



Annual Progress Report 2008

Submitted by

The Government of

The Republic of the Congo

Reporting on year: 2008

Requesting support for years: 2010/2011

Date of submission: 15 MAY 2009

Deadline for submission: 15 May 2009

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

and any hard copy can 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 the general public.

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

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

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

For the Government of [the Republic of the Congo]

Minister of Health:

Mrs Emilienne RAOUL

Title: Minister of Health, Social Affairs and Family

Signature:

Date:

Minister of Finance:

Mr Pacifique ISSOIBEKA

Title: Minister of Finance, Economy and Budget

Signature:

Date:

This report has been compiled by:

Full name: ...Dr Edouard NDINGA

Position:Chief Medical Officer of the Enlarged Programme on Immunization (EPI)

Telephone:(00242 551 (00242) 551 12 82)

.....

E-mail: edo_ndinga@yahoo.fr

.....

ICC Signatures Page

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

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

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

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

Full name / Title	Agency / Organisation	Signature	Date
Dr Mamadou D BALL, Representative	WHO		
Koenraad VANORMELINGEN, Representative	UNICEF		
Samuel NZINGOULA, Chairman	National Committee of Poliomyelitis Experts		
Representative	Congo Assistance Foundation		
Representative	Congolese Red Cross (CRC)		
Representative	International Committee of the Red Cross and Red Crescent (ICRC)		
Representative	EU		
Representative	Ministry of Finance		
Representing the	Evangelical Church of the Congo		

Comments from partners:

If you want to, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

.....

.....

As this report been reviewed by the GAVI core regional work group: **yes**
On the 5 May 2009 by the Central Africa IVD team, which is a member of the SRWG for the centre and west.

HSCC Signatures Page Not applicable

If the country is reporting on HSS and CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name), endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Full Name / Title	Agency / Organisation	Signature	Date

Comments from partners:

If you want to, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

.....

.....

.....

.....

.....

Signatures Page for GAVI Alliance CSO Support (Type A et B) Not applicable

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

Full Name:

Position:

Organisation:.....

Date:

Signature:

This report has been prepared in consultation with the CSO representatives who take part in national level coordinating mechanisms (HSCC or equivalent and IACC) and those involved in the mapping of the CSOs (for Type A support), together with those who receive financial support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B support).

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

Full Name:

Position:

Organisation:.....

Date:

Signature:

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

Full Name / Title	Agency / Organisation	Signature	Date
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			

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

Annual Progress Report 2008: Table of Contents

This APR reports on activities completed between January to December 2008 and specifies requests for the period from January to December 2010.

Table A: Latest baseline data and annual targets

Table B: Updated baseline data and annual targets

1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1.2 Use of Immunization Services Support

1.1.3 IACC meetings

1.1.4 Immunization Data Quality Audit

1.2 GAVI Alliance New or Under-used Vaccine Support (NVS)

1.2.1 Receipt of new or under-used vaccines

1.2.2 Major activities

1.2.3 Use of the GAVI Alliance financial support (US \$ 100,000) for the introduction of the new vaccine

1.2.4 Evaluation of the Vaccine Management System

1.3 Injection Safety Support (INS)

1.3.1 Receipt of injection safety support

1.3.2 Progress of transition plan for safe injections and a risk-free management of sharp and pointed waste

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

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

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

3.1 Up-dated immunization targets

4. Health Systems Strengthening (HSS) Support

5. Strengthened Involvement of Civil Society Organisations (CSOs)

6. Checklist

7. Comments

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

Table A: Latest baseline data and annual targets (From the most recent submissions to GAVI in the progress report 2007)

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011		2013	2014	2015
Births	187 327	193 828	20 553	207 513				
Infants' deaths	13 069	13 523	13 992	14 478				
Surviving infants	174 258	180 305	186 561	193 035				
Pregnant women	174 258	171 605	187 424	193 928				
Target population vaccinated with the BCG	160 907	165 850	181 139	187 424				
BCG coverage*	86.79	95	95	97				
Target population vaccinated with OPV 3	153 817	162 072	177 560	193 928				
OPV 3 coverage**	89.26	85	90	95				
Target population vaccinated with DTP 3***	153 817	162 072	177 560	193 928				
DTP3 coverage**	89.26	90	90	95				
Target population vaccinated with DTP 1***	160 950	171 605	187 424	193 928				
Wastage ¹ rate in base-year and planned thereafter	13%	5%	5%	5%				
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3 rd dose								
..... coverage**								
Target population vaccinated with the 1 st dose								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with the 1 st dose of the measles vaccine	136 505	139 406	153 259	167 905				
Target population vaccinated with the 2 nd dose of the measles vaccine	Not applicable	Not applicable	Not applicable	Not applicable				
Measles vaccine coverage**	79.17	85	90	95				

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where: A = The number of doses distributed to be used according to the supply records and corrected to taken into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

Pregnant women vaccinated with tetanus toxoid (TT+)		160 716	156 636	171 605	181 506				
TT+ coverage****		86.69	90	92	95				
Vitamin A supplement	Mothers (<6 weeks from delivery)	Not available	Not applicable	Not applicable	Not applicable				
	Infants (>6 months)	143 520	156 636	171 605	181 506				
Annual DTP drop out rate $[(DTP1-DTP3)/DTP1] \times 100$		4.5	Not applicable	Not applicable	Not applicable				
Annual measles vaccine drop out rate (for countries applying for the yellow fever vaccine)		15.2	Not applicable	Not applicable	Not applicable				

* Number of infants vaccinated out of the total number of births

** Number of infants vaccinated out of the number of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

Table B: Updated baseline data and annual targets

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	187 327	168 386	172 933	177 602				
Infants' deaths	13 069	12 473	12 810	13 156				
Surviving infants	174 258	155 913	160 123	164 446				
Pregnant women	174 258	155 913	160 123	164 446				
Target population vaccinated with the BCG	160 907	159 967	164 286	172 274				
BCG coverage*	86.79	95	95	97				
Target population vaccinated with OPV 3	153 817	140 322	144 111	156 224				
OPV 3 coverage**	89.26	90	90	95				
Target population vaccinated with DTP 3***	153 817	140 322	144 111	156 224				
DTP3 coverage**	89.26	90	90	95				
Target population vaccinated with DTP1***	160 950	148 118	152 117	159 513				
Wastage ² rate in base-year and planned thereafter	13%	5%	5%	5%				
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3 rd dose								
..... coverage**								
Target population vaccinated with the 1 st dose								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with the 1 st dose of the measles vaccine	136 505	132 526	144 111	156 224				
Target population vaccinated with the 2 nd dose of the measles vaccine	Not applicable	Not applicable	Not applicable	Not applicable				
Measles vaccine coverage**	79.17	85	90	95				

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where: A = The number of doses distributed to be used according to the supply records and corrected to taken into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

Pregnant women vaccinated with tetanus toxoid (TT+)		160 716	151 547	159 098	168 722				
TT+ coverage****		86.69	85	90	90				
Vitamin A supplement	Not available	Not applicable	Not applicable	Not applicable	Not applicable				
	143 520	Not applicable	Not applicable	Not applicable	Not applicable				
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$		4.5%	4%	4%	4%				
Annual Measles Drop out rate (for countries applying for the yellow fever vaccine)		15.2%	10%	10%	5%				

* Number of infants vaccinated out of the total number of births

** Number of infants vaccinated out of the number of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

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

1.1 Immunization Services Support (ISS)

Were the funds received for ISS recorded in the budget in 2008? (Are they in the Ministry of Health and/or Ministry of Finance budget):

If yes, please explain in detail how the GAVI Alliance ISS funding is shown in the Ministry of Health / Ministry of Finance budget in the box below.

If not, please explain why the GAVI Alliance ISS funding is not shown in the Ministry of Health / Ministry of Finance budget and whether the country intends to record the ISS funding in the budget in the near future?

No, it is not planned to record them in the very near future. However discussions are still under way to record them in the future in the budget.

1.1.1 Management of ISS Funds

Please describe the management mechanism of the ISS funds, including the role played by the Inter Agency Coordinating Committee (IACC).

Please report on any problems that have been encountered involving the use of these funds, such as delays in the availability of the funds for the completion of the programme.

The GAVI funds were transferred to the bank account of the enlarged programme on immunization in Brazzaville at the end of the first quarter of 2008. In the month of April 2008, an annual budgeted plan of action was submitted to the Inter Agency Coordinating Committee (IACC) which endorsed it. The said plan was developed from the plans of action of the routine EPI of the Social and Health Constituencies (SHC) or Health Districts.

During the regularly quarterly meetings of the IACC, the activities planned are presented and the budgets relating thereto are discussed. After the IACC has endorsed the said, financing requests are initiated by the EPI Programme and submitted to the Minister in charge of Health, in her capacity as Chair of the IACC or, in her absence, by the Managing Director for Health, Vice-Chair of the IACC for endorsement. The foregoing is carried out in line with the rules stipulated in the submission report.

After the expenditure has been approved, the cheques are co-signed by the Chief Medical Officer of the EPI and the Director of the Fight against Diseases for the funds to be made available. In the same way as the funds which are intended to be used to manage public goods, GAVI funds are subject to the same Government audit and verification rules.

Supporting documents are requested for the technical monitoring of the activities but also for the traceability of the use of the funds. Funds which are sent to the intermediate and peripheral levels (social and health constituencies) are received by the Department Health Director who is the main authorising officer. The activity report of the EPI 2008, including the expenditures made, was presented and endorsed by the IACC in April 2009. Although there was a delay in sending the funds to the central level, they were immediately placed at the disposal of the Social and Health Constituencies for the implementation of their micro plan.

1.1.2 Use of Immunization Services Support

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

Funds received during 2008: US \$ 460 500*

Remaining funds (carry over) from 2007: US \$ 1 833

Balance to be carried over to 2009: US \$ 00

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Receipt of the vaccines	11 500	11 500	0	0	0
Internet connection	2 000	2 000	0	0	0
Dispatches of the vaccines and inputs	12 321	5 488	5 000	1 833	0
Procurement of computer equipment	3 700	3 700	0	0	0
Procurement of office supplies	10 500	4 500	6 000	0	0
Specific support for districts with poor outcomes	29 000	10 000	9 000	10 000	0
Support for the quarterly meetings	25 500	15 000	3 500	7 000	0
Support and monitoring of the DQS	10 300	300	5 000	5 000	0
Strengthening of the advanced and mobile strategies	90 000	0	0	90 000	0
Support for the implementation of the Reach Each District approach	60 300	300	45 000	15 000	0
Technical support for the mother and child health weeks	44 500	10 000	16 500	18 000	0
Procurement and maintenance of the vehicles	51 600	51 600	0	0	0
Formative supervision	19 500	10 000	4 500	5 000	0

Procurement of refrigerators	39 100	0	0	39 100	0
Procurement of motorbikes	13 590	0	0	13 590	0
Procurement of motor boats	5 722	0	0	5 722	0
Support for the organization of the external assessments of the EPI	3 200	0	3 500	0	0
Organisation of the Mid-Level Management (MLM) course	30 000	30 000	0	0	0
Total:	462 333	154 388	98 000	210 245	0
Remaining funds for the following year:	00				

* By way of a reply to the concern voiced by the GAVI Secretariat concerning the 2007 annual progress report ref. GAVI/08/237sc of the 6 October 2008 which requested clarifications on the difference noted with regard to the ISS funds mentioned in the 2007 annual progress report (US \$ 46 000) and the actual sum of US \$ 460 500 that the GAVI Secretariat had awarded for the year 2006, we are pleased to provide you with an explanation below:

- The sum of US \$ 460 500 indeed corresponds to the award for the year 2006. This sum was placed at the disposal of the Congo at the end of the first quarter of 2008, hence its justification in this report. However, the sum of US \$ 46 000 corresponds to the award received for the year 2005. The funds were placed at the disposal of the Congo at the end of 2006 and consequently used in 2007, which is why they were justified in 2007.

1.1.3 IACC meetings

How many times did the IACC meet in 2008? 4

Please attach the minutes (DOCUMENT N°.....) from all the IACC meetings held in 2008 and in particular the minutes of the IACC meetings during which the allocation and utilization of the funds were discussed.

Are any Civil Society Organizations members of the IACC: [Yes]

If yes, which ones?

List CSO member organisations: The Congolese Red Cross, the International Committee of the Red Cross and Red Crescent, the Congo Assistance Foundation and the Evangelical Church of the Congo

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to the implementation of your multi-year plan.

The main headings of the activities implemented in 2008 involved:

- ***The strengthening of the implementation activities of the Reach Every District (RED) approach***
- ***The organisation of mother and child weeks to include children who had not been reached***
- ***Specific support to the Social and Health Constituencies which record low performance levels through the placing at their disposal of technicians from central level for a month***
- ***The training of the managers in the Social and Health Constituencies and departments (Mid-Level Management course)***
- ***The supplying of the departments in vaccines and inputs***
- ***The upkeep of the motorized vehicles and the procurement of oil for the refrigerators***
- ***The clearing through customs and dispatch of the vaccines***
- ***The organisation of quarterly assessment meetings***

The problems encountered:

- ***The irregular holding of the quarterly meetings of the department within the scope of the monitoring and evaluation of the activities: 2 meetings out of the 4 were held***
- ***Insufficient health personnel in certain departments***
- ***The lack of spare parts for the effective maintenance of the motorbikes and refrigerators***
- ***The irregular supply of electricity and the use of poor quality oil***

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N° 01) of the IACC meeting of the 28 April 2009 which endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting during which the financial statement was presented to the IACC.
- b) The most recent external audit report (DOCUMENT N° 02): Audit report on the use of the funds from the GAVI bonus by the Enlarged Programme on Immunization in 2008

- c) A detailed Financial Statement of the funds (DOCUMENT N° 03) spent during the year under review (2008: Financial report on the use of the 2008 GAVI bonus).
- d) The detailed Financial Statement must be signed by the Financial Controller at the Ministry of Health and/or Ministry of Finance and the Chair of the IACC, as indicated below: **this document was endorsed during the IACC meeting of the 28 April 2009 and was submitted to the State Inspector for review.**

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was carried out in 2007 or 2008 please indicate its recommendations below:

None

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

YES

☐

NO

☐

If yes, please indicate the status and progress of implementation of the recommendations and attach the plan.

Not applicable

Please indicate during which IACC meeting the plan of action for the last DQA was discussed and endorsed by the IACC. [mm/yyyy]

Please report on the studies conducted and the problems encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys, household surveys, etc.).

Not applicable as a recent DQA has not been carried out.

1.2. GAVI Alliance New or Under-used Vaccine Support (NVS)

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

When was the new or under-used vaccine introduced? Please include any change in doses per vial and in the presentation of the vaccines, (e.g. DTP + Hep B mono to DTP – Hep B)

No new vaccine was introduced in the routine EPI in 2008. The overstock of the Tetravalent vaccine did not enable us to introduce the Pentavalent in 2008. Consequently, the Pentavalent which was received during the month of August 2008 was introduced in the routine EPI at the beginning of the month of January 2009.

Dates shipments were received in 2008.

Vaccine	Vial size	Total number of doses	Date of introduction	Date shipments received (2008)
Pentavalent	2	452 200	01/01/2009	13 August 2008

Where applicable, please report on any problems encountered.

The utilization plan which was developed in line with the overstock of the Tetravalent vaccine in the EPI warehouses deferred the introduction of the Pentavalent vaccine which had initially been planned in July and then in September to January 2009.

1.2.2. Major activities

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

Implementation by the Minister of Health, Social Affairs and Family of a scientific committee for the introduction of new vaccines, increased awareness of the populations and clinicians by radio and television forums and focuses and the training of health workers.

1.2.3. Use of the GAVI Alliance financial support (US \$ 100 000) for the introduction of the new vaccine

These funds were received on the: 5 February 2008

Please report on the proportion of the introduction grant used, the activities undertaken, and the problems encountered such as delays in the availability of funds to complete the programme.

Year	Amount in US	Date received	Balance	Activities	List of
------	--------------	---------------	---------	------------	---------

	\$		remaining in US \$		problems
2004 (yellow fever vaccine)*	100 000	3rd quarter of 2004	Not applicable	- Increased awareness of the populations and clinicians through radio and television forums and focuses - Training of health workers - Dispatch of the vaccine to all the fixed immunization centres - Formative supervisions	No particular problem (see 2005 GAVI annual progress report)
2008 (pentavalent)	100 000	March 2008	US \$12 442	- Implementation by the Minister of Health, Social Affairs and Family of a technical committee for the introduction of the new vaccines - Increased awareness of the populations and clinicians through radio and television forums and focuses - Training of health workers (See 2008 annual progress report)	No particular problem

* In reply to the GAVI Secretariat's concern on the use of the funds for the introduction of the vaccine against the yellow fever in the routine EPI in 2004. However, detailed information can be found in the 2004 annual progress report of the Congo.

1.2.4. Effective Vaccine Store Management Assessment / Vaccine Management Assessment

When was the last Effective Vaccine Store Management Assessment (EVSMA) / Vaccine Management Assessment (VMA) conducted? *November 2007*

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

- **Improve the upkeep of the warehouses at central level**
- **Improve stock management at all levels (departments, district districts and fixed immunization centres)**
- **Strengthen the capacities of the logistic park in refrigerators**
- **Improve the monitoring of the temperatures required for the vaccines to be conserved correctly**

Was an action plan prepared following the EVSMA / VMA? **Yes**

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

- **Rehabilitation and equipment of the fixed immunization centres in refrigerators and spare parts**
- **Strengthen formative supervisions in favour of vaccine management**
- **Organisation of the quarterly meetings of the EPI**
- **Endorsement of the EPI activities during the IACC meetings**
- **Recruitment of a maintenance hand for the central level warehouses**
- **Production and dissemination of the management and vaccine monitoring documentation**

When will the next EVSMA / VMA* be conducted? June 2009

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

Table 1.2

Vaccine 1: Pneumococcal vaccine	
Anticipated stock on 1 January 2010	592 700
Vaccine 2: Pentavalent	
Anticipated stock on 1 January 2010	592 594
Vaccine 3: Yellow fever vaccine	
Anticipated stock on 1 January 2010	170 051

1.3 Injection Safety Support (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Do you receive Injection Safety Support in cash or supplies? NO

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

Injection Safety Material	Quantity	Date received
Auto-disable syringes	Not applicable	Not applicable
2 ml dilution syringes	Not applicable	Not applicable

Please report on any problems encountered.

Not applicable

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

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

Injection safety supplies are currently financed by the Government through the budget line of the EPI. 100% of the health facilities use auto-disable syringes and safety boxes.

Please report on how sharp and pointed waste is disposed of.

There are still disposal problems due to the lack of incinerators. Burning followed by burying is the only method used to dispose of EPI waste.

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

No technical difficulties were encountered apart from problems relating to receipt and shipment due to the fact that the same funds which are intended for immunization services support are also used to pay for the transit, shipment and dispatch of the syringes.

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

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year: [Not applicable](#)

Not applicable

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI to understand the broad trends in immunization programme expenditures and financial flows.

Please complete the following table in US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted expenditures	Budgeted expenditures
<i>Expenditures by Category</i>			
Traditional Vaccines	2 737 087	2 309 868	5 464 414
New Vaccines	171 386	186 381	191 902
Injection supplies	270 114	324 461	341 412
Cold Chain equipment	87 296	100 793	109 094
Operational costs	53 819	90 488	73 760
Equipment	2 015	2 211	2 467
Total EPI	2 494 522	2 275 203	2 502 723
Total Government Health expenditures	Not available		

Exchange rate used	500 US \$
---------------------------	-----------

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; please indicate whether the funding gaps are manageable, whether they represent a problem or whether they are 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 Government has increased financing in immunization activities over the past few years from 70 million in 2003 to 400 million in 2006, and to 730 million in 2008; this has enabled the country to avoid any major deficits. The prospects of sustainability are positive. The Government's budget has a budget line for the EPI and the EPI component is taken into account in the financing of health sector activities by the donors (World Bank Project, ENI Foundation Project etc.)

Future Country Co-Financing (in US \$)

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

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per vaccine dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" in Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

Table 2.2.1 is designed to help understand future country level co-financing of GAVI supported vaccines. If your country has received more than one new vaccine, please complete a separate table for each vaccine co-financed (Table 2.2.2; Table 2.2.3;)

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

<i>1st vaccine: Pneumococcal vaccine</i>		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose		0.10%	0.15%				
Number of vaccine doses	#	8 300	10 500				
Number of auto-disable syringes	#	8 800	11 100				
Number of reconstitution syringes	#	0	0				
Number of safety boxes	#	100	125				
Total value to be co-financed by the country	\$	60 000	76 500				

Table 2.2.2: Portion of supply to be co-financed by the country (and estimate of costs in US \$)

<i>2nd vaccine: Pentavalent</i>		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose		0.15%	0.20%				
Number of vaccine doses	#	26 500	31 900				
Number of auto-disable syringes	#	28 300	33 800				
Number of reconstitution syringes	#	14 700	17 700				
Number of safety boxes	#	500	575				
Total value to be co-financed by the country	\$	90 000	102 000				

Table 2.2.3: Portion of supply to be co-financed by the country (and estimate of costs in US \$)

<i>2nd vaccine: Yellow fever vaccine</i>		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose		0.15%	0.20%				
Number of vaccine doses	#	31 400	42 900				
Number of auto-disable syringes	#	32 100	43 900				
Number of reconstitution syringes	#	3 500	4 800				
Number of safety boxes	#	400	550				
Total value to be co-financed by the country	\$	32 000	44 500				

Table 2.3: Country Co-Financing in the Reporting Year (2008)

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 the Reporting Year	Actual Payments Date in the Reporting Year	Proposed Payment Date for the following year
	(month/year)	(day/month)	
1 st Vaccine Awarded Pentavalent	May 2008	March 2008	May 2009
2 nd Vaccine Awarded (specify)	Not applicable	Not applicable	Not applicable
3 rd Vaccine Awarded (specify)	Not applicable	Not applicable	Not applicable

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total Amount in US \$	Total Number of Doses
1 st Vaccine Awarded (specify)	36 500	17 600
2 nd Vaccine Awarded (specify)		
3 rd Vaccine Awarded (specify)		

Q. 3: What factors have slowed or hindered or accelerated the mobilization of resources for vaccine co-financing?	
1. Nothing	
2.	
3.	
4.	

If the country is in default of payment, please describe and explain the steps the country is planning take to honour its commitments.

Not applicable

3. Request for new or under-used vaccines for year 2010

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

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline data, targets, wastage rates, vaccine presentations, etc. from the previously approved plan, and differences in the figures reported with those reported in the **WHO/UNICEF Joint Reporting Form on immunization activities** in the space provided below.

Are there changes between table A and B? **Yes**

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

Please provide justification for any changes **in births**:

The estimates of the targets for the years 2007 and 2008 were based on the data from the national immunization days which were close to reality due to the 2004 census which had become out of date. The data from the 2007 census are currently accessible which justifies the changes to the targets from 2009 onwards.

Provide justification for any changes in the number of **surviving infants**:

Idem

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

Not applicable

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

Not applicable

Vaccine 1:

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

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

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

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

Vaccine 1: Pentavalent**Table 3.1: Specifications of the vaccinations to be carried out with the new vaccine**

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#	144 111	156 224				
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#	90%	95%				
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#	152 117	159 513				
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05				
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.15	0.20				

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Vaccine 1: Pentavalent

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	572 600	476 700				
Number of auto-disable syringes	#	611 300	504 000				
Number of reconstitution syringes	#	317 800	264 500				
Number of safety boxes	#	10 325	8 550				
Total value to be co-financed by GAVI	\$	1 944 500	1 519 500				

Table 3.2: Portion of supply which will be provided by GAVI Alliance (and estimate of costs in US \$)

Vaccine 2: Pneumococcal vaccine

Table 3.3: Specifications of the vaccinations to be carried out with the new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#	144 111	156 224				
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#	90%	95%				
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#	152 117	159 513				
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05				
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.15	0.20				

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Vaccine 2: Pneumococcal vaccine

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	590 800	497 900				
Number of auto-disable syringes	#	630 800	526 700				
Number of reconstitution syringes	#	0	0				
Number of safety boxes	#	10 650	8 925				
Total value to be co-financed by GAVI	\$	4 314 500	3 626 000				

Table 3.4: Portion of supply which will be provided by GAVI Alliance (and estimate of costs in US \$)

Vaccine 3: Yellow fever vaccine

Proceed as above (table 3.1 and 3.2)

Table 3.5: Specifications of the vaccinations to be carried out with the new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#	144 111	156 224				
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#	90%	95%				
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#	144 111	156 224				
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.11	1.11				
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.15	0.20				

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

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

Vaccine 3: Yellow fever vaccine

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	179 800	178 500				
Number of auto-disable syringes	#	183 800	182 400				
Number of reconstitution syringes	#	20 000	19 900				
Number of safety boxes	#	2 275	2 250				
Total value to be co-financed by GAVI	\$	182 000	184 500				

4. Health Systems Strengthening Support (HSS)

Instructions for reporting on the HSS funds received

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

4.1 Information relating to this report:

- a) The tax year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) The duration of the current National Health Plan is from(month/year) to(month/year).
- d) The duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report for this person to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand the 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 the UNICEF and the WHO country offices for the verifications required on the sources and review to be carried out. Once their feedback had been acted upon, the report was finally sent to the Health Sector Coordination Committee (or IACC or equivalent) for final review and approval. The report was approved 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 the submission of the report	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

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

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

- g) In putting together this report did you encounter 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 in the annual progress report? Would it be possible to harmonize the HSS report with the existing report systems in your country better?

4.2 Financial breakdown of overall support

Period for which support has been approved and new requests. For this annual progress report, these are measured in calendar years, but in future it is hoped that tax years will be used:

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

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: The information given in this section should correspond with activities initially included in the HSS proposal. It is very important to give a precise description of the extent of progress. So please allocate a completion percentage to each activity line from 0% to 100%. Use the right hand side of the table to explain the progress achieved and to inform the reviewers of all the changes which occurred or which are proposed from the activities which had been originally planned.

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Activities planned for the reporting year	Report on progress completion ³ (% of achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditures of GAVI HSS during the reporting year (2008)	Carried forward (balance) into 2009	Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments, and details of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, the number of Community Health Workers trained, the number of buildings constructed or vehicles distributed.
Annual Progress Report 2008

Activity 3.2:						
Support Functions						
Management						
Monitoring & Evaluation						
Technical Support						

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

The column on “Planned expenditures in the coming year” should correspond to the estimates provided in last year’s annual progress report (Table 4.6 of last year’s report) or – in the case of a first HSS reporter - as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditures” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for the current year (ie. January – December 2009) with particular emphasis on the activities which have been carried out between January and April 2009

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

Monitoring & Evaluation support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 HSS activities planned for the following year (i.e. 2010). This information will help GAVI to plan its financial commitments.

Major Activities	Activities planned for the current year (2009)	Planned expenditures in the coming year	Balance available (To be automatically filled in from the previous table)	Requests for 2010	Explanation of differences in the activities and expenditures from the original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
Monitoring & Evaluation support costs					
Technical support					
TOTAL COSTS					

4.6 Implementation of the programme for the reporting year:

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

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

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

4.7 Financial overview of the reporting year:

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

- a) Are the funds recorded in the budget? (Are they in the Ministry of Health and/or Ministry of Finance budget)? Yes/No
If not, why not and how will it be ensured that they appear in the budget? Please provide details.*

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

4.8 General overview of the targets achieved

Table 4.8 Progress of the Indicators included in the application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline Value	Target	Date for Target	Current status	Explanation for the non achievement of the target

4.9 Attachments

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

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

**Financial Controller at the Ministry of
Health:**

Full name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please write in the boxes below and expanded where required.

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

5.1.1 Mapping exercise

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

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

Please describe any hurdles or difficulties encountered with the proposed methodology to identify the most appropriate in-country CSOs which are involved or contribute 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.

5.1.2 Nomination process

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

Please provide below the Terms of Reference for the CSOs (if developed), or describe the role that they are expected to play. State if there are guidelines / policies governing these points. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

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

5.1.3 Receipt of funds

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

ACTIVITIES	Total funds approved	2008 Funds in US \$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please write in the boxes below and expanded where required.

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

5.2.1 Programme implementation

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

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

⁵ Type B GAVI Alliance CSO Support is only available for 10 pilot GAVI eligible countries: Afghanistan, Bolivia, Burundi, 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.

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

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunization 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.

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

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

Please also indicate the new activities to be undertaken by the CSOs which have already received support.

Name of CSO (and type of organisation)	Current involvement in immunisation / in HSS	GAVI supported activities which should be conducted in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO on a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if they have been incurred yet.

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

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate if there are differences with the proposal. Describe the mechanism for budgeting and approving the use of funds and disbursement to the CSOs.

--

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

--

5.2.4 Monitoring and Evaluation

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

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

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for achievement of the 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. Please indicate any problems encountered in measuring the indicators and any changes proposed.

--

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with the previous calendar year)	X	
Government signatures	X	
IACC endorsement	X	
Report on the ISS	X	
Report on the DQA	Not applicable	
Report on the use of the Vaccine introduction grant	Not applicable	
Report on injection safety	Not applicable	
Report on Immunization Financing & Financial Sustainability (progress compared with immunization financing and financial sustainability indicators)	X	
Request for new vaccines including the co-financing completed and Excel sheet attached	X	
Revised request for injection safety support (where applicable)	Not applicable	
Report on HSS	Not applicable	
IACC minutes attached to the report	X	
HSCC minutes, audit report of the accounts for the HSS funds and annual health sector review report attached to the annual progress report	Not applicable	

7. Comments

IACC/HSCC comments:

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

We have noted the considerable efforts made. The national immunization levels of coverage of all the antigens have increased. However, disparities persist in certain districts with levels of coverage which are below 60% (Impfondo). Consequently, particular emphasis should be placed on these districts during 2009.

~ End ~