 2008, **8**:266 doi:10.1186/1471-2458-8-266
- Datiko DG**, Lindtjørn B (2009) **Health Extension Workers Improve Tuberculosis Case Detection and Treatment Success in Southern Ethiopia: A Community Randomized Trial**. *PLoS ONE* 4(5): e5443. doi:10.1371/journal.pone.0005443
- Daniel G. Datiko**, Bernt Lindtjørn, **Tuberculosis recurrence in smear-positive patients cured under DOTS in southern Ethiopia: retrospective cohort study** *BMC Public Health* 2009, **9**:348 doi:10.1186/1471-2458-9-348
- Datiko DG**, Lindtjørn B (2010) **Cost and Cost-Effectiveness of Treating Smear-Positive Tuberculosis by Health Extension Workers in Ethiopia: An Ancillary Cost-Effectiveness Analysis of Community Randomized Trial**. *PLoS ONE* 5(2): e9158. doi:10.1371/journal.pone.0009158
- D. G. Datiko**, B. Lindtjørn (2010): **Mortality in successfully treated tuberculosis patients in southern Ethiopia: retrospective post-treatment follow-up study**. *Int J Tuber Lung Dis* 2010; 14(7): 866 -871
- Efrem Tefre, Meskele Lera, Sahle Sita, Zerihun Bogale, **Daniel Gemechu Datiko**, Mohammed Ahmed Yassin, *Ethiop. J. Health Dev.* 2010; 24(3): 234 -238, **Treatment outcome of children with severe acute malnutrition admitted to therapeutic feeding centres in southern region of Ethiopia, brief communication**
- Yassin MA, **Datiko DG**, Tulloch O, Markos P, Aschalew M, et al. (2013) Innovative Community-Based Approaches Doubled Tuberculosis Case Notification and Improve Treatment Outcome in Southern Ethiopia. *PLoS ONE* 8(5): e63174. doi:10.1371/journal.pone.0063174
- Daniel G. Datiko**, Mohammed A. Yassin, Olivia Tulloch, Girum Asnake, Tadesse Tesema, Habiba Jamal, Paulos Markos, Luis E. Cuevas, Sally Theobald: Towards universal coverage: Exploring providers' perspectives of bringing TB care and treatment closer to communities in Southern Ethiopia submitted Olivia Tulloch, **Daniel G. Datiko**, Mohammed A. Yassin, Girum Asnake, Tadesse Tesema, Habiba Jamal, Paulos Markos, Luis E. Cuevas, Sally Theobald: Experiences of patients in the TB care pathway in a community based intervention in southern Ethiopia submitted
- Luis E Cuevas, **Daniel G. Datiko**, Inducing sputum or advice from a trained worker: does it make a difference? *The Lancet Respiratory Medicine*, Early Online Publication, 19 July 2013 doi: 10.1016/S2213-2600(13)70144-9

## Other publications

Tuberculosis and Leprosy Prevention and Control Programme, Federal Ministry of Health of Ethiopia, 2005. Contributed as a team member of the National Guideline development

Applying scientific rigour to improve equity and access to TB services, [http://www.publicservice.co.uk/article.asp?publication=UK%20Science%20and%20Tec&id=571&content\\_name=Health&article=20284](http://www.publicservice.co.uk/article.asp?publication=UK%20Science%20and%20Tec&id=571&content_name=Health&article=20284) or <http://archive.lstmliverpool.ac.uk/2867/>

## Grants

**TB REACH CO-PI:** Scaling up innovative community-based approaches to improve TB diagnosis and treatment among vulnerable and high risk population in southern Ethiopia

**REACH OUT ETHIOPIA:** PI for Ethiopia <http://www.reachoutconsortium.org/partners/>  
<http://www.reachoutconsortium.org/about/our-team#shz>

**NEAT MDR Co-applicant:** Paving the way to clinical trials for the community-based treatment of MDR-TB through innovative approaches to screen and monitor patients with TB

**Grand Challenge PI:** Increasing the detection, confirmation and treatment of children with Tuberculosis in Ethiopia, <http://www.grandchallenges.ca/stars-r4-grantees-en/> <http://www.grandchallenges.ca/grantee-stars/0252-01/>

<http://www.grandchallenges.ca/grantee-stars/0252-01/>

**ESRC/DFID,** Co-applicant: Making it happen: Increasing access to diagnosis and treatment for tuberculosis in Ethiopia.

**SEARCH PI:** Applied research on Health Extension Workers using e-health to strengthen equitable health systems in Southern Ethiopia, shortlisted and under review

### Grants administered

**TB REACH Wave I Year I:** \$689,163 Innovative community-based approaches for enhanced case finding and treatment outcome in southern Ethiopia

**TB REACH Wave I Year II:** \$654,721 Innovative community-based approaches for enhanced case finding and treatment outcome in southern Ethiopia

ESRC/DFID (partial): Identifying barriers to TB diagnosis and treatment

### Technical assistance

2012 vice board director for local NGO *Behavioral Change for Development Association* in Ethiopia

2009 Reviewed manuscripts for international journals

2006 TB consultant for World Health Organization, human resource development training, and review meetings

2005 Project evaluation of SAFE strategy of ORBIS INTERNATIONAL ETHIOPIA

2004 TB Prevention and Control in Prison, International Red Cross Society in Southern Nations, Nationalities and Peoples' Region, Ethiopia

### Teaching and academics

2013 external examiner for Masters students in University of Hawassa and Addis Ababa University School of Public Health

2003 Bedside teaching for Health Officers in surgical, gynaecologic and obstetric emergencies

2002 Medical Surgical, Infectious diseases Yirgalem School of Nursing

2002 Medial Surgical, Central Nervous System disorders, Yirgalem School of Nursing

2001 Paediatric disorders for mid-wives, Awassa Nursing School

### Courses and workshops organized

2010 Organized training of field supervisors, TB focal persons and HES on innovative approaches for enhanced case finding and treatment outcome in southern Ethiopia

2007 Provider Initiated HIV Counselling and Testing training for General Health Workers in Southern Nations, Nationalities and Peoples' Region, Ethiopia

2005 TB Leprosy Prevention and Control Programme training of trainers for programme managers in Southern Nations, Nationalities and Peoples' Region, Ethiopia

2005 TB Leprosy Prevention and Control Programme training of General Health Workers in Southern Nations, Nationalities and peoples' Region, Ethiopia

### Others seminars

2007 Public-Private Mix in TB control in southern Ethiopia

2005 TB Epidemiology in Southern Nations, Nationalities and Peoples' Region, Ethiopia

2005 TB HIV Epidemiology in Southern Nations, Nationalities and Peoples' Region, Ethiopia

2004 TB Leprosy prevention and control programme

### Scientific and administrative responsibilities

2013 Project Management Committee for REACH OUT Consortium

2013 Reviewed manuscripts submitted to International journals

2013 Founder and Executive Director of REACH Ethiopia

- 2012 Member of Proposal Review Committee for Stop TB Department, TB REACH
- 2011 Member of Technical Working Group for TB HIV in southern Ethiopia
- 2010 Consultant for Liverpool School of Tropical Medicine
- 2010 Co-supervise two PhD candidates from University of Bergen
- 2006 Student Representative in Centre for International Health, University of Bergen
- 2006 Member of the National Prevention of Blindness Committee, Ethiopia
- 2006 Secretary of Prevention of Blindness Committee for southern Ethiopia, Awassa, Ethiopia
- 2005 Member of Ethiopian Public Health Association

### **Delegates, visitors, documents and e-medias**

Results UK leads Parliamentary delegates to Ethiopia:

<http://blog.results.org.uk/2013/03/01/results-uk-leads-delegation-to-ethiopia/>

UK parliamentarians visit Ethiopia-LSTM TB REACH Project in Awassa, Ethiopia:

<http://www.lstmliverpool.ac.uk/about-lstm/news-and-media/latest-news/uk-parliamentarians-visit>

University of Bergen: press release

[http://www.uib.no/info/dr\\_grad/2011/Datiko\\_DanielGemechu.html](http://www.uib.no/info/dr_grad/2011/Datiko_DanielGemechu.html)

PhD Thesis: Improving TB control in Ethiopia

<http://bernt.b.uib.no/files/2011/01/Daniel-Datiko-PhD-thesis-2011.pdf>

[PLoS ONE paper news about innovative community-based approaches doubled case finding and improved treatment outcome in southern Ethiopia](http://www.stoptb.org/news/stories/2013/ns13_035.asp)

[http://www.stoptb.org/news/stories/2013/ns13\\_035.asp](http://www.stoptb.org/news/stories/2013/ns13_035.asp)

LSTM news about the innovative community-based approaches for enhanced case finding and treatment outcome of TB in southern Ethiopia

<http://www.lstmliverpool.ac.uk/about-lstm/news-and-media/latest-news/plos-one-innovative-community-based>

<http://www.lstmliverpool.ac.uk/about-lstm/news-and-media/latest-news/gold-medal-for-ethiopia>

## **Annex 7: Official Translation of HHA Governing Regulations**



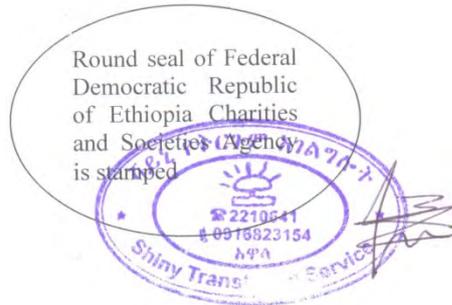
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**Hedase Hulentenawi Charity Association**

**Governing Regulation of Charity Association**



**12/04/2013**

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Hedase Hulantenawi Charity Association

Governing Regulation of Charity Association

Article 1. **Establishment**

Hidase Hulantenawi Charity Association established at 02/01/2012

Article 2. **Name**

The charity organization established under this governing regulation is named as  
Hidase Hulantenawi Charity service association

Article 3. **Objectives**

The objectives of Charity Association are as follows

- A. Minimizing the number of peoples died because of TB
- B. Help the societies to take of themselves from the major cause of TB
- C. Facilitate the conditions in which mothers and children can get proper care to decrease their death
- D. Support orphan childrens and vulnerable societies
- E. Conducting research on TB and similar issues and finding solutions for specific problem
- F. Educating society about hygen and clean water



Article 4. **Budget year**

The Charity Association budget year is from January 1 to December 31

Article 5. **Interpretation**

1. "Charity Association" means Hidase Hulantenawi Charity Association established under this governing regulation

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2. "Agency" means Charity and Societies Agency established under proclamation no. 621/2001
3. "General Assembly" means high officials of Charity Association embraced established members and other members accepted by this governing regulation

## Article 6. Regular Members

1. This comprises of established members and members accepted by the general assembly under this governing regulation
2. Any Ethiopian who fulfill the following criteria can be regular members
  - A. The one who believe in the charity association objectives
  - B. Above 15 years of age
  - C. Accept and execute the law of Charity Association and ethical regulations drafted by the general assembly
  - D. Who can able to pay payments and contributions specified by members general assembly in different times
  - E. Who is judicially capable

## Article 7. Owned Members

1. Persons who are not members but contributed much to execute the Charity Association objectives and accepted by the members because of their effectiveness when they participate in the sectors engaged in the Charity Association
2. Owned members lack the right to elect and to be elected in the Charity Association



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3. Owned members have no obligation to pay payment and members except with their own initiation

## Article 8. Members Right

1. All ordinary members got equal right
2. Being member in the Charity Association is purely personal right. It can not be inherited to heirs or other persons
3. Any ordinary members of Charity Association have the right,
  - A. To perform any activities that can help to achieve the Association mission
  - B. To elect, to be elected and to get any information about the activities in the Charity Association
  - C. To participate in the general assembly meeting and to give any comment in the association activities and to vote
  - D. To be heard in the work execution board before final decision passed to terminate his/her membership

## Article 9. Members Obligation

1. Obligated to pay payment/ contribution in due time
2. Obligated to pay any debt before he/she is cancelled from membership
3. Obligated to respect governing regulation of Charity association, and any decisions and rules drafted by the general assembly
4. Obligated to respect Charity Association objectives, to take care of the association property and to give service
5. Obligated to be present in ordinary and urgent meetings of Charity Association

## Article 10. Membership and Other Payments

1. The amount and time of and other payments of the Charity Association is determined by the general assembly



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2. Persons who does not pay within the time specified by the general assembly will be penalized under the general assembly decision
3. The general assembly can able to abstain members who penalized because of not paying the members from voting until he/she pay his/her debt

## Article 11. Conditions That Can Terminate Membership

1. Upon death
2. When the general assembly decided to terminate membership as per the reason stated in the governing regulation or other reason
3. When evidence shows or decided by by the general assembly that he/she engaged in activities that affect or humiliate the presence or reputation of the Charity Association
4. When the general assembly decided that he/she is not willing to participate in any activities of the association
5. Upon termination from membership because of not paying the contribution for one year
6. Upon termination from membership and being judicial incapable by court under jurisdiction
7. Upon written request to resign from membership



## Article 12. Organization of Charity Association

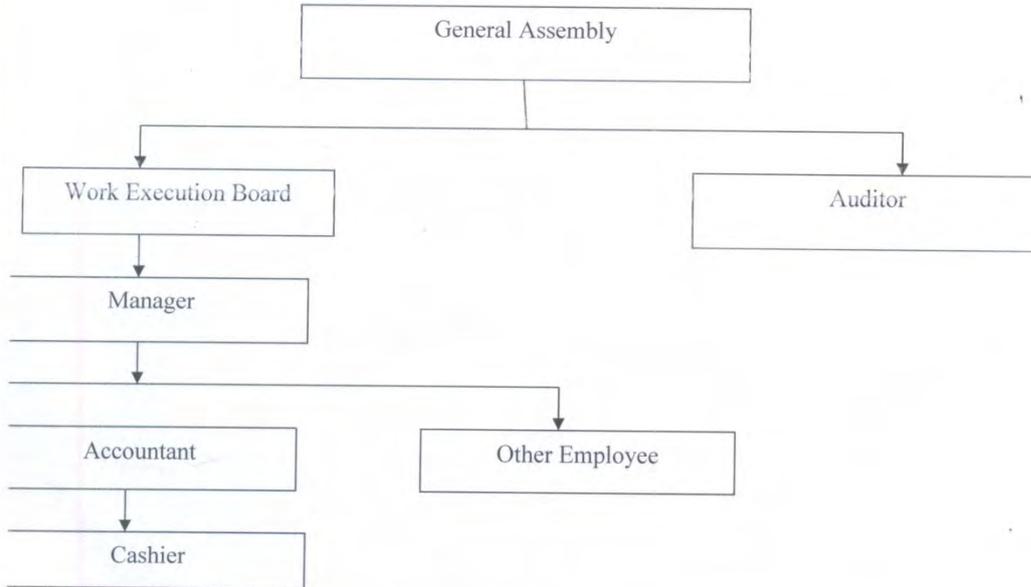
1. The Charity Association have general assembly work execution board, manager, auditor, accountant, cashier and other necessary employees
2. The Charity Association organized in the following manner

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3. Any board members can not work as auditor or manager

Article 13. **Authority and Activities of the General Assembly**

1. The general assembly comprised of ordinary members stated under this governing regulation article 6 and have the following authority and activity under Charity Association
  - A. The general assembly is the highest body of the association
  - B. Draft and amend the association governing regulation
  - C. Select the association auditor, fire them and decide their payment as per the governing regulation
  - D. Select and disappoint board members, assembly chairperson, vice chairperson and secretary
  - E. Render final decision to change the association main office and open branch offices
  - F. Decide on the association dissolution and cheking on their property
  - G. Approve the association annual work execution report, account and audit report
  - H. Examine annual work program and approve the plan and budget



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- I. Decide on the policy and strategic matter of the association
  - J. Render decision on membership question
  - K. Examined the decision to terminate membership as per stated under article 9
  - L. Decide on membership , other payments and amount of penalty
  - M. Facilitate the check up of associations account by external auditor
  - N. Enact the general assembly meeting procedural rule
  - O. Pass final decision to make unification with other charity organization, to amalgamate or to devide or change
  - P. Render decision on issues concerned with the charity association which is not under the jurisdiction of others body of the association
2. When necessary, the general assembly can delegate the authority and activities stated under this article sub-article 1 (E), (I), (L), (M) to the administrator of the charity association or permanent or temporary established committee
  3. Without prejudice to concerned articles, the general assembly render final decision on the interpretation of this governing regulation



## Article 14. The General Assembly Voting

1. Any member hold one vote
2. All members have equal vote
3. Unless the general assembly specifically accept, any member should vote personally
4. Voting system should be clear, ethical, lawful and independent
5. Members with distincted idea can state his/her distinct idea on the minute

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6. Any regular member of the association can apply to the agency if he/she believe that the decision breach the country law or charity association governing regulation

Article 15. **Authority and Activities of General Assembly Administrator Body**

The general assembly has vice chairperson and secretary and then will have the following authority and activities

1. Chairperson of the general assembly
  - A. Call general assembly meeting and prepare agenda together with secretary
  - B. Lead the assembly meeting as deputy chairperson
  - C. Monitor the general assembly regulation and decision properly put into action
  - D. Address annual work execution, work and audit report and statement approved by the assembly to government, beneficiary and charity organization
  - E. Order the issues that will be raised in the assembly and state in the agenda
2. Vice chairperson
  - A. Perform activities when the chairperson is absent
  - B. Perform other activities given by chairperson or general assembly
3. Secretary
  - A. Prepare agenda for the assembly together with chairperson
  - B. Take the meeting munute



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## Article 16. Meeting of the General Assembly

1. The regular meeting of general assembly should be called by the general assembly deputy chairperson atleast one time a year and should be held within 60 days after the completion of the budget year
2. If the deputy chairperson does not call meeting within 60 days as per this article sub-article 1, with the application of one or more members with deputy chairperson or the agency itself can call meeting
3. If the meeting is called under this article sub-article 2, the agency can select some one who can be the general assembly deputy chairperson for vote
4. The association urgent meeting can be held by the request of board chairperson or 10 percent of the association
5. The members should know the meeting detail, place and date of the meeting for the general assembly regular meeting and urgent meeting, fifteen and five working days respectively
6. If more than half of the charity association members present, it means full assembly
7. Withstanding to the above sub-article 6, if the assembly is not fulfilled for two consequitive meetings, the chairperson can sustain the meeting for next meeting with the present members
8. In the general assembly regular meeting, different issues in the agenda will be presented for discussion. A person who wish any wish issue to be raised in the discussion can apply the issues in written to the assembly secretary/ /president/ general assembly chairperson atleast one week before the meeting held



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## Article 17. Election and Decision Procedure

1. The charity association ruled by persons elected by members full participation
2. In the assembly election, when the assembly fulfilled, election committee will be elected and they conduct the election
3. Election committee present election criterias for decision in the very beginning and then conduct the election
4. The general assembly established election committee when necessary to substitute work execution committee members who finished his/her service period, who terminated or absent for different reasons
5. Nominee who already finished their service period should be elected with vote by if their second time service is necessary. But for third time election, they have to rest atleast 4 years for one election period
6. The decision of general assembly will be passed by vote. When the vote is equal, the deputy chair person will have crucial/determined vote
7. The association meeting procedure should follow the democratic principles in all manner
8. Election committee members can not be nominee but if the general assembly believe, they can take them from election committee position and can take them as nominee
9. The election committee obliged to assign the newly elected to take the work not more than 30 days
10. The previous elected can not perform against the decision of general assembly except delivery of property since they stop working as election committee
11. Decisions on the matters that is not approved by the general assembly agenda is not applicable



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## Article 18. Authority and Activities of Work Execution Board

Work execution board is accountable to the general assembly and then will have the following authority and activities

1. Hire/fire, appoint or dismiss the charity association manager
2. Evaluate and monitor whether the decision or plan enacted by the general assembly is executed by the manager
3. Present the idea of his and work execution body to enact or amend the association policy to the assembly for decision
4. Assure the presence of money or material earning for the association program execution and find method to get support
5. Branch office present necessary issues to general assembly for decision
6. Evaluate work execution report presented by the association work execution bodies and present it to general assembly together with his/her comment
7. Enact regulation to hire and govern employees
8. Comment on short, medium and long run plan and budget of the association and present to general assembly for decision
9. Enact employee governing regulation
10. Enact board meeting procedural proclamation
11. Call urgent meeting when condition demanded

## Article 19. Members of Work Execution Board

1. Work execution board have 5-7 members
2. The board elect chairperson and vice chairperson

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3. The charity association manager lack the right to vote but work as board secretary
4. Chairperson
  - A. Lead the board meeting as deputy chairperson
  - B. Present the board meeting decision to general assembly
  - C. Present to general assembly to approve the board charity association policies, strategies and proclamations
  - D. With respect to the authorities given to general assembly and board, they are accountable to the assembly and board
  - E. Give order to manager to execute the general assembly and the board decision
  - F. Follow up the association managerial work execution
  - G. Give order to the manager to send the approved work execution and qudit report to concerned bodies
  - H. Present annual report out side the audit report to the ordinary assembly meeting
5. Vice chairperson
  - A. Perform activities when the chairperson is absent
  - B. Perform other activities given by the chair person or general assembly
6. Secretary
  - A. Accountable to the board
  - B. Prepare agenda for the assembly together with chairperson
  - C. Take the meeting minute
  - D. Taking care for the board office file and records



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## Article 20. Work Execution Meeting, Voting Procedure and Service Period of Board

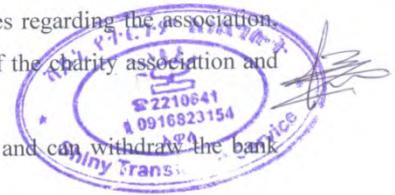
### Members

1. The board regular meeting held four times a year but if condition insist, he/she can call urgent meeting
2. Urgent meeting can be called by board chairperson or charity association manager
3. If more than half of the charity association members present, it is called full assembly. if the assembly is not fulfilled for two consequitive meetings, the chairperson can sustain the meeting for next meeting with the present members
4. Decisions can be rendered by majority vote. But when the vote is equal, the vote of chairperson will be effective
5. The service period of board members is 4 years and one board members can not be elected more than two times
6. The board members is not accountable to any salary but he/she will be refunded for there expence

## Article 21. The Charity Association Manager Authority and Activities

The charity association manager is accountable to the board and then will have the following authority and activity

1. Represent the charity association, perform any activities regarding the association, give delegation, send and receive letters in the name of the charity association and conclude contract
2. Have joint bank account together with the accountant and can withdraw the bank account and cheque or transfer money
3. Execute the general assembly and board decision



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4. Prepare the charity association three monthes and annual work and finance report (with in three monthes and per year) and present it to the board
5. Enact the charity association policy, prepare work plan and budget and present it to the boards
6. Find methods to earn money and strategies that help to achieve the objectives of the charity association as per governing regulation and execute it
7. Hire/fire employees and decide on their salary and per diem as per the board governing regulation
8. Prepare work sector other than the accountant and cashiers authority and present it to the board
9. Check up, monitor and lead day to day work activities including cashier and accountant
10. Passed managerial decision regarding the charity association work activity .
11. If the manager is a member of the charity association, he/she will not have the right to approve or to vote his/her idea
12. Perform other activities given by the board which is not against the charity association governing regulation or the general assembly decision



Article 22. **The Accountant Authority and Activity**

The accountant is accountable to the charity association manager and then will have the following authority and activities

1. Monitor the charity association debt and credit account and make to be recorded and kept properly



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2. Monitor whether the charity association account is moved by known account work system
3. Have joint bank account together with the manager and withdraw bank account, cheque and transfer money
4. Keep the charity association account record and file properly
5. Prepare file that have account record, debt and credit and resource
6. When the charity association is engaged in activities that earn money, make different account files that will be used for this purpose

## Article 23. The Cashier Authority and Activities

The cashier is accountable to the charity association accountant and then will have the following authority and activity

1. Collect the charity association earnings with legal receipt
2. Deposit the charity association money in local bank and keep the receipt safely
3. Keep retention not more than 10,000 (ten thousand) birr for the association work run and mislaneous expenses
4. Check the account balance monthely together with the accountant
5. Keep the charity association cheque
6. Together with the accountant and manager withdraw the money when ordered



## Article 24. Auditor Authority and Activities

1. The charity association auditor can not be the association manager or board member

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2. The auditor is accountable to the general assembly and then will have the following authority and activities
  - 2.1. Monitor the charity association proper administration of finance and property
  - 2.2. Assure that the charity association work activity is run based on this governing regulation
  - 2.3. Prepare annual audit report on the Ethiopian acceptable qualifications and present it to the assembly

## Article 25. The Charity association Fund Source

The charity association fund source may be the members contribution, peoples contribution by the general assembly decision, fund raising activities and money and property from other charity organization

## Article 26. Amending the Charity Association Governing Regulation

1. The amendment of this governing regulation idea can be included in the agenda with the question not more than ¼ member
2. The amendment of this governing regulation is decided by the regular meeting of general assembly and the amendment question should be presented to the general assembly chairperson, secretary or director before calling to meeting
3. The governing regulation will be amended by ¾ vote in which more than half members present
4. If the agency doesnot approve the decision passed to amend the governing regulation, he/she calles to issues that is not approved
5. The governing regulation to be amended will not be effective until the agency approves it



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## Article 27. Charity Association Amalgamation and Change

1. The charity association may be divided, amalgamated with other charity association or change to other charity association if it is decided by  $\frac{3}{4}$  vote
2. The charity association that is going to amalgamate should comprise committee, general chairperson, secretary and manager

## Article 28. The Charity Association Dissolution

1. The charity association will be dissolved when the members decided by  $\frac{3}{4}$  vote
2. Beginning from the dissolution decision passed up to six monthes, the charity association manager should prepare inventory and present it together with the dissolution decision to charity society agency
3. The general assembly in passing dissolution decision can appoint charity organization or association or government body that they think have the right to receive that association property



## Article 29. Effective Date of Governing Regulation

This governing regulation is effective starting from the agency approval day of 12/04/2013

Round seal of Federal Democratic Republic of Ethiopia Charities and Societies Agency is stamped

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**Shiny Translation Service**

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Logo of the federal  
democratic republic of  
Ethiopia charity and societies  
agency

No. 25054/3020  
Date: 12/04/2013

To: Hidase Hulantenawi Service Charity Association

Hawassa

Subject: - Notifying Registration

We like to notify that the registration of the charity association as the Ethiopian citizens charity and societies organization as per the charity and societies association proclamation no. 621/2001. And the charity organization should perform based on the organization objectives and respect the rules and proclamation as well as the agency regulation

Round seal of Federal  
Democratic Republic  
of Ethiopia Charities  
and Societies Agency  
is stamped

With best regard

Signature of Tamrat  
M/Michael Belew Regulation,  
Monitoring and Support Senior officer is signed



Cc,

- . To Ethiopian tax and revenue authority
- . To ministry of health
- . To ministry of women, youth and children

Adiss Ababa

- . To S/N/N/P/R/S F/E/D office
- . To S/N/N/P/R/S health office

Hawassa