



Annual Progress Report 2009

Submitted by

the Government of the

[*REPUBLIC OF THE CONGO*]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: ...13 May 2010.....

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following
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 to 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 are 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 [*the Republic of the Congo*].....

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:

Professor Georges MOYEN

Title: Ministry of Health and Population

Signature:

Date:

Minister of Finance:

Mr Gilbert ONDONGO

Title: Minister of Finance and Budget, in charge of public holdings...

Signature:

Date:

This report has been compiled by:

Full name: Dr Edouard NDINGA Post: Head Medical Officer of the Expanded Program on Immunization Telephone no.: (+242) 651.12.82 / 551.12.82 E-mail: edo_ndinga@yahoo.fr,	Full name: Dr Lydie MAOUNGOU MINGUIEL Post: EPI deputy trustee Telephone (+242) 658 97 12 / 558 97 12 e-mail: Imminguiel@unicef.org
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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
Dr Mamadou D. BALL, Representative	WHO		
Mrs Marianne FLACH Representative	UNICEF		
Pr Samuel NZINGOULA, Chair	National Committee of Polio Experts		
Representative	Congo Assistance Foundation		
Representative	Congolese Red Cross (CRC)		
Representative	International Federation of the Red Cross and of the Red Crescent (ICRC)		
Representative	EU		
Representative	Ministry of Finance		
Representative	Evangelical Church of the Congo		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from partners:

.....

Comments from the Regional Working Group:

.....
 Document reviewed by peers and by the sub-regional working group for Central and West Africa. There is a real problem of *denominator* in the majority of countries. Along with support from the Headquarters, the Regional Bureau is going to great lengths to look for a mechanism to better estimate the target populations.

.....

If the country is reporting on HSS

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.

[illegible]

Comments from partners:

Comments from the Regional Working Group:

Signatures Page for GAVI Alliance CSO Support (Type A & B)

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

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.

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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;
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Document N°	Title	APR Section
	Calculation of [Country's] ISS-NVS support for 2011 (Annex 1)	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 Annex1-excell)

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:

Analysis of the progress reports of 2008 and 2009 shows gaps between the births related to data from the last General Census of Population and Dwellings (RGPH) of 2007. These data were officially released in late 2008 and became applicable from 2009. All planning in the country is based on these data.

	live births			
	2008	2009	2010	2011
APR 2008	187 327	193 828	205 530	207 513
APR 2009		167 607	172 132	176 780
GAP		26 221	33 398	30 733

Provide justification for any changes in surviving infants:

The same explanations provided for live births apply to infants.

	Surviving infants			
	2008	2009	2010	2011
APR 2008	174 258	180 305	186 561	193 035
APR 2009		155 913	160 123	164 446
GAP		24 392	26 438	28 589

Provide justification for any changes in Targets by vaccine:

	Vaccination Campaign Objectives			
Vaccine	2010		2011	
	cMYP	APR 2009	cMYP	APR 2009
BCG	95%	90%	97%	95%
OPV3	90%	90%	95%	95%
DTP-Hib/HepB 3	90%	90%	95%	95%
TT2+	92%	90%	95%	95%
MCV	90%	80%	95%	85%
YFV	90%	80%	95%	85%

Taking into account the results obtained at the end of 2009, the EPI judged it necessary to revise 2010 results downwards, especially for the BCG, MCV, and YF vaccine.

Provide justification for any changes in Wastage by vaccine:

	Wastage Rate Objectives
--	-------------------------

Vaccine	2010		2011	
	cMYP	APR 2009	cMYP	APR 2009
DTP- HepB 3/ Hib	5%	5%	5%	5%
YFV	10%	10%	10%	10%
PCV	5%	5%	5%	5%

The wastage rate objectives remain the same, as much for the cMYP as for the APR 2009 for the years 2010 and 2011.

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:

It's fitting to note that the target population denominator used for planning in 2009 is from the RGPH 2007, as mentioned in Point 1.1. The denominator used in 2008 comes from data from the National Immunization Days (JNV Polio). Taking into account these changes, the results in 2009 show that the number of children receiving DTP-HepB/Hib immunization (142,047) is smaller than that of 2008 (153,817). Nevertheless, the corresponding coverage in 2009 (91.1%) exceeds that of 2008 (89%), as described in the table below.

	2008	2009	Gap
	DTP-HepB-Hib	DTP-HepB-Hib	
Expected targets	172 426	155 913	- 16513
Children immunized	153 817	142 047	- 11 770
Immunisation Coverage	89.2%	91%	2%

The following activities were carried out:

- implementation of the RED strategy in 11 départements (administrative divisions);
- organizing of a mother & child health week;
- specific support for low-performing socio-health districts (CSS) via the formal demand to peers for better organizing of activities;
- support to carrying out DQS self-assessment in 23 out of the 30 CSS of the country;
- training supervision in all the départements of the country.

Other activities:

- Countering yellow fever epidemics;
- Monitoring and investigations of the AH1N1 pandemic influenza.

Obstacles encountered:

- Late unfreezing of funds at all levels, including those of GAVI;
- Weak funding of activities at different levels, due to insufficient local resources;
- The presidential election period.

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

As explained in the presentation of results, the number of children immunized in 2009 was smaller than that of 2008. We can nevertheless note that there was weak operational implementation of the RED, as there was only one round for the mother & child health

weak compared to two rounds in 2008.

In 2009, intensified immunization activities were carried out in the form of support in the low-performing CSS for the last two months of the year. The presidential election period disturbed the implementation of activities in the country, including those of the EPI.

As for other activities that often kept the EPI teams busy, there was the counter-attack of the yellow fever epidemic in the Cuvette-Ouest département, monitoring and investigations of the AH1N1 pandemic influenza, as well as the immunization activities at DRC refugee sites in the north of the Congo.

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 different¹).

No investigation was carried out in 2009.

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present?
[YES / NO]. IF YES:

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

Assessments of administrative data systems were held during the 3rd and 4th quarters of 2009 in all the country's health districts. The WHO Inter-country Support Team for Central Africa provided capacity-building support for self-assessment of data quality. From these assessments, we noted the weaknesses in the reporting of data and in use of data coming from advanced/catch-up strategies and reports received late, and insufficient data-collection aids. On the other hand, the archiving of data-collection aids was remarkably improved.

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

- Feedback to the CSS, along with orientations;
- Granting of data-collection aids;
- Holding of quarterly data monitoring meetings at all levels;
- Training supervision;
- Holding of monthly meetings of the Review and Harmonization of Data Committee at the central level.

- 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.

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.

- Training on manager capacity building at the district level, postponed to 2010;
- Establishment of computerized data bases at the DDS level
- Granting of data-collection aids;
- Strengthening of training supervision;
- Holding of decentralized monitoring/EPI Focal Point meetings of the health districts, divided into three zones (north, south, and center).
- Making data quality audits in the CSS systematic.

1.4 Overall Expenditure 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\$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional vaccines ²	USD 107,007	USD 300,000	Not app., because budget not yet voted
New vaccines	USD 2,543,000	USD 5,165,442	
Injection supplies with AD syringes			Not app.
Other (please specify): safety boxes			
Injection supply with syringes other than ADs			
Cold chain equipment	USD 63,097	USD 328,783	Not app.
Operational costs	USD 2,252,337	USD 3,965,447	Not app.
Total EPI	USD 4,965,442	USD 9,459,673	Not app.
Total Government Health Expenditures	USD 50,128 491	USD 49,096,053	Not app.

Exchange rate used	1 dollar =450 CFA
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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 programme 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.

By considering the tool for estimating the cMYP costs, which estimated 3,691,691 US\$ in resource needs, and that the secure financing was 3,466,108 dollars, and that the estimated expenditures in the 2009 action plan were estimated with support from all the partners at more than 3,000,000 dollars.

In 2009, the EPI operating expenses are estimated to be 4,965,442.43 US\$, thus showing a gap of nearly 2,000,000 dollars compared to the expenditures made for the implementation of the 2009 POA, and we also observe a gap with regards to the secure financing contained in the cMYP 2008-2011.

The trends in expenditures are clearly higher than the expenditure estimate in 2009 contained in the POA. This is due to the fact that GAVI funding for costs for new vaccines sometimes varies from one year to another, and the rewards are not always taken into account in the estimated budget. In addition, the support from other partners such as the ENI Foundation, which is not taken into account in the estimates, turned out to be significant.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? 02

Please include the reports (Documents n° I, II.....) 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:

The ICC had the following concerns:

- 1- organizing Health & Family Weeks, to reach the greatest number of children
- 2- strengthening advocacy to fill in the gap in funding the EPI activities
- 3- preparing submittals to GAVI for supporting the introduction of new vaccines (Rotavirus) and the strengthening of the health system
- 4- Improvement of the EPI data quality

Are any Civil Society Organisations members of the ICC ? [YES / NO]. If yes, which ones?

List CSO member organisations: Congolese Red Cross, Evangelical Church of the Congo, Congo Assistance Foundation, ENI Foundation

1.5 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?

Main objectives

- With respect to immunisation coverage

- 90% immunization coverage for all vaccines in at least 80% of the health districts
- Drop-out rates of <10% for DTP1/DTP3 and <10% for BCG/MCV in 90% of health districts

- With respect to introduction of new vaccines

- To present proposals to GAVI for the rotavirus and the 2nd MCV dose for the routine EPI

- In the area of accelerating global initiatives

- To maintain blockage of the circulation of the wild polio virus;
- To eliminate MNT in 100% of the health districts;

- To reduce measles-related mortality by 95%;
- To block circulation of the yellow fever virus in the Congo.

- In the area of vaccine independence

- To increase national funding for immunisation activities in order to eliminate the EPI's dependence on international funding completely
- To carry out advocacy pour maximum mobilization of resources

These objectives are linked to the cMYP, in accordance with the GIVS orientations

The priority activities of the EPI in 2010 are:

- To revise and popularize the EPI norms and standards at all levels
- cMYP revision
- To strengthen the implementation of the RED strategy
- To reduce of the number of non-vaccinated children
- Specific support to low-performing CSS
- To strengthen monitoring in order to avoid any importation of the wild polio virus
- To strengthen data quality at all levels (DQS)
- Capacity building for EPI in Communication for Development (C4D)
- To ensure better popularization of the GIVS
- To submit GAVI with proposals for Immunisation Services Support, support for the introduction of rotavirus vaccines, and the 2nd dose of MCV
- To assess vaccine management
- To implement the Plan for Cold Chain Improvement
- To work out the cold chain maintenance plan
- To make the lab network operational for ensuring monitoring (National Laboratory for Public Health [LNSP] not in Pasteur Institute network, diagnostic FJ for LNSP)
- To have an external review of EPI carried out, joined with an investigation of immunization coverage
- To guarantee the security of immunization in the Congo (setting up of a monitoring system and mechanism of the APIR and NRA)
- To organize the follow-up campaign against measles
- To organize reactions to any epidemic
- To organize immunization of the target population against AH1N1 pandemic influenza

The priority activities of the EIP 2011 are:

- To strengthen the implementation of the RED strategy
- To reduce of the number of non-immunized children
- Specific support to low-performing CSS
- To strengthen monitoring in order to avoid any importation of the wild polio virus
- To strengthen data quality at all levels (Audit, DQS)
- To continue the implementation of the Plan for Cold Chain Improvement
- To guarantee the security of immunization in the Congo (setting up of a monitoring system and mechanism of the APIR and NRA)
- To organize the reactions to any epidemic
- To organize immunization of the target population against AH1N1 pandemic influenza

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$ 141,500

Remaining funds (carried over) from 2008: US\$ 12,742

Balance carried over to 2010: US\$: 50

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

- The implementation of the 1st round of the Mother & Child Health Weeks (SSME)
- specific support to the low-performing Socio-health Districts (CSS)
- management and coordination of the program (training supervision, data quality audit)
- implementation of the RED strategy in all the départements
- carrying out the data quality audit in the CSS

2.2 Management of ISS 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: 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.

The GAVI funds were transferred to the Expanded Program on Immunization's bank account in Brazzaville at the end of the first quarter of 2009. In March 2009, an annual action plan included in the budget was submitted to the Inter-Agency Coordinating Committee (ICC), which adopted it.

At regular quarterly ICC meetings, the planned activities are presented, and their corresponding budgets are discussed. After approval by the ICC, funding requests are initiated by the EPI Program. They are then submitted for signing by the Minister in charge of health, as Chair of the ICC, or—in the event of her absence, by the Managing Director of health, who is Vice-Chair of the ICC—for approval. This procedure follows the rules established in the submittal 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. As in the case of funds intended for management of public property, the GAVI funds are subject to the same state audit and verification rules.

Supporting documents are requested for the technical monitoring of the activities as well as for the traceability of the use of the funds. Funds that are sent to the intermediate and peripheral levels (social and health districts) are received by the Department Health

Director, who is the main authorising officer. The activity report of the EPI 2009, including the expenditures incurred, was presented and endorsed by the ICC in April 2009. Even though the funds were late reaching the central level, they were immediately placed at the disposal of the socio-health districts for the implementation of their micro-plan. The GAVI funds are not always taken into account in the state budget estimates. The Congo's proposal for Immunization Services Support (ISS) for the coming years will be sent very soon this year to the GAVI secretariat.

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.

2.3 Detailed expenditure of ISS funds during 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:

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) 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 an ISS reward based on DTP3 achievements in the 2009 immunisation programme, estimate the US\$ amount by filling Table 3 in Annex³.

³ 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.

Tableau 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 *	Total doses of postponed deliveries in 2010
PENTAVALENT	641 800	06/10/2008	641 800
YFV	187 400	06/10/2008	187 400

* 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?, etc.)	Delay observed in reception of YF vaccine
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)	Readjustment of supply dates with UNICEF SD via the country office

3.2 Introduction of a New Vaccine in 2009

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:	None
Phased introduction [YES / NO]	Date:.....
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	Not app.

3.2.2 Use of new vaccines introduction grant (or lumpsum)

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.

--

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

--

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:

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

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

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 YF vaccine	April – May 2009	March 16, 2009	June – July 2010
2 nd Awarded Vaccine Penta	April – May 2009	29 April 2009	June – July 2010
3 rd Awarded Vaccine Pneumo (PCV-10)	Not app.	Not app.	June – July 2010

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine YF vaccine	27000	26800
2nd Awarded Vaccine Penta	4500	1400
3rd Awarded Vaccine Pneumo	87500	23900

Q. 3: Sources of funding for co-financing?
1. Government: YES
2. Donor (specify)
3. Other (specify)

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1. Administrative procedures
2. Better awareness/advocacy of authorities (Ministry of Health and Finance)
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.

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [November 2007]

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]

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

When is the next EVSM/VMA* planned? [mm/yyyy]

*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:

We wish to receive the pentavalent in the 2-dose liquid/lyophilized form, joined by a ring, as requested in our support request

Please attach the minutes of the ICC meeting (**Document n°**.....) that approved the requested change.

3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

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. Table4.1 HepB & Hib; Table4.2 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. Verify the support that will be provided by GAVI and the co-financing that will be paid by the country. 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] / [NO, I don't]

If you don't confirm, please explain:

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 [YES/NO] or supplies [YES/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

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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	AD syringe 0.05ml	Government
Measles	SAB 0.5ml	Government
Tetanus toxoid-containing vaccine	AD syringe 0.5ml	Government
DTP-containing vaccine	AD syringe 0.5ml	Government via co-financing
YF vaccine	AD syringe 0.5ml	Government via co-financing

Please report how sharps waste is being disposed of:

Holes are dug at the stationary immunization centers. Elimination of sharps, which are stocked in safety boxes beforehand, is carried out by burning these safety boxes and burying the remains in the holes dug at the centers. It is supervised by the superior level.

Does the country have an injection safety policy/plan? [YES / NO]

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 problem remains that of building incinerators, which has not come about to date. However, some weaknesses can be noted in the implementation of destruction by burning and burying remains, because safety boxes can be found stored at the office of the center directors.

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (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:

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

Amount spent in 2009 (US\$):

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

Table 9: Expenditure for 2009 activities

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:

Table 10: Planned activities and budget for 2010

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 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.

1. 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.
2. HSS reports should be received by 15th May 2010.
3. 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.
4. Please use additional space than that provided in this reporting template, as necessary.
5. 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 study⁴ 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 trenches 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)

⁴ All available at <http://www.gavialliance.org/performance/evaluation/index.php>.

How many times did the HSCC meet in 2009?.....

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°.....).

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)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar year(s)									

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):

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:		
Activity 11 :		
Activity 12 :		
Objective 2:		
Activity 21 :		
Activity 22 :		
Objective 3:		
Activity 31 :		
Activity 32 :		

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:

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:

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:

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 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:					
Activity 11 :					
Activity 12 :					
Objective 2:					
Activity 21 :					
Activity 22 :					
Objective 3:					
Activity 31 :					
Activity 32 :					
TOTAL COSTS					

Table 14: Planned HSS Activities for next year (ie. 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:				
Activity 11 :				
Activity 12 :				
Objective 2:				
Activity 21 :				
Activity 22 :				
Objective 3:				
Activity 31 :				
Activity 32 :				
TOTAL COSTS				

5.5 Programme implementation for 2009 reporting year

- 5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programmes, notably the immunisation programme), 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.

- 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.

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.

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 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.

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 (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

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:

Provide justification for any changes in the denominator:

Provide justification for any changes in data source:

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
1.1				
1.2				
2.1				
2.2				

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

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

6. Strengthened Involvement of Civil Society Organisations (CSOs)

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 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:

--

6.1.1 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°**)

NB: Text same as previous cell in French version.

--

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.

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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).

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.

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.

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\$.....

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

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:

6.1.4 Programme implementation

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

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

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

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

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.

involved, and the initial number).

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

--

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.

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.

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

6.1.5 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\$.....

6.1.6 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.

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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 ICC in this process.

6.1.7 Detailed expenditure of CSO Type B funds during the 2009 calendar year

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 2). 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°.....**).

6.1.8 Monitoring and Evaluation (M&E)

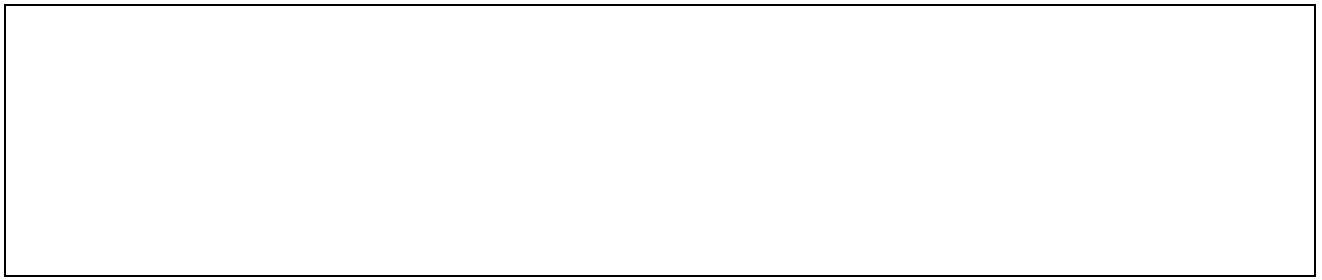
Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

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.



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	Y	Y		
2	Signature of Minister of Finance (or delegated authority) of APR	Underway	Underway		
3	Signatures of members of ICC/HSCC in APR Form	Y	Y		
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	Y			
7	Consistency in targets for each vaccines (tables and excel)		Y		
8	Justification of new targets if different from previous approval (section 1.1)		0		
9	Correct co-financing level per dose of vaccine		0		
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying		N		
OTHER REQUIREMENTS		ISS NVS	HSS		CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		0		
13	Consistency between targets, coverage data and survey data	N	0		
14	Latest external audit reports (Fiscal year 2009)	N			
15	Provide information on procedure for management of cash	N			
16	Health Sector Review Report				
17	Provision of new Banking details	N	N		
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		N		
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 of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in USD
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	5173252	12742
Summary of income received during 2009		
Income received from GAVI	57449000	141500
Income from interest		
Other income (fees)	0	0
Total Income	62622252	154542
Total expenditure in 2009	62601952	154192
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	20300	50

Detailed analysis of expenditure by economic classification – GAVI ISS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Per-diem payments	0	0	0	0	0	0
Non-salary expenditure						
Office supplies	200158	493	200158	493	0	
Training supervision	2999934	7389	2999934	7389		
Reception and supply by districts in vaccines and inputs	520492	1282	520492	1232	20300	50
Internet payment	323988	798	323988	798	0	0
Advanced and mobile strategies (ACD) support to central level(per-diem, fuel, transportation)	2800128	6897	2800128	6897	0	0
Advanced and mobile strategies at the intermediate and peripheral levels(per-diem, fuel, means of transportation)	23103836	56906	23103836	56906	0	0
Advanced and mobile strategies at the intermediate and peripheral levels(per-diem, fuel, means of transportation)	32674069	80478	32674069	80478	0	0
Other expenditure						
Vehicles	0	0	0	0	0	0

NB:

1. Received funding is 57,449,000 or US\$ 141,500

2. The balance from 2008 is US\$ 12,742
2. The total for activities carried out is calculated at 62,601,952 FCFA or 154,192 US\$
3. The average rate of 406 francs cfa = 1 US \$ was applied.

This exchange rate corresponds to the exchange rate in effect when the funds were received by the bank.

The EPI account at the Congolaise des Banques in Brazzaville is held in local currency, and any transfer from abroad into the account is cashed and made available to the EPI according to the exchange rate that currently applies to the local currency.

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 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 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. 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

Tableau récapitulatif des recettes et dépenses – RSS de GAVI		
	Monnaie locale (CFA)	Valeur en \$US ⁹
Solde reporté de 2008 (<i>solde au 31 décembre 2008</i>)	25 392 830	53 000
Récapitulation des recettes reçues en 2009		
Recettes reçues de GAVI	57 493 200	120,000
Revenu des intérêts	7 665 760	16,000
Autres recettes (honoraires)	179 666	375
Recettes totales	38 987 576	81 375
Dépenses totales en 2009	30 592 132	63,852
Solde au 31 décembre 2009 (<i>solde à reporter sur 2010</i>)	60 139 325	125 523

Analyse détaillée des dépenses par classification économique ¹⁰ – RSS de GAVI						
	Budget en CFA	Budget en \$US	Dépenses réelles en CFA	Dépenses réelles en \$US	Variance en CFA	Variance en \$US
OBJETIF 1 DE LA PROPOSITION DE RSS : ÉLARGIR L'ACCÈS AUX DISTRICTS PRIORITAIRES						
ACTIVITÉ 1.1 : FORMATION DES AGENTS DE SANTÉ						
Dépenses salariales						
Salaires et traitements	2 000 000	4 174	0	0	2 000 000	4 174
Indemnités journalières	9 000 000	18 785	6 150 000	12 836	2 850 000	5 949
Dépenses non salariales						
Formation	13 000 000	27 134	12 650 000	26 403	350 000	731
TOTAL POUR L'ACTIVITÉ 1.1	24 000 000	50 093	18 800 000	39 239	5 200 000	10 854
ACTIVITÉ 1.2 : RÉFECTION DES CENTRES DE SANTÉ						

⁹ Un taux moyen de CFA 479,11 = \$US 1 a été appliqué.

¹⁰ Les postes de dépenses sont indicatifs et sont donnés à titre d'exemple. Chaque gouvernement fournira des relevés conformes aux objectifs/activités de sa proposition de RSS et à son système de classification économique.

Dépenses non salariales						
Entretien et frais généraux	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Autres dépenses						
Équipement	3 000 000	6 262	4 000 000	8 349	-1 000 000	-2 087
Travaux d'infrastructure	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTAL POUR L'ACTIVITÉ 1.2	18 000 000	37 570	11 792 132	24 613	6 207 868	12 957
TOTAUX POUR L'OBJECTIF 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 2 of this annex.

Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)

Income received from GAVI during 2009

Other income received during 2009 (interest, fees, etc)

Total expenditure during the calendar year

Closing balance as of 31 December 2009

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.

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

Indemnités journalières	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Dépenses non salariales						
Formation	3 000 000	6 262	4 000 000	8 349	-1 000 000	-2 087
Autres dépenses						
Travaux d'infrastructure	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTAL POUR L'OSC 2 : SAVE THE CHILDREN	18 000 000	37 570	11 792 132	24 613	6 207 868	12 957
TOTAUX POUR TOUTES LES OSC	42 000 000	87 663	30 592 132	63 852	11 407 868	23 811