



Annual Progress Report 2009

Submitted by

The Government of

Burkina Faso

Reporting on year: **2009**

GAVI/Vaccination request for support year: **2011/2015**

Date of submission: 30 April 2010

GAVI/RSS request for support year: **2010/2011**

Date of submission: **10 May 2010**

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

any hard copy could be sent to:

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US\$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about:

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of Burkina Faso

Please note that this APR 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.

Minister of Health (or delegated authority):

Title: Minister of Health

Signature: [signature]

Date: 11 May 2010

Minister of Finance (or delegated authority):

Title: Minister of Economy and Finance

Signature: [signature]

Date: 11 May 2010

This report has been compiled by:

<p>Full name . Dr. Mete Bonkougou</p> <p>Position Director of Prevention through Vaccinations (DPV) of the Min. of Health</p> <p>Telephone (Office): (00226) 50324669</p> <p>E-mail metew4@gmail.com</p>	<p>Full name . M. T. Romanic Some</p> <p>Position Dir. Of Research and Planning (DEP) of the Min. of Health</p> <p>Telephone (00226) 50304532</p> <p>E-mail tegwouli@yahoo.fr</p>
<p>Full name . M.P. Prosper Tapsoba</p> <p>Position Director of Administration and Finance</p> <p>Telephone (00226) 70 20 01 22</p> <p>E-mail tapspiga@yahoo.fr</p>	<p>Full name . Dr. Má Ouattara</p> <p>Position Vaccination contact with the WHO/Burkina</p> <p>Telephone (00226) 70 20 09 07</p> <p>E-mail ouattaram@bf.afro.who.int</p>

ICC Signatures Page

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

We, the undersigned members of the immunisation Inter-Agency Co-ordinating Committee (ICC) 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.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

Name/Title	Agency/Organisation	Signature	Date
Mr. Seydou Bouda / Minister of Health	Ministry of Health	[signature]	30 April, 2010
Dr. Djamila K. Cabral / WHO Representative	WHO	[signature]	11 May 2010
Dr. Herve Peries / UNICEF Representative	UNICEF	[signature]	11 May 2010
Mr. Ousmana Oudraogo / Rotary International Representative	Rotary International		
Dr. Bana Ouandaogo / President of the Red Cross	Red Cross Burkina		
Fr. Adama Traore / Secretary General	Ministry of Health		
Mr. Romanc T. Some / Director of Research and Planning	Ministry of Health		
Mr. P. Prosper Tapsoba / Director of Administration and Finance	Ministry of Health		
Dr. Souleymane Sanou / Director General of Health	Ministry of Health		
Mr. Zacharie Balima / PADS Coordinator	Program to Support Sanitary Development (PADS)		
Dr. Mete Bonkougou / Director of Prevention via Vaccinations	Department of Protection via Vaccinations		
Mr. Dramane Kone / General Manager, Budget	Ministry of the Economy and Finance		
Mr. Yamsekre Tiendregeogo, General Manager of the Economy and Planning	Ministry of the Economy and Finance		
, Resident representative of World Bank	World Bank		
Mr. Eile Songre / Representative of the European Commission Delegation	European Commission		
Dr. Philippe Jaillard / Representative of the Preventive Medicine Agency	Preventive Medicine Agency		
Mr. Mona Wuji / Representative of Japanese Cooperation Agency	Japanese Cooperation Agency		
Dr. Mahamoudou Tounkara / Representative of the Burkina Plan	Burkina Plan		

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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HSCC Signatures Page

If the country is reporting on HSS

This report has been compiled by:

Full name . M. T. Romanic Some Position Dir. Of Research and Planning (DEP) of the Min. of Health Telephone (00226) 50304532 E-mail tegwouli@yahoo.fr	Full name . Zacharie Balima Position Program Coordinator Telephone (00226) 50 30 88 46 E-mail balmaz@fasonet.bf
Full name . Mr. David Kyelem Position Contact person (World Health Organisation) Telephone (00226) 70 24 34 40 E-mail kjelemd@bf.afro.who.int	

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **PADS Steering Committee**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organisation	Signature	Date
Adama Traore	SGMS	[signature]	5 May 2010
T. Romanic Some	DEP / Health	[signature]	5 May 2010
Norbert Couolibaly	UNFPA/BFA	[signature]	5 May 2010
Joseph Sandou	CMLS / Health	[signature]	5 May 2010
Zacharie Balima	PADS	[signature]	5 May 2010
Mauyrice Hours	UNICEF	[signature]	5 May 2010

Mahamadou Compaore	DGPML	[signature]	5 May 2010
Lené Sebgo	DGCOOP	[signature]	5 May 2010
Abdoulaye Nitiema P.	DGIEM/MS	[signature]	5 May 2010
Karim Bande	DGHSP Representative	[signature]	5 May 2010
Sylvain Dipama	IGSS	[signature]	5 May 2010
R.G.P. Damien Zoungrana	DAF Representative	[signature]	5 May 2010
Joseph Aimé Bidiga	SP/CNLS-IST	[signature]	5 May 2010
D. Etienne Traore	WHO	[signature]	5 May 2010
Jean Edouard Doamba	DGISSMS Representative	[signature]	5 May 2010
Laure Salembere	Embassy of the Netherlands	[signature]	5 May 2010

*HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially*

Comments from partners:

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Comments from the Regional Working Group:

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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:

Organisation:.....

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

Document N°	Title	APR Section
	Calculation of [Country's] ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
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1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex 1 - Excel)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

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

No change

*Provide justification for any changes **in surviving infants**:*

No change due to the fact that the JRF and RAS population data are extracted from information that the DGISS has just published, The DGISS is the new Department of Health Statistics and Information; their data

*Provide justification for any changes **in Targets by vaccine**:*

Not applicable

*Provide justification for any changes **in Wastage by vaccine**:*

Not applicable

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The coverage objectives established in the 2008 annual report were achieved.

Activities carried out in 2009:

1. holding meetings for coordination executives;
2. refresher training for health districts and regions in relation to PEV consumables and vaccines;
3. strengthening of skills (training and inspection);
4. improvement of data quality (audits, validation of data, preparation of computerized templates);
5. strengthening of integrated supervision activities;
6. strengthening of active searching for those who were lost track of
7. strengthening of communication activities;

8. strengthening of cold chain capabilities in the regions, districts and health training activities through providing ice chests, acquisition of cold chambers, vaccine holders, freezers/refrigerators;
9. strengthening of the advanced strategy;
10. regular monitoring of performance at all levels;
11. organization of AVSs for Polio, Yellow Fever, Measles in 32 districts out of 63; tetanus among women of child-bearing age in 15 districts, and meningitis.

Difficulties encountered:

1. Insufficient quality of data;
2. Insufficient means of transport, in particular for supervision and for the advanced strategy in regions and districts.
3. Insufficient training in management of the PEV at all levels;
4. Insufficient computer equipment for data management at the central, regional and district levels;
5. Insufficiencies in performance values of monitoring diseases that are preventable through vaccination, in particular in the case of tetanus in mothers and neonates;
6. insufficient communications materials regarding PEV at all levels.
7. Resurgence of measles and polio epidemics in spite of good immunization coverage.

Prospective activities (2010):

1. Improvement of data quality;
2. Providing means of transport (vehicles, motorcycles);
3. Training / recycling of agents in PEV management;
4. Complete inventory of the cold chain in the country in order to update data in this area;
5. Equipping the regions with source inverters and memory cards for cold rooms.
6. Acquisition of refrigerated vehicles to transport vaccines.
7. Training of persons involved in monitoring the implementation of surveillance on a case by case basis.
8. Design and printing of communications media related to PEV
9. In-depth review of PEV
10. Organisation of Polio, Tetanus, Measles and Meningitis AVS

If targets were not reached, please comment on reasons for not reaching the targets:

Not applicable

1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)¹.

The Ministry has not carried out an official estimate of coverage since 2003. We only have the administrative coverage data, but an in-depth review of PEV is in progress, which will provide us with estimates of vaccine coverage.

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES]. If YES:

Please describe the assessment(s) and when they took place.

A self-evaluation of data quality (DQS) was organized in the districts and regional health departments (DRS). The DRS organizes the self-evaluation at the regional level and the districts at the health training level. A protocol was developed for this purpose. The DQS has taken place every six months in the districts since 2006 and it has been annual at the regional level since 2008.

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

1. Monthly monitoring of data at all levels;
2. Review of data management media;
3. Decentralized meetings every six months with the vaccination supervisors and monitoring data managers;
4. Annual data validation session since 2008;
5. Training of agents in computerized management of inventories;
6. Preparation and delivery to agents of data entry and analysis templates;
7. Review and dissemination of the instrument panel for PEV management

Introduction of denominators based on the results of a general survey of the population and of habitation in 2006.

1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

Not applicable

1.4 Overall Expenditures and Financing for Immunisation

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<i>Expenses by category</i>	2009 Expenses in USD	2010 Budget in USD	2011 Budget in USD
Traditional vaccines	2,567,634	1,619,629	3,231,392
New vaccines	9,096,489	7,894,919	6,242,813
Injection supplies	783,975	716,577	702,712
Personnel	399,132	407,115	236,962
Transport	455,258	179,866	179,866
Maintenance of CDF, building overhead and other equipment	396,697	516,844	542,686

<i>Expenses by category</i>	2009 Expenses in USD	2010 Budget in USD	2011 Budget in USD
Short term training	40,235	16,172	236,962
Social mobilization and IEC	84,777	82,582	43,538
Disease monitoring and control	172,286	160,305	333,112
Other operational expenses (program management and other recurring costs)	188,802	709,276	214,590
Cold chain equipment	48,008	490,520	44,148
Traditional vaccines	2,567,634	1,619,629	3,231,392
New vaccines	9,096,489	7,894,919	6,242,813
Injection supplies	783,975	716,577	702,712
Personnel	399,132	407,115	236,962
Transport	455,258	179,866	179,866
Maintenance of the CDF, building and other equipment overhead expenses	396,697	516,844	542,686
Short term training	40,235	16,172	236,962
Social mobilization and IEC	84,777	82,582	43,538
Disease monitoring and control	172,286	160,305	333,112
Other operational expenses (program management and other recurring costs)	188,802	709,276	214,590
Cold chain equipment	48,008	490,520	44,148
Vehicles (motorcycles and automobiles)	403,586	192,580	,
Other capital expenditures	,	97,861	43,276
National Vaccination Campaign against polio*	9,262,333	905,239	905,239
National Vaccination Campaign against measles	814,489	2,149,333	2,149,333
National Vaccination Campaign against yellow fever	,	,	,
Reactive vaccination campaign against meningitis	47,807	,	,
Local vaccination campaign against maternal and neonatal tetanus	599,983	,	43,763
TOTAL	25,361,493	,	15,150,393
Immunization financing by source	,	,	,
Government	4,346,610	6,914,511	6,914,511
COGES	36,983	22,444	22,444
GAVI	9,626,539	5,078,848	5,078,848
UNICEF	1,839,733	403,738	92,402
WHO	8,837,072	2,306,678	2,306,678
Plan	8,514	48,721	48,721
PADS	659,577	769,160	769,160
PADS-CEN	,	63,844	,
Total Expenses	,	16,138,818	15,150,393
Total Financing	25,355,027	15,607,944	15,232,764
Total Financing Shortfall	11,034,179	,	,
Total public expenditures for health			

Exchange rate used	487
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Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

The PEV receives support from a significant number of financing sources : government, community financing, GAVI, UNICEF, WHO, Plan Burkina and PADS sponsors
 It may be noted that the government makes a considerable effort to make immunisation activities permanent. In effect, nearly 75% of commitments are honored. The primary partner is still GAVI.

Financing immunization was satisfactory overall in 2009. A detailed analysis by expense category shows that the costs of vaccines and immunization campaigns have enjoyed financing while other areas are suffering (maintenance, overhead, communications activities and program management).

During 2009, going beyond forecasts, other unplanned activities in the PPaC were carried out; they primarily included immunization response campaigns to combat measles, meningitis, maternal and neonatal tetanus and six (06) immunization efforts against polio.

In order to ensure the financial viability of the program, work will be done to ensure that:

- the financing intentions of the participants in the area of PEV will be honored;
- the various participants in the area of PEV are sufficiently aware to finance PEV.

In order to do this, the proposed strategy is good lobbying among the partners. The proper management of funds allocated and regular cooperation of the various participants are also absolutely necessary.

a. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009?

Please attach the minutes (**Document N°.....**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4
<p>The primary concerns raised were:</p> <ul style="list-style-type: none"> - Vaccine coverage rate in excess of 100%; - Non-acceptance of national certification documentation for the eradication of poliomyelitis; - Use of GAVI funds for transit expenses; - Introduction of new vaccines against the Rotavirus and pneumococcus; - Poor quality of routine data and National Immunisation Days (JNY); - Measles epidemic. <p>In light of these concerns, the CCIA recommended:</p> <ul style="list-style-type: none"> - accelerating the in-depth review of the PEV by integrating recommendations of the specific studies carried out following the measles epidemic; - conducting operational research to understand the reasons for the vaccine coverage rate being in excess of 100%; - improving the quality of routine immunization data as well as national immunization days; - establishing a working group to focus on the introduction of new vaccines.

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

<i>List CSO member organisations:</i>
Rotary International Red Cross Association Médecine Préventive (AMP) [Preventive Medicine Association] These Civil Society Organisations, as members of the ICC, contribute to coordination of the operation of the program, on the one hand, and on the other provide technical support for the implementation and monitoring of activities related to the program plans.

b. Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

<p>Primary objectives of the plan:</p> <ol style="list-style-type: none"> 1. To increase operational capacities of the DPV; 2. To strengthen immunization of justifiable targets for vaccination through prevention 3. Improve the performance and monitoring of diseases that are preventable through immunisation; 4. Improve intra- and inter-sector cooperation for immunisation. <p>Priority Activities:</p> <ol style="list-style-type: none"> 1. Refresh the vaccine and consumable supplies of the regional health offices; 2. Provide maintenance for cold rooms; 3. Supervise the representatives responsible for PEV; 4. Review the printed materials and guidelines for data collection; 5. Prepare communication media; 6. Organize the data validation workshop; 7. Hold CCIA, CTA meetings; 8. Acquire vaccine transport monitoring tools; 9. Reproduce the administrative materials; 10. Acquire a relay electrical generating group for cold rooms; 11. Train PEV and CISSE supervisors in monitoring diseases targeted by PEV;; 12. Organize 2 decentralized workshops regarding PEV management; 13. Organize preventive and reactive immunization campaigns (polio, measles, yellow fever, tetanus, meningitis, etc.); 14. Support regions in organizing DQS; 15. Organize the monitoring of diseases targeted by PEV; 16. Finalize the 2009 PEV Review; 17. Organize the meningitis immunization campaign with the new MenA vaccine. <p>The priority activities and objectives are related to the PPAC, which ends in 2010. A new PPAC will be prepared in the last quarter of 2010.</p>

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.....00
Remaining funds (carry over) from 2008: US\$.....2,494,882
Balance carried over to 2010: US\$.....822,409

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

Activities carried out at the central level

1. Refresh the PEV vaccine and consumable supplies of the Regional Health Offices and the Health Districts;
2. Rent a warehouse to store consumables;
3. Provide maintenance for cold rooms;
4. Supervise agents responsible for PEV in the districts;
5. Review the media and guidelines for collecting PEV data;
6. Support the operation of the Management Office of Prevention through Immunisation;
7. Organize the data validation workshop;
8. Review the computerized management tools;
9. Prepare image boxes regarding PEV.

Activities carried out at the level of DRS and the Districts

1. Acquire computer equipment;
2. Monitor/evaluate PEV activities;
3. Conduct a self-evaluation of data quality;
4. Provide the preventive maintenance and repair of the Cold Chain;
5. Supervise the representatives responsible for the PEV in the districts;
6. Support social mobilization activities;
7. Provide transport of vaccines and consumables.

2.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? []: please complete **Part A** below.
[**NO**]: please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

For improved transparency in the management of funds, through the involvement of the maximum partners of PEV, the composition of the CCIA was revised in 2005 by decree No. 2005/257/MS/CAB dated 14 July 2005, in order to expand it to the Ministry of the Economy and Finance, then in 2008 by Decree No. 2008/337/MS/CAB dated 29 December 2008, in order to take into consideration any new partners such as JICA and AMP.

In order to ensure the participation of a maximum number of PEV partners, as well as better transparency in funds management, the composition of the CCIA was reviewed in 2005 by Decree No. 2005/257/MS/CAB dated 14 July 2005 in order to expand the Ministry of the Economy and Finance, then in 2008 by Decree No. 2008/337/MS/CAB dated 29 December 2008, in order to take into consideration new partners such as JICA and AMP.

The funds are kept in an account with BCEAO and are managed by the Department of Administration and Finance (DAF) of the Ministry of Health. Every year, a plan for use of these funds is prepared by the Department of Prevention through Vaccinations Department, and the plan is then submitted to the CCIA for approval.

After approval, the DAF issues checks to the order of the organizations involved in the implementation of the activities that are planned.

The procedures for releasing the funds and the purchase of the assets are those of the Government.

The primary problems encountered are:

- the bureaucracy of the procedures for the procurement of assets and equipment;
- difficulties in covering transit expenses due to the large volume of vaccines and consumable supplies;

and the catastrophic floods of 1 September 2009 in Burkina that also caused GAVI funds to be used to pay the transit expenses of many parties coming in who were necessary to respond to the emergency situation.

2.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (**Document N°.....**).

2.4 Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- b) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- c) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.²

² The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

3. New and Under-used Vaccines Support (NVS)

3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *
DTC-HepB-Hib	2,416,600	2008	2,416,600

* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] are different,

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)	<ul style="list-style-type: none"> • N/A
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	<ul style="list-style-type: none"> • N/A

3.2 Introduction of a New Vaccine in 2009: **Not applicable**

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> •

3.2.2 Use of new vaccines introduction grant (or lump sum)

Funds of Vaccines Introduction Grant received: US\$	Receipt date:
---	---------------

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

Not applicable

Please describe any problems encountered in the implementation of the planned activities:

Not applicable

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
 If YES, how much? US\$.....

Please describe the activities that will be undertaken with the balance of funds:

Not applicable

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year: **Not applicable**

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009 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 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)	N/A	N/A	N/A
2 nd Awarded Vaccine (specify)	N/A	N/A	N/A
3 rd Awarded Vaccine (specify)	N/A	N/A	N/A
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$		Total Amount in Doses
1 st Awarded Vaccine (specify)	N/A		N/A
2 nd Awarded Vaccine (specify)	N/A		N/A
3 rd Awarded Vaccine (specify)	N/A		N/A
Q. 3: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1.			
2.			
3.			
4.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9__Co_Financing_Default_Policy.pdf

NOT APPLICABLE

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy]

August 2005, however another evaluation was carried out in 2010 in the context of the review of the PEV, but the report is not yet available.

If conducted in 2008/2009, please attach the report. (**Document N°**.....)

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? [YES / NO] **NOT APPLICABLE**

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

NOT APPLICABLE

When is the next EVSM/VMA* planned? [**It was carried out in February 2010 in the context of the in-depth review of the PEV.**

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

3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

DTC-HepB-Hib, liquid form, 10-dose flask

Please attach the minutes of the ICC meeting (**Document No. 3**) that has endorsed the requested change: **Approved at the AICC meeting on 30 April 2010.**

3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010 **NOT APPLICABLE**

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for[vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the

procurement of[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table 4.1 HepB & Hib; Table 4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm]

If you don't confirm, please explain:

NOT APPLICABLE

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash **[NO]** or supplies **[NO]**?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009 Not Applicable

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

<p>Not Applicable</p>

4.2 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	SAB/0.05 ml + Reconstitution syringes, UU	Government budget
Measles	SAB/0.5 ml + Reconstitution syringes 5 ml UU	Government budget
TT	SAB/0.5 ml	Government budget
DTP-containing vaccine	SAB/0.5 ml	GAVI
	SAB/0.5 ml + Reconstitution syringes n 5 ml UU	Government budget

Please report how sharps waste is being disposed of:

1. Incineration (Barric type, De Montfort, Bailleul, incinerators, artisan model, etc.)
2. Burned in pits or tanks constructed following burial in pits
3. High-performance furnaces of private operators' foundries, during mass [immunization] campaigns (measles, tetanus, meningitis, yellow fever).

Does the country have an injection safety policy/plan? [**YES**]

If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

If NO: Are there plans to have one? (Please report in box below)

The problems encountered in the sharps management plan are:

- Insufficient high-performance incinerators;
- Insufficient planning for waste management at the district level;
- Insufficient financing for waste management.

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

Not Applicable

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

Fund from GAVI received in 2009 (US\$):

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities Not Applicable

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Not Applicable

Table 10: Planned activities and budget for 2010 Not Applicable

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study³ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 Information relating to this report

- 5.1.1 Government fiscal year (cycle) runs from(month) to(month).
- 5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
- 5.1.3 Duration of current National Health Plan is from(month/year) to(month/year).

³ All available at <http://www.gavialliance.org/performance/evaluation/index.php>

5.1.4 Duration of the current immunisation cMYP is from(month/year) to(month/year)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for 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 email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
SOME T. Romaric	Research and Planning Department	Coordination of the process of preparing the report	tegwouli@yahoo.fr (00226) 70 26 82 81
<i>Focal point for any accounting of financial management clarifications:</i>			
BALIMA Zacharie	Health Development Support Programme	Support in coordinating the drafting of the report	balimaz@fasonet.bf pads@fasonet.bf (00226) 70 20 09 59
<i>Other partners and contacts who took part in putting this report together:</i>			
KYELEM David	World Health Organization	Support for preparation of the report	kielemd@bf.afro.who.int (00226)70.24.34.40

5.1.6 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 (especially financial information and indicators values) 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.*]

- | |
|--|
| <ul style="list-style-type: none"> - The district and regional health department activity reports that are sent at the end of each six-month period to PADS; - The balance sheet of the PADS management unit which summarizes expenses by area of intervention and by structure; - The 2008 progress report which shows the previous progress status; - The GAVI RSS support application; - The annual statistics report from the Ministry of Health (2007; 2008 and 2009) - The progress reports; - And the validation of data by the PADS steering committee. |
|--|

5.1.7 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?

The primary difficulties encountered were:

- the reporting system by activity is different from the system implemented by the PADS management unit, which is based on the fields of intervention;
- the difficulty in thoroughly reporting expenses for the first four (04) months of the current year, based on the six-month reporting system for PADS funds used by the health districts.

The proposed solution is to align reporting to the PADS system, which is on a six-month basis, and overall for all sponsors (report validated by a steering committee).

5.1.8 Health Sector Coordinating Committee (HSCC) **(PADS Steering Committee)**

How many times did the HSCC meet in 2009? **Five (Document Nos. 4, 5, 6, 7, 8)**

Please attach the minutes **(Document N°.....)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached **(Document N° 9)**.

The reports from the five (05) meetings of the steering committee are attached.

5.2 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)		3,073,854	1,239,184	665,736					
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year		3,073,854	0						
Total expenditure during the calendar year		0	1,876,627						
Balance carried forward to next calendar year		3,073,854	1,197,227						
Amount of funding requested for future calendar year(s)			1,050,203	2,034,348					

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement):*

Considering the delay in the disbursement of funds for 2008, the activities scheduled in 2008 were conducted in 2009, in addition to those planned for 2009.

5.3 Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	%	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1: Improve the organization and management of health services between now and the end of 2010.			
1.1: Carry out an annual survey to validate PEV data at the Health District level (LQAS) (63 DS)	X	73%	The other Health Districts carried out this item with other funds, such as funds from PADS common fund.
1.2: Financially support the 63 Health Districts for the implementation of the strategy to search for lost persons for preventive and curative activities (63 Health Districts)	X	57%	The other Health Districts carried out this item with other funds, such as funds from PADS common fund.
1.3: Carry out external evaluations of the implementation of GAVI at the districts level.	X	0 %	Relevance problems with this evaluation, considering the fact that in 2008, no activity was carried out. Evaluation planned for 2010.
1.4: Every six months carry out the quality control of routine data in health training	X	57%	The other Health Districts carried out this item with other funds, such as funds from PADS common fund.
1.5: Revise media and mechanisms for collecting health data of the Health Information System	X	50%	Activity from 2008 carried out in 2009. Media revised in 2009 and printing in progress for 2010.
1.6: Financially support 10 Health Districts with small amounts of financial resources for integrated monitoring of PMA activities at the CSPS level (Sapouy, Toma, Tougan, Karangasso vigué, Mangodara, Batié, Manga, Kongoussi, Gourcy and Séguénéga)	X	70%	The other Health Districts carried out this item with other funds, such as funds from PADS common fund.
1.7: Support the health information system in the collection, analysis and dissemination of statistical data.	X		3 Regional Health Offices and 2 Districts carried out this activity.

1.8: Implement a pilot model for offering maternal and infant health care nearby, through the communities in three villages in three districts over three years in the districts of Zabré, Léo and Pô.	X	0%	Difficulty in implementation: Insufficient institutional establishment of the project. Considering the budget overruns for certain line items, we propose a reallocation of the amount to augment these budget items.
1.9: Support the creation of 8 obstetric emergency management cells through communities in the districts of Tenkodogo and Solenzo.	X	0%	Difficulty in implementation: Insufficient institutional establishment of the project. Considering the budget overruns for certain line items, we propose a reallocation of the amount to augment these budget items.
1.10: Conduct operational research regarding reference and counter-reference in two pilot districts (Orodara and Fada Ngourma)	X	100%	
1.11: Support the implementation of health cooperatives in 4 health districts with low use of health services (Sapouy, Djibo, Dori, Dédougou)	X	100%	Activity carried out by a structure at the central level, and a structure at the regional level
1.12: Conduct operational research regarding epidemiological monitoring in 5 FSs in 5 Health Districts (Ouargaye, Pô, Banfora, Dano and Solenzo)	X	40%.	Activity carried out by the health districts of Ouargaye and Pô.
1.13: Have two summary meetings for the implementation of the global RSS each year at the regional level	X	100%	
1.14: Hold one summary meeting for the implementation of the global RSS each year at the national level	X	0 %.	Relevance problems with this evaluation, considering the fact that in 2008, no activity was carried out. Evaluation planned for 2010.
1.15: Equip the eight health districts that are newly created with an initial supply of essential generic medications for supplying distribution points	X	0 %	Activity rescheduled for 2010
1.16 ⁴ Carry out periodic site visits to follow up on the implementation of GAVI-RSS	X	0 %	For specific follow-up but activity integrated into the other monitoring-evaluation activities of the Ministry
1.17***: Support the operation of the DEP for monitoring the implementation of GAVI-RSS	X		Partially conducted

⁴ The costs of activities 1.16; 1.17; 1.18 and 1.19 are included in the monitoring and évaluation budget.

1.18***: Evaluate GAVI-RSS implementation at the mid-point.	X	0%	Activity scheduled for 2010
1.19***: Carry out a final evaluation of the implementation of GAVI-RSS			Activity scheduled for 2010
Objective 2: Develop human resources in health between now and the end of 2010			
2.1: Implement the plan to strengthen skills of community agents in the following areas: PEV, community PCIME, family planning, and recognition of obesity danger signs	X	90%	
2.2: Reward the best two FSs by district based on results/year, in particular in regards to vaccination coverage.	X	67%	The other Health Districts carried this out with funds other than the PADS common pool of funds.
2.3: Train participants at the CSPS level in health planning in order to better consider preventive and curative activities	X	100%	
2.4: Implement an orientation plan for teachers in schools and training institutes for health personnel, regarding the PEV management modules and the SR program..	X	0%	Activity rescheduled for 2010
2.5: Hold a review workshop for training curricula for training institutes and schools for health personnel, covering the management of PEV and SR programmes.	X	0%	Activity rescheduled for 2010
2.6: Support conducting action research in the field of PEV in the 5 districts with low PEV indicators (Séguénéga, Sapouy, Nomgr-Massom, Kombissiri, Gayéri and Dandé)	X	50%	(Nongr-Massom, Kombissiri and Gayéri)
Objective 3: Strengthen social mobilization and social marketing for zones with a low rate of use of health services (Sapouy and Dédougou health districts) between now and the end of 2010			
3.1: Codify social mobilization and social marketing in contracts promoting health with the private sector in 2 health district with low health indicator. (Sapouy, Dédougou)	X	50%	1 district (Sapouy Health District) out of 2 was able to implement contracts.
3.2: Conduct an annual, external review of performance	X	50%	1 district (Sapouy Health District) out of 2 was able to evaluate the

values of contractor structures for social mobilization in the 2 health districts.			performance of contractor structures.
3.3: Conduct operational research regarding community-based epidemiological monitoring (SEBAC) of diseases targeted by the PEV in 6 health districts with low PEV indicators (Séguénéga, Kombissiri, Sapouy, Kossodo, Dandé and Gayéri)	X	83%	
3.4: Train and supervise 8000 SBC agents involved in implementing health programs	X	60%	The other Health Districts carried this out with other funds, such as funds from the PADS common pool.
Objective 4: Improve the system for maintaining equipment and infrastructures from now through the end of 2010			
4.1: Train 300 users in common maintenance for medical-technical equipment	X	95 %	
4.2: Train 30 maintenance technicians in the cold chain	X	70%	
4.3: Equip the DGIEM with one 4x4 vehicle for maintenance of biomedical equipment, including the cold chain	X	100%	
4.4: Subcontract repair maintenance of biomedical equipment with parties from the private sector	X	0%	Activity scheduled in action plans for 2010 and that will be carried out by the health districts.
4.5: Build and equip 1 SIEM in the Cascades health region	X	0%.	Delay in the preparation of the call for bids documentation due to: <ul style="list-style-type: none"> - a project to prepare a standard CSPS and CMA plan ordered by the Minister of Health that was delayed and that is presently being finished; - absence of budget line items for the technical studies and monitoring of works.
4.6: Build and equip 3 maintenance workshops in 5 health districts: Léo, Sindou, Diapaga	X	0%.	Delay in the preparation for the call for bids documents due to: <ul style="list-style-type: none"> - a project to prepare the standard plans of the CSPS and CMAs ordered by the Minister of Health that was delayed and that is presently being finished; - absence of budget line items for the technical studies and monitoring of works.
4.7: Build 3 incinerators with good functionality and large capacity in 3 Health Regions (West central, Southwest, East	X	0%.	This activity was not carried out because consideration by another sponsor of the PADS common pool, the amount of which it was planned to reallocate to Activity 5.1.

central)			
Objective 5: Strengthen basic health infrastructures and equipment in the zones that are less well-served between now and the end of 2010.			
5.1: Build and equip 5 CSPS in zones with low health coverage: Sami (Solenzo Health District), Varpuo (Dano Health District), Sassamba (Mangodara Health District), Boulmatchiangou (Diapaga Health District) Datambi (Sebba Health District)	X	0%.	The provisional budget for this activity was underestimated during preparation of the project, therefore a reallocation of was planned by abandoning certain activities (4.7) and transferring the amounts to this item.
5.2: Equip four (4) health districts with four (4) 4x4 pickup vehicles for supervision (Lena, Sebba, Karangasso Vigué, Gayeri)	X	100%	
5.3: Equip 100 CSPS with motorcycles for advanced strategy activities (CSPS)	X	100%	
5.4 Equip the Health Information Service of the DEP with a 4x4 vehicle to strengthen the National Health Information System for monitoring quality of statistical data.	X	100%	
5.5: Equip village cells in 4 health regions (East central, Boucle du Mouhoun, West Central and North Central) with 400 bicycles for implementation of "s" [sic] communities in relation to vaccination, distribution of contraceptives, micronutrients and community-based monitoring.	X	100%	
5.6: Equip the DPV with a 15-ton truck for resupplying regional warehouses with vaccines, medications, medical consumables and other materials.	X	100%	
5.7: Equip 3 CMAs with ambulance vehicles for referrals and health-related evacuations.	X	100 %	The beneficiary districts are Barsalogho, Batié and Ouahigouya.
5.8: Build and equip 2 PEV storage facilities in 2 of the 8 newly created health districts (Mani, Mongodara)	X	0%	Delay in preparation of the call for bids documents due to: <ul style="list-style-type: none"> - a project to prepare a standard CSPA and CMA plan ordered by the Minister of Health that was delayed and that is presently being finished; - absence of budget line items for the technical studies and monitoring of works.

Support Costs			
Administrative Expenses	X		
Costs of support for monitoring and evaluation	X		
Technical Support	X		
TOTAL COST			

5.4 Support functions

*This 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?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The financing procedure selected in the context of the implementation of PADS is decentralized management based on performance. The transfer of GAVI funds to the peripheral structures complied with the following rules:

- distribution of funds in accordance with the activities selected in the proposal and according to a key and the criteria previously defined;
- notification of the credits granted before preparation of the action plans for the structures;
- preparation of a plan of action;
- preparation and execution of the agreements (contracts) between the beneficiary structures and the PADS Steering Committee;
- examination and financing of plans of action by the Steering Committee;
- disbursement of funds every six months into the PADS commercial accounts, which each structure has set up.

GAVI funds are used in accordance with the existing decentralized procedures manual.

In accordance with the manual, disbursements were carried out based on the activities specified in the agreements and the detailed budget.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

The monitoring and evaluation are carried out in the context of the existing device: every six months, the health districts carry out monitoring of activities and carry out integrated oversight. The central level carries out mid-point evaluations of the Plans of Action for the current year, and a final evaluation during the adoption sessions and financing of the plans of action for the next year.

In order to support the monitoring and evaluation activities, the acquisition of vehicles and strengthening of skills of agents responsible for this activity are the contributions that are needed.

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

The mid-point evaluation and the final evaluation of GAVI-RSS support require the mobilization of technical assistance. This technical assistance may be mobilized through the community of practices in the context of Health Harmonisation in Africa (HHA) and the research offices at the national level.

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 14: Planned HSS Activities for next year (i.e. 2011 FY). *This information will help GAVI's financial planning commitments.*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1: Improve the organisation and management of health services between now and the end of 2010.				
1. Conduct an annual survey to validate PEV data at the Health District level (LQAS)				
2. Provide financial support to the Districts for the implementation of the strategy to seek out persons with whom contact has been lost, for preventive and curative activities.				
3. Carry out external evaluations of the implementation of GAVI activities at the district level.	X		23,128	
4. Carry out quality control of routine data in health trainings every six months.				
5. Review the media and mechanisms for collecting health data within the Health Information System.				
6. Provide financial support to 10 Health Districts with low financial funds for the integrated monitoring of PMA activities at the CSPS level (Sapouy, Toma, Tougan, Karangasso Vigué, Mangodara, Batié, Manga, Kongoussi, Gourcy and Seguenega)				
7. Support the health information system in the collection, analysis and dissemination of statistical data.				
8. Implement a pilot model for offering maternal and infant health care nearby to the communities in three villages of three districts over three years in the districts of Zabré, Léo and Po.				
9. Support the creation of obstetric emergency care cells through the communities in the districts of Tenkodogo and Solenzo				
10. Conduct operational research regarding the reference and				

counter-reference in two pilot districts.				
11. Support the implementation of health cooperatives in the Health Districts with low usage of health services (Sapouy, Djibo, Dori, Dédougou)				
12. Conduct operational research regarding epidemiological monitoring in 5 districts (Ouargaye, Po, Banfora, Dano and Solenzo)				
13. Hold 2 evaluation meetings for the implementation of RSS-Global activities every year at the regional level.				
14. Hold 1 evaluation meeting for the implementation of RSS-Global activities every year at the national level.	X		45,242	
15. Provide 5 newly created Health Districts with an initial supply of Essential Generic Medications (Lena, Karangasso Vigué, Baskuy, Pouytenga, Bittou)				
16. *Carry out periodic site visits for monitoring the implementation of RSS-Global.	X			
17. *Support the operation of the DEP for monitoring the implementation of RSS-Global	X			
18. *Conduct a mid-point evaluation of the implementation of RSS-Global.				
19. *Conduct a final evaluation of the implementation of RSS-Global	X			
Objective 2: Develop human resources in health between now and the end of 2010				
1. Implement the plan to strengthen skills of community agents in the				

* Les coûts des activités 1.16, 1.17, 1.18 et 1.19 sont inclus dans le budget du suivi et de l'évaluation

following domains: PEV, Community PCIME, family planning, and recognition of pregnancy danger signs				
2. Reward the two best Health Facilities, by district, based on the results per year, in particular in regards to vaccine coverage				
3. Train participants at the CSPS level in health planning in order to better consider preventive and curative activities.				
4. Implement an orientation plan for teachers in school and training institutes for health personnel regarding PEV management modules and SR programs.				
5. Hold a review workshop for training curricula for schools and training institutes for health professionals regarding PEV management and SR programs.				
6. Support conduct research activity in the field of PEV in 5 districts with low PEV indicators: (Séguenega, Kombissiri, Sapouy, Nongremassom, Dandé and Gayéri)				
Objective 3: Strengthen social mobilization and social marketing for areas with a low rate of usage of health services (Sapouy and Dédougou Health Districts) between now and the end of 2010.				
1. Contract for social mobilization and social marketing to benefit health with the private sector in 2 Health Districts (Sapouy and Dédougou)	X		75,008	
2. Carry out an annual external evaluation of the performance of contracting structures for social mobilization in 2 Health Districts (Sapouy and Dédougou)				
3. Conduct operational research regarding community-based epidemiological monitoring (SEBAC) of diseases targeted by PEV in 6 Health Districts with low PEV indicators (Séguénéga, Kombissiri, Sapouy, Nongremassom, Dandé and Gayéri)				
4. Train and supervise 8000 SBC agents involved in implementation of health programs in all health districts.				
Objective 4: Improve the system for maintaining equipment and				

infrastructure between now and the end of 2010				
1. Train 300 users in common maintenance of medical-technical equipment				
2. Train 30 maintenance technicians for the cold chain				
3. Equip the DGIEM with a 4x4 vehicle for maintenance of biomedical equipment including cold chain.				
4. Subcontract the repair of biomedical equipment with parties in the private sector.	X		140,482	
5. Build and equip 1 SIEM in the Cascades health region	X		72,727	
6. Build and equip 3 maintenance workshops in 3 health districts: (Léo, Sindou, Diapaga,)	X		66,109	
7. Build 3 incinerators with good functionality and a large capacity in 3 Health Regions (West central, Southwest and East central)				
Objective 5: Strengthen basic health infrastructures and equipment in the zones least served between now and the end of 2010				
1. Build and equip 5 CSPSs in zones with low health coverage: Sami (Solenzo Health District), Varpuo (Dano Health District) Boulmatchiangou, (Diapaga Health District) Sassamba, (Mangodara Health District), Datambi (Sebba Health District)	X		1,426,147	
2. Provide 4 4x4 pickup vehicles to 4 health districts for supervision (Lena, Sebba, Karangasso Vigué, Gayéri)				
3. Provide motorcycles for 100 CSPSs for advanced strategy activities (CSPS).				
4. Provide one 4x4 vehicle to the Health Information Service of the DEP in order to strengthen the National Health Information System in regards to monitoring the quality of statistical data.				
5. Equip village cells in 4 health regions (East central, Mouhoun Boucle, West central and North Central) with 400 bicycles for				

implementation of community activities related to immunization, distribution of contraceptives.				
6. Equip the DPV with a 15-ton truck for resupplying regional warehouses with vaccines, medications, medical supplies and other materials.				
7. Equip 3 CMAx with ambulance vehicles for referrals and health evacuations.				
8. Build and fit out 2 PEV storage stations in 2 of the 8 newly created health districts (Manni and Mangodara)	X		48,429	
Support Costs			1,866,545	
Management Expenses (7% of the support cost)	X		116,171	
Support Costs for Monitoring and Evaluation	X		41,490	
Technical Assistance	X		10,142	
TOTAL COST			2,034,348	

5.5 Programme implementation for 2009 reporting year

- 5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

Performance of activities in 2009, overall, was satisfactory. Achievements have been attained in terms of the organization and management of health services, the development of human resources and strengthening of mobilization and social marketing. However difficulties remain in regard to improving the system for maintaining equipment and infrastructures, as well as the strengthening of basic health infrastructures and their equipment.

- 5.5.2 Are any Civil Society Organisations 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.

No, no Civil Society Organisation participates in the implementation of the HSS proposal.

5.6 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [**IF YES**]: please complete **Part A** below.
[**IF NO**]: please complete **Part B** below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

The evaluation of the financial management by independent firms (audits of 2009 accounts) is in progress. The final report will be available before the end of June 2010).

Part B: briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details regarding: The type of bank account(s) used (commercial or government account); the procedures for budget approval; the manner in which funds are routed at sub-national levels, the provisions made for preparation of financial reports at the sub-national and national levels; and the overall role of the ICC in this process.

5.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....**).

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

5.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1: Improve the organization and management of health services between now and the end of 2010.						
1.1 National coverage with the DTC HepB-Hib 3 vaccine	Number of children from 0 to 11 months having received 3 doses of DTC HepB-Hib vaccine during a given one-year period	Population from 0 to 11 months during the period	Routine	95.31 % (2006)	Annual statistics report	100 %
1.2 Number of districts attaining ≥80% coverage with the DTC HepB-Hib 3 vaccine			Routine	52 (2006)	Annual statistics report	100 %
1.3 Mortality rate of children less than 5 years of age (per 1000)			Survey	184 (2003)	EDS	
1.4 Rate of CPN 2 coverage	Number of pregnant women having had 2 CPNs during a given period	Total number of pregnancies expected during the period	Routine	61.2 % (2006)	Annual statistics report	76 %
1.5 Rate of births assisted by qualified personnel	Number of births assisted by qualified personnel at a health facility during the period	Number of births expected during the period	Routine	42.9 % (2006)	Annual statistics report	64 %
1.6 VAT 2 coverage for pregnant women	Number of pregnant women having received at least 2 doses of VAT during a given period	Population of pregnant women during the period	Routine	81.41 % (2006)	Annual statistics report	90 %
1.7. Percentage of Health Districts having performed an LQAS evaluation	Number carried out	Number planned	Survey	15% (1994)	DPV	20 %

1.8. Proportion of functional pilot sites offering maternal and infant health care nearby	Number of functional pilot sites offering maternal and infant care nearby	Number of sites planned	Routine	0 % (2007)	DEP	20 %
Objective 2: Develop human resources in health between now and the end of 2010						
2.1. Proportion of CSPSs with a plan of action for quality	Number of CSPSs having an action plan	Number planned	Activity report	50 % (2007)	DS	100 %
Objective 4: Improve the system for maintaining equipment and infrastructure between now and the end of 2010						
4.1. Percentage of maintenance shops built and equipped	Number of workshops built and equipped	Number planned	Monitoring and evaluation report	15.8 % (2007)	DEP	50 %
Objective 5: Strengthen basic health infrastructures and equipment in the zones least served between now and the end of 2010						
5.1. Percentage of CSPSs built and equipped	Number of CSPSs built and equipped	Number planned	Monitoring and evaluation report	85,8 % (2006)	DEP	90 %
5.2. Percentage of CMAs equipped with an ambulance for health evacuations	Number of CMAs equipped with an ambulance	Number planned	Monitoring and evaluation report	88,8%	DGIEM	95 %

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators: Not Applicable**

Provide justification for any changes in **the denominator: Not Applicable**

Provide justification for any changes in **data source: Not Applicable**

Table 16: Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
Objective 1: Improve the organization and management of health services between now and the end of 2010				
1.1 National coverage with the DTC HepB-Hib 3 vaccine	102 %	104 %	103 %	
1.2 Number of districts attaining $\geq 80\%$ coverage with the DTC HepB-Hib 3 vaccine	55	61	63	In 2007, the total number of districts was 55, increasing then to 63.
1.3 Mortality rate of children less than 5 years of age (per 1000)	184	184	184	This indicator is only reported by EDS, and the most recent EDS was in 2003, and therefore this value was used while awaiting the results of the EDS IV, which is currently in progress.
1.4 Rate of CPN 2 coverage	70.30 %	75.60 %	78 %	
1.5 Rate of births assisted by qualified personnel	57,30 %	62.70 %	77.30 %	
1.6 VAT 2 coverage for pregnant women	89,12 %	95,08 %	93 %	
1.7. Percentage of Health Districts having performed an LQAS evaluation	0	0	71 %	Due to a lack of financing, no district planned this activity in advance. For this reason, it was not able to be carried out until 2009 with GAVI'RSS financing
1.8. Proportion of functional pilot sites offering maternal and infant health care nearby	0	0	0	The activity was not able to be planned because the allocated resources were insufficient
Objective 2: Develop human resources in health between now and the end of 2010				
2.1. Proportion of CSPSs with a plan of action for quality	50 %	60 %	100 %	
Objective 4: Improve the system for maintaining equipment and infrastructure between now and the				

end of 2010				
4.1. Percentage of maintenance shops built and equipped	0	0	75 %	No construction of maintenance work shops was planned for 2007.
Objective 5: Strengthen basic health infrastructures and equipment in the zones least served between now and the end of 2010				
5.1. Percentage of CSPSs built and equipped	30 %	12.5 %	90 %	The objectives for this indicator were not able to be achieved in 2007 and 2008, due to the administrative bureaucracy experienced for construction files. This caused the construction work on certain CSPSs planned to be carried out in 2007, to not be started until 2009. There are 30 of these CSPSs with financing from the Islamic Development Bank that are nearly complete.
5.2. Percentage of CMAs equipped with an ambulance for health evacuations	90 %	92 %	96 %	

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

Not Applicable

5.9 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal
Banque islamique du développement	1,329,523	05 years	<u>Objective 5</u> : Strengthen basic health infrastructures and equipment in the zones least served between now and the end of 2010 (construction of 30 CSPS and the Gourcy CMA)
Peoples' Republic of Chine	973,008	01 year	<u>Objective 5</u> : Strengthen basic health infrastructures and equipment in the zones least served between now and the end of 2010 (construction of 30 CSPS and the Gourcy CMA)

PADS sponsors	9,718,394	1 year	All 5 objectives of the RSS GAVI proposal
Banque Africaine de Développement	43,644,521	05 years	<u>Objective 5</u> : Strengthen basic health infrastructures and equipment in the zones least served between now and the end of 2010 (CSPS and CMA and CHR)
Global Fund	2,456,000 (Euros)	2 years	<u>Objective 2</u> : Develop human resources in the area of health

In addition to these donors, it must be emphasized that the State budget contributes to attaining the 5 objectives of the RSS GAVI proposal.

6. Strengthened Involvement of Civil Society Organisations (CSOs)

Not Applicable

6.1 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 support⁵

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:

Not Applicable

6.1.1 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 immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°**.....).

Not Applicable

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, 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 it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

Not Applicable

⁵ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 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).

Not Applicable

Please provide Terms of Reference for the CSOs (if developed), 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.

Not Applicable

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.

Not Applicable

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US\$.....
Remaining funds (carried over) from 2008: US\$.....
Balance to be carried over to 2010: US\$.....

6.2 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 support⁶

Not Applicable

Please fill in 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:

6.2.1 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.

Not Applicable

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

Not Applicable

⁶ 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.

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.

Not Applicable

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

Not Applicable

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Not Applicable

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

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.

Not Applicable

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

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

Not Applicable

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US\$.....
 Remaining funds (carried over) from 2008: US\$.....
 Balance to be carried over to 2010: US\$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES]**: please complete **Part A** below.
[IF NO]: please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health

sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year
Not Applicable

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government’s fiscal year. If an external audit report is available for your CSO Type B programme during your government’s most recent fiscal year, this should also be attached (**Document N°.....**).

6.2.5 Monitoring and Evaluation
Not Applicable

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.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

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.

Not Applicable

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

8. Comments

Comments from ICC/HSCC Chairs:

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. These could be in addition to the approved minutes, which should be included in the attachments

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
 TERMS OF REFERENCE:
 FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND
 NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary table of SSV GAVI expenses	Domestic Currency (CFA)	Amount in USD
2008 Balance carried forward (balance as of 31 December 2008)	1,195,322,779	2,454,462
Summary of income received in 2009	1,195,322,779	2,454,462
Revenue received from GAVI	0	0
Interest income	0	0
Other income (fees)	0	0
		0
Total Income	1,195,322,779	2,454,462
Total expenses in 2009	801,298,216	1,645,376
Balance as of 31 December 2009 (balance to be carried forward to 2010)	394,024,563	809,085

Detailed analyse of expenses by economic classification – GAVI SSV

Expenses	Budget in CFA	Budget in USD	Actual Expenses in CFA	Actual Expenses in USD	Variance – CFA	Variance - USD
Salary Expenses	0	0	0	0	0	0
salaries and wages						
per diem payments						
Non-salary expenses	326,858,284	671,167	559,329,582	1,148,521	44,108,629	90,572
Training	25,727,496	52,829	17,706,760	36,359	8,020,736	16,470
Workshop for design and preparation of working documents	17,641,058	36,224	7,608,484	15,623	10,032,574	20,601
Supervision, inspection and monitoring	162,512,463	333,701	139,767,944	286,998	22,744,519	46,703
Maintenance and overhead expenses	75,340,151	154,703	65,326,147	134,140	10,841,184	22,261
Catch-up campaign	12,500,000	25,667	12,500,000	25,667	0	0
Warehouse lease expenses	9,204,000	18,899	9,204,000	18,899	0	0
Document translation	2,290,000	4,702	2,290,000	4,702	0	0
Transport expenses	.	0	275,752,747	566,227	0	0
Vaccine resupply	4,469,616	9,178	12,000,000	24,641	-7,530,384	-15,463
Programme management expenses	17,173,500	35,264	17,173,500	35,264	0	0
Other expenses	435,664,012	894,587	241,968,634	496,856	193 695 378	397 732
Vehicles	27,000,000	55,441	0	0	27,000,000	55 441
Preparation of media and acquisition of communications media	126,320,012	259,384	101,780,212	208,994	24 539 800	50 390
Preparation of data management media	50,000,000	102,669	68,415,713	140,484	-18 415 713	-37 815
CDF equipment	118,944,000	244,238	71,772,709	147,377	47 171 291	96 861
motorcycle	113,400,000	232,854	0	0	113 400 000	232 854
Total Expenses	762,522,296	1,565,754	801,298,216	1,645,376	237 804 007	488 304

***Due to the catastrophe related to the flood of 1 September 2009, the Ministry of Health had to urgently retrieve donations of medication and supplies from customs to treat the injured. This expense was recorded in this category.**

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD⁹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

⁹ An average rate of CFA 479.11 = USD 1 applied.

¹⁰ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES							
Non-salary expenditure							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTAL FOR ACTIVITY 1.2	18,000,000	37,570	11,792,132	24,613	6,207,868	12,957	
TOTALS FOR OBJECTIVE 1	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

GAVI ANNUAL PROGRESS REPORT ANNEX 4

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO ‘Type B’		
	Local Currency (CFA)	Value in USD¹¹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹² – GAVI CSO ‘Type B’						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

¹¹ An average rate of CFA 479.11 = USD 1 applied.

¹² Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO ‘Type B’ proposal and system for economic classification.

Non-salary expenditure							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811