Annual Progress Report 2008

presented by

the Government of

[*BURKINA FASO*]

Year of the report: __2008__

Request for support for the year:_2010/2015_

Date of the presentation: 08 May 2009

Deadline for presentation: 15 May 2009

Please send an electronic copy of the annual progress report in addition to its annexes to the following e-mail address: **apr@gavialliance.org**

A printed copy may be sent to:

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Switzerland

For any request for information please contact **apr@gavialliance.org** or representatives of a GAVI partnership institution. Documents may be brought to the knowledge of GAVI partners, its collaborators, and the general public.

Government signatures page for all GAVI support modalities (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of BURKINA FASO

Minister of Health:	**Minister of Finance :**
Title : Minister of Health	Title : Minister of Economy and Finance
Signature :……	Signature :……
Date : ……	Date : ……

This report has been compiled by:

Full name: Dr BONKOUNGOU Mété.

Position: EPI Coordinator

Telephone: Office: (00226)50324669

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ICC signature page

If the country is reporting on ISS, INS and NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
M.Seydou BOUDA / Minister of Health	MINISTRY OF HEALTH AND		
Dr Djamila K.CABRAL/ WHO Representative	WHO		
Dr Hervé PERIES / UNICEF Representative	UNICEF		
Dr Jacques OUANDAOGO / ROTARY International Representative	ROTARY International		
Dr Bana OUANDAOGO / Chairman of the Red Cross	Burkina Red Cross		
Pr Adama TRAORE/ Secretary General	Ministry of Health		
Mr Romaric T. SOME / Director of Studies and Planning	Ministry of Health		
Mr Emmanuel LALSOMDE / Director of Administration and Finance	Ministry of Health		
Dr Souleymane SANOU / Director General for Health	Ministry of Health		
Mr Zacharie BALIMA / Coordinator of PADS	Programme to Support Health Development		
Dr Mété BONKOUNGOU / Director of Prevention by means of Immunization	Directorate of Prevention by means of Immunization		
Mr Dramane KONE / Director General of the Budget	Ministry of Economy and Finance		
Resident Representative of the World Bank	World Bank		
Mr Emile SONGRE / Représentant de la Délégation de la Commission Européenne	European Union		
Dr. Philippe JAILLARD / Representative of the Agency for Preventive Medicine	Agency of Preventive Medicine		
Mr Moria Wuji / Representative of Japanese Cooperation	Japanese Cooperation		
Dr Mahamoudou TOUNKARA / Representative of Plan Burkina	BURKINA PLAN		

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially.

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.....

Has this report been reviewed by the GAVI core RWG?: **no**

.....

HSCC signature page (not applicable)

If the country is reporting on HSS and CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert names) endorse this report on the Health System Strengthening Programme. Signing the endorsement page of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the banking form.

The HSCC members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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Signatures Page for GAVI Alliance CSO Support (Type A & B) (not applicable)

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……..

Organization:……...

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post : ……

Organisation : ……..

Date : ……

Signature : ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organizations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organization	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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This APR reports on activities between January - December 2008 and specifies requests for the period January - December 20100.

7. Comments

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

Table A : Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number		Achievements and targets						
	2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS								
Births	676 800	692 907	709 399	726 282	743 568	761 265	779 383	797 932
Infants' deaths	54 821	56 126	57 461	58 829	60 229	61 662	63 130	64 633
Surviving infants	618 075	632 785	647 846	663 264	679 050	695 211	711 757	728 697
Infants vaccinated until 2007 (Joint report) / to be vaccinated in 2007 and beyond with **1st dose** of DTP (DTP1)*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infants vaccinated until 2007 (joint report) / to be vaccinated in 2007 and beyond with **3rd dose** of DTP (DTP3)*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEW VACCINES**								
Infants vaccinated until 2007 (Joint report) / to be vaccinated in 2008 and thereafter with 1st **dose** of……. *(new vaccine)*	618 075	632 785	647 846	663 264	679 050	695 211	711 757	728 697
Infants vaccinated until 2007 (joint report) / to be vaccinated in 2007 and beyond with **3rd dose** of……. *(new vaccine)*	618 075	632 785	647 846	663 264	679 050	695 211	711 757	728 697
Wastage[1] rate in 2007 and planned in 2008 and thereafter*** for DTP-HepB-Hib *(new vaccine)*	2%	2%	2%	2%	2%	2%	2%	2%
INJECTION SAFETY ****								
Pregnant women vaccinated / to be vaccinated with TT+	631 288	661 343	615 530	630 180	645 178	660 533	676 254	692 349
Infants vaccinated / to be vaccinated with BCG	676 800	692 907	709 399	726 282	743 568	761 265	779 383	797 932
Infants vaccinated / to be vaccinated with Measles (1st dose)	556 268	575 835	589 540	603 571	617 936	632 642	647 699	663 115

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		676852	711274	733323	756056	779494	803658	828572	854257
Infants' deaths		54828	56644	58400	60210	62077	64001	65985	68031
Surviving infants		618123	638600	658,397	678,807	699,850	721,545	743,913	766,975
Pregnant women		734113	773124	797090	821800	847276	873542	900621	928541
Target population vaccinated with BCG		734639	711274	733323	756056	779494	803658	828572	854257
BCG Coverage*		108.54%	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Target population vaccinated with OPV3		659360	638600	658397	678807	699850	721545	743913	766975
OPV3 Coverage**		106.67%	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Target population vaccinated with DTP3***		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coverage of DTP3**		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target population vaccinated with DTP***		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wastage rate[2] in base-year and planned thereafter		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Copy these columns as many times as required by the number of new vaccines requested									
Target population vaccinated with **3rd dose** of **DTP-HepB-Hib**.		66 0851	711 274	658,397	678,807	699,850	721,545	743,913	766,975
Coverage of **DTP-HepB-Hib****		106.91%	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Target population vaccinated with **1st dose** of **DTC-HepB-Hib**.		685 688	711 274	658,397	678,807	699,850	721,545	743,913	766,975
Wastage rate[1] in the base-year and planned thereafter		0.4	2	2	2	2	2	2	2
Target population vaccinated with **1st dose** of measles vaccine		622711	581126	599141	617714	636863	656606	676961	697947
Target population vaccinated with 2nd dose of measles vaccine		N/A	N/A	N/A	N/A	N/A	SO	SO	SO
Coverage of measles vaccine**		N/A	N/A	N/A	N/A	N/A	SO	SO	SO
Pregnant women vaccinated with TT+		698027	618499	637672	657440	677821	698833	720497	742832
Coverage of TT+****		95.08%	80%	80%	80%	80%	80%	80%	80%
Vit A supplement	Vit A supplement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Infants (>6 months)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual DTP drop out rate [(DTP1 - DTP3) / DTP_] x 100		3.62%	3	2.5	2	2	2	2	2
Annual measles vaccine drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

2. 1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **Yes**
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Yes, funds appear in the Ministry of Health's budget by means of sessions to finance annual action plans on a central, regional and district level for EPI activities.

1.-._ Management of ISS funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

In order to assure participation of a maximum number of EPI partners and better transparency and management of funds, the composition of the ICC was reviewed in 2005 by order number N°2005/257/MS/CAB of 14 July 2005 to extend to the Ministry of Economy and Finance and then in 2008 by order N°2008/337/MS/CAB of 29 December 2008 to consider new partners such as the JICA and AMP. Funds are kept in an account at BCEAO and managed by the Directorate of Administration and Finance (DAF) of the Ministry of Health. Each year, a plan to use these funds is prepared by the Directorate of Prevention by means of Vaccination and subjected to the approval of the ICC. After approval, the DAF writes cheques to the structures concerned to implement the activities planned. Procedures for releasing funds and acquisition of assets follow state procedures. Acquisitions are made by the DAF in accordance with public procurement procedures. The major problem encountered was the administrative weightiness in releasing funds and the process to acquire goods and equipment.

1.1.2 Use of Immunization Services Support

*In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2008 _US$ 2008 _US$ 2 621 300_____
Remaining funds (carry over) from 2007 _____280 442_____
Balance to be carried over to 2009 ____447 628_____

Table 1.1: Utilization of funds in 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS IN US$ ($)			
		PUBLIC SECTOR			PRIVATE SECTOR and others
		Central en	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	25 230		25 230		
Transit expenditures (vaccines, drugs and others)	1 409 656	1 409 656			
Maintenance and overheads (repairing EPI warehouses and others)	107 857	71 063	36 794		
Training	0				
IEC / social mobilization	219 433	11 160		208 273	
Outreach	26 281			26 281	
Supervision	210 798	30 404	14 516	165 877	
Monitoring and evaluation	44 914		44 914		
Epidemiological surveillance	0				
Vehicles	56 767	56 767			
Cold chain equipment	0				
Computer supplies	32 799		32 799		

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS IN US$ ($)			
		PUBLIC SECTOR			PRIVATE SECTOR and others
		Central en	Region/State/Province	District	
Reproduction of data collection supports	152 929	1 210	7875	143 844	
Self evaluation of quality of data	83 070		83 070		
Workshop for validation of data, review of supports, and action plan 2009	33 282	33 282			
Maintenance of cold chambers and vehicles	27 281	27 281			
Rental of consumables storage warehouse	23 817	23 817			
Others…… *(please specify)*	0				
Percentage		67.83%	9.99%	22.18%	
TOTAL:	2 454 114	1 664 641	245 198	544 276	
Remaining funds for next year:	447 628				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? __03__
Please attach the minutes (DOCUMENT N° 1, 2 and 3.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes]***
If yes, which ones?

Give the list of CSO ICC members.
Burkina Red Cross
Rotary International

Please report on major activities carried out to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Activities performed centrally

- ✓ *Supply regional health directorates and health districts with EPI vaccines and consumables*
- ✓ *Rent a consumables storage warehouse*
- ✓ *Ensure the maintenance of cold chambers*
- ✓ *Supervise agents responsible for EPI in districts*
- ✓ *Review supports and guides for EPI data collection*
- ✓ *Prepare communication supports (calendars and posters)*
- ✓ *Support the function of the Directorate for Prevention by means of Immunization*
- ✓ *Organise the data validation workshop*

Activities performed on a RHD and district level

- ✓ *Provide regions and districts with computer material*
- ✓ *Monitor/evaluate EPI activities*
- ✓ *Perform the self-evaluation of data quality*
- ✓ *Ensure preventive and curative maintenance of the cold chain*
- ✓ *Supervise agents responsible for EPI in districts*
- ✓ *Support social mobilization activities*
- ✓ *Ensure the maintenance of EPI warehouses and general expenditures*
- ✓ *Ensure the transport of vaccines and consumables from EPI warehouses*

Attachments:

Three documents (additional) are necessary as a prior condition for continuation of ISS financing from GAVI in 2010:

a) Signed minutes (DOCUMENT N° 1, 2 and 3……) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°……) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below::

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

Make the major DQA recommendations Not applicable (the last DQA dates back to 2005). However, each district assures its DQS twice yearly.

Has a plan of action been prepared to improve the reporting system based on the recommendations from the last DQA ? Not applicable

YES ☐ *NO* ☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[month/year]* Not applicable

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, household surveys, etc). Not applicable

Specify the studies performed: no study was performed in 2008. *Specify the problems encountered to collate and transfer administrative data:*

1.2. GAVI Alliance New and Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB

[Specify new or under used vaccines introduced in 2008] **Not applicable**

[Specify any modification in doses by vial and presentation of vaccines 2008] **Not applicable**

Dates of receipt of vaccines supplied in 2008.

Vaccine	Vials size	Total number of doses	Date of introduction	Date shipment received (2008)
DTC-HepB-Hib	**1**	**640 200**	**January 2006**	**17/01/2008**
DTC-HepB-Hib	**1**	**640 000**		**16/04/2008**
DTC-HepB-Hib	**1**	**640 100**		**14/08/2008**
DTC-HepB-Hib	**1**	**352 000**		**20/10/2008**
DTC-HepB-Hib	**1**	**288 000**		**22/10/2008**

Please report on any problems encountered.

[Specify the problems encountered] **Nil of note**

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Activities performed in 2008 relating to:

- Supply of health regions and districts with EPI vaccines and consumables;
- Integrated supervision of immunization activities and management of stock in health districts and regions;
- Strengthening of capacities of the cold chain in regions, districts and health areas by provisions of ice boxes, vaccine holders, freezers/refrigerators, spare parts for refrigerators

Difficulties encountered:

- Insufficient means of transport in particular for consumables towards health regions and districts;
- Insufficient training of certain actors/managers of vaccines in the field
- Insufficient computer material to save intermediary and peripheral data

Outlook of activities (2009):

- Training/recycling of vaccine managers on the use of computerized tools and stock management manuals;
- Exhaustive inventory of the cold chain in the country with a view to updating data on the subject;
- Provision of all health regions with positive cold chambers (15 or 20 m^3), and electrogenic relay groups.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[day/month/year] Not applicable*

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems

1.2.4. Effective Vaccine Warehouse Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[month/year] August 2005*

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA

[List the major recommendations] Not applicable

Was an action plan prepared following the EVSM/VMA: Yes/No: (Not applicable)

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[Specify the major activities] Not applicable

When will the next EVSM/VMA be conducted*? *[month/year]* –
May 2010

** All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: DTC-HepB-Hib.	
Anticipated stock on 1 January 2010	**650 000**
Vaccine 2: (not applicable)	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3: (not applicable)	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? .....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[Please specify the problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of the transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[Specify the sources of financing of injection safety material in 2008]

National budget

Please report how sharps waste is being disposed of.

[Describe how sharps waste is disposed of in health centres]

- Incineration in De Montfort incinerators in certain health districts;
- Centralized collection and destruction in very high temperature incinerators with private operators because of additional immunization campaigns (measles, YF)
- Stubble-burning followed by burial in fossae crossed for this purposes in health areas;

Please report the problems encountered during implementation of the transition plan for safe injections and management of sharp waste.

[Please specify the problems]

- Insufficient high-performing incinerators to destroy waste;
- Insufficient training of incineration operators.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[Specify the stations financed by GAVI Alliance funds and the balance at end 2008]

Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
The following table should be filled in using US$.

Period	**2008**	**2008**	**2009**	2010
Total Immunization Expenditures and Financing Trends				
	Actual	Budgeted	Budgeted	Budgeted
Expenditures by category				
Traditional vaccines	2 629 042	1 642 788	1 647 773	619 629
New vaccines	9 770 186	7 689 043	7 790 887	7 894 919
Injection supplies	803 931	655 295	689 080	716 577
Personnel	238 659	391 306	399 132	407 115
Transportation	582 004	471 800	547 888	179 866
Maintenance of the cold chain, building and other equipment	589 819	1 073 423	1 157 197	516 844
Short term training	31 930	129 455	108 337	16 172
Social mobilization and IEC	237 895	185 679	139 299	82 582
Monitoring of diseases	99 909	154 080	157 162	160 305
Other operational expenses (management of the programme and other recurrent costs)	855 879	1 183 470	702 202	709 276
Cold chain equipment	377 372	472 808	610 113	490 520
Vehicles (motorbike and car)	338 954	333 845	256 234	192 580
Other capital costs	69 856	141 335	107 333	97 861
National Campaign for Poliomyelitis Immunization *	2 651 765	836 809	870 323	905 239
National Campaign for Measles Immunization	12 995			2 149 333
National Campaign for Yellow Fever Immunization	8 587 819			
National Campaign for Meningitis Immunization	120 261			
National Campaign for MNT Immunization	99 662			
Financing of immunization by source				
Government	3 945 669	4 954 000	5 937 283	6 914 511
COGES	132 509	223 424	222 443	22 444
GAVI	19 614 931	7 375 340	6 308 984	5 078 848
UNICEF	994 084	431 642	381 262	403 738
WHO	1 887 527	1 013 857	879 672	2 306 678
Plan	47 420	73 245	48 721	48 721
PADS	1 469 000	1 022 778	893 938	769 160
PADS-CEN	6797	8093	66 092	63 844
Total Expenditures	28 097 938	15 361 135	15 182 960	16 138 818
Total financing	28 097 938	15 102 379	14 738 395	15 607 944

Period	2008	2008	2009	2010
Total Immunization Expenditures and Financing Trends				
	Actual	Budgeted	Budgeted	Budgeted
Total financing deficits		-12 995 559		
Total public health expenditures				

Exchange rate utilized	475 625

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Financing of immunization was favourable as a whole during 2008. However, a detailed analysis by expenditure station reveals that the cost of vaccines and campaigns benefit from financing while other stations are in a situation of deficit. (Maintenance, general expenditures and programme management).

EPI benefit from the support of a significant number of sources of financing: government, health area management committee, GAVI, UNICEF, WHO, Plan, PADS and PADS-CEN.
We note that the government makes considerable effort over the duration of immunization activities. Indeed, nearly 80% of undertakings are honoured. GAVI remains the major partner.

During 2008, outside outlook, other activities not planned in the cMYP were led during the year for the amount of 8 820 737; these are essentially immunization campaigns for measles, YF, and meningitis.
By analysing the table, we note a positive discrepancy between financing of immunization by certain partners in 2008 and promises for the same year contained in the cMYP (PADS, UNICEF, WHO); this could be explained by problems in coordinating financing of certain partners in the field and underestimating promises to finance during preparation of the cMYP.

To assure financial sustainability of the programme over these next two years, we need to ensure that intentions to finance will be well honoured first, and second, make the different participants aware of EPI financing. To do this the strategy proposed is advocacy to partners and regular contact with the situation of programme financing.

Future Country Co-Financing (in US$)

Please refer to the excel sheet attached in annex 1 and follow the instructions below:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, in US$)

1st vaccine : DTC-HepB-Hib	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose	**3.01%**	**4.80%**	**5.14%**	**6.48%**	**7.10%**	**7.58%**
Number of vaccine doses	58,500	103,500	114,100	148,500	167,700	184,500
Number of AD syringes	61,600	109,500	120,700	157,000	177,300	195,100
Number of re-constitution syringes	**0**	**0**	**0**	**0**	**0**	**0**
Number of safety boxes	700	1,225	1,350	1,750	1,975	2,175
Total value to be co-financed by country	194,500	323,500	333,500	343,500	354,500	365,500

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate in $US) Not applicable

2nd vaccine:……	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose						
Number of vaccine doses						
Number of AD syringes						
Number of re-constitution syringes						
Number of safety boxes						
Total value to be co-financed by country						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate in $US) Not applicable

3rd vaccine:……	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose						
Number of vaccine doses						
Number of AD syringes						
Number of re-constitution syringes						
Number of safety boxes						
Total value to be co-financed by country						

Table 2.3 : Country Co-Financing in the Reporting Year (2008)
Not applicable

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2 : How much did you co-finance? Not applicable		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify) DTC-HepB-Hib		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing? Not applicable
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

Not applicable

3. Request for new and under-used vaccines for 2010

Not applicable

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010.***

3.1. Updated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

not applicable

Provide justification for any changes **in surviving infants:**
not applicable

Provide justification for any changes **in targets by vaccine**:
not applicable

Provide justification for any changes **in the loss by vaccine**:
not applicable

Vaccine 1: DTP-HepB-Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarize the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine

	Utilize data from:	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	658 397	678 807	699 850	721 545	743 913	766 975
Target immunization coverage with the third dose	*Table B*	100%	100%	100%	100%	100%	100%
Number of children to be vaccinated with the first dose	*Table B*	658 397	678 807	699 850	721 545	743 913	766 975
Estimated vaccine wastage factor	*Excel sheet Table E Tab 5*	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D Tab 4*	$0.10	$0.15	$0.15	$0.15	$0.15	$0.15

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc.

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate in US$)

	2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	1 884 100	2 050 900	2 107 100	2 141 600	2 193 300	2 249 700
Number of AD syringes	1 985 000	2 168 900	2 228 300	2 264 800	2 319 500	2 379 200
Number of re-constitution syringes	0	0	0	0	0	0
Number of safety boxes	22 050	24 075	24 750	25 150	25 750	26 425
Total value to be co-financed by GAVI	6 263 000	6 403 500	6 153 500	4 956 500	4 633 500	4 453 500

Vaccine 2: .....

Same procedure as above (table 3.1 and 3.2)

NOT APPLICABLE

Table 3.3: Specifications of vaccinations with new vaccine

	Utilize data from:	2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	*Table B*						
Target immunization coverage with the third dose	*Table B*						
Number of children to be vaccinated with the first dose	*Table B*						
Estimated vaccine wastage factor	*Excel sheet Table E Tab 5*						
Country co-financing per dose *	*Excel sheet Table D Tab 4*						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc.

Table 3.4: Portion of supplies which will be provided by GAVI Alliance (and cost estimate in US$)

	2010	2011	2012	2013	2014	2015
Number of vaccine doses						
Number of AD syringes						
Number of re-constitution syringes						
Number of safety boxes						
Total value to be co-financed by GAVI						

Vaccine 3 : .....

Same procedure as above (table 3.1 and 3.2)
NOT APPLICABLE

Table 3.5: Specifications of immunizations performed with the new vaccine

	Utilize data from:	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be immunized with the third dose of the vaccine	*Table B*						
Target immunization coverage with the third dose	*Table B*						
Number of children to be vaccinated with the first dose	*Table B*						
Estimated vaccine wastage factor	*Excel sheet Table E Tab 5*						
Country co-financing per dose *	*Excel sheet Table D Tab 4*						

* The total price by doses of vaccine includes the costs of vaccines in addition to transport, material, insurance, fees, etc.

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate in $US)

	2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses						
Number of AD syringes						
Number of re-constitution syringes						
Number of safety boxes						
Total value to be co-financed by GAVI						

5. Health System Strengthening (HSS)

Not applicable

Instructions relating to information to provide on HSS funds received

1. As a performance-based organization, the GAVI Alliance expects countries to report on their performance. This has been the principle behind the Annual Progress Reporting—APR—process since the launch of the GAVI Alliance. Recognizing that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15 May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year.** Countries which received HSS funds within the last three months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure **that prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. If necessary, please use more space than provided on this form.

4.1 Information relating to this report:

a) Fiscal year runs from month…… to month …….

b) This HSS report covers the period from…… (month/year) to…… (month/year)

c) Duration of current National Health Plan extends from…… (month/year) to …… (month/year)

d) Duration of the immunization cMYP:

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report."*

Name	Organisation	Role played in report submission	Contact e-mail and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting.

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:
Remaining balance from total:

Tableau 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities during the year object report (i.e. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[3] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1 :						
Activity 1.1 :						
Activity 1.2 :						
Objective 2 :						
Activity 2.1 :						
Activity 2.2 :						
Objective 3 :						
Activity 3.1 :						

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Table 4.3 HSS Activities during the year object report (i.e. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[3] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Activity 3.2 :						
Support functions						
Management						
M&E						
Technical support						

Tableau 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (January to December 2009), and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1 :					
Activity 1.1:					
Activity 1.2 :					
Objective 2 :					
Activity 2.1 :					
Activity 2.2 :					
Objective 3 :					
Activity 3.1 :					
Activity 3.2 :					
Support costs					
Management costs					

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 HSS Activities planned for next year (i.e.–2010). This information will help GAVI to plan its financial commitments					
Primary activities	**Planned activities for current year (i.e.–2009)**	**Planned expenditure in the coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Aim 1:					
Activity 1.1:					
Activity 1.2 :					
Aim 2 :					
Activity 2.1 :					
Activity 2.2 :					
Aim 3 :					
Activity 3.1 :					
Activity 3.2 :					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COST					

4.6 Programme implementation for reporting year:

a) *Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about.* Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section.

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	**Objective**	**Indicator**	**Numerator**	**Denominator**	**Data Source**	**Baseline Value**	**Source**	**Date of Baseline**	**Target**	**Date for Target**	**Current status**	**Explanation of any reasons for non achievement of targets**

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name :

Title/Post:

Signature :

Date :

5. Strengthened Involvement of Civil Society Organizations (CSO)

Not applicable

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[4]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunization. Please identify any mapping exercise conducted, the expected results and the timeline (please indicate if this has changed).

[4] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunization, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended.

Please provide Terms of Reference for the CSOs (if defined), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 funds in $US			Total funds due in 2009
		Funds received	Funds used	Balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COST					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and how this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support[5]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organization responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent)).

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunization and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organization. Please state if they were previously involved in immunization and / or health systems strengthening activities, and their relationship with the Ministry of Health.

[5] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organization)	Previous involvement in immunization / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if they are currently involved in immunization and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organization)	Current involvement in immunization / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF THE CSO	Total funds approved	2008 funds in US$ (thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs Management costs (of HSCC / Regional Working Group)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility. Please indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs.

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in the availability of funds.

5.2.4 Monitoring and evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date target met

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form requirement:	Completed	Observations
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Government signatures	X	
ICC endorsed	X	
ISS reported on	X	
DQA reported on	X	
Reported on use of Vaccine introduction grant		Not applicable
Injection Safety Reported on		Not applicable
Immunization Financing & Sustainability Reported on (progress against country IF&S indicators)	X	
New Vaccine Request including co-financing completed and Excel sheet attached	X	
Revised request for injection safety completed (where applicable)		Not applicable
HSS reported on		Not applicable
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		Not applicable

7. Observations

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~