



# Annual Progress Report 2008

Submitted by

The Government of

**GUINEA**

Reporting on year: \_\_2008\_\_

Requesting for support year: \_\_2010/2011\_\_

Date of submission: May 15, 2009

**Deadline for submission: May 15, 2009**

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

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Enquiries to: [apr@gavialliance.org](mailto: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 report will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health and the Minister of 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.

On behalf of the Government of *the Republic of Guinea* :

**Dr. Alioune Cherif SYLLA :**

**Mr. Tanou DIALLO**

Titre : **Secretary General of the Ministry of Health and Public Health**

Titre : **Secretary General of the Ministry of the Economy and Finance**

Signature : .....

Signature : .....

Date :

Date :

*This report has been compiled by:*

Full name: Dr. Camille Tafsir SOUMAH.....

Position: National Coordinator of PEV/SSP/ME.....

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## ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organization	Signature	Date
Dr. Alioune Cherif Sylla, Secretary General	Ministry of Health		
Dr. Goma ONIVOGU, National Public Health Director	Ministry of Health		
Dr. Camille Tafsir Soumah, National Coordinator of PEV/SSP/ME	Ministry of Health		
Dr. Djénou Somparé, Head of Immunization Section	Ministry of Health		
Mr. Oury BAH	Ministry of Higher Education		
Elhadj Mamadou Aliou Diallo	Ministry of Finance		
Mr. Marcel Leno	Ministry in Charge of Cooperation		
Mr. Kanfory CAMARA	Ministry of Agriculture, Farming and the Environment		
Dr. Abdoulaye SYLLA	Representative, Ministry of Fishing and Aquaculture		
Mr. Etienne Sewa Lélano	Ministry of Decentralization and Local Authorities		
Bernadette KOLIE	Ministry of Youth Affairs		
Madame Bintou Nabé	Ministry of Social Affairs and the Advancement of Women and Children		
Dr. René Zitsamalé-Coddy	WHO		
Dr. Abdoul Latifou Salami	UNICEF		
Dr. Mariama Ciré BAH	USAID		
Mr. Moussa Kémoko Diakité	ROTARY CLUB POLIO PUJIS		
Dr Mohamed S.Sylla	ADeSaME (Association for the Development of Maternal and Child Health)		

Comments from partners:

You may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially.

.....

.....

Has this report been reviewed by the GAVI regional working group?: yes/no

.....no.....



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

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

Name: .....  
 Position: .....  
 Organization:.....  
 Date: .....  
 Signature: .....

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

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

Name: .....  
 Position: .....  
 Organization:.....  
 Date: .....  
 Signature : .....

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

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

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



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

Number	Outcomes as per Joint Reporting Form of immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	456,361	411,482	423,003	434,847	447,023	459,540	472,407	485,634
Infants' deaths	50,708	33,976	34,927	35,905	36,910	37,943	39,005	40,098
Surviving infants	405,653	377,506	388,076	398,942	410,113	421,596	433,400	445,536
Pregnant women	384,263	399,137	410,313	421,802	433,612	443,585	456,005	468,774
Target population vaccination with BCG	381,359	378,563	393,393	413,105	424,672	436,563	448,787	461,353
BCG coverage*	83.57%	92%	93%	95%	95%	95%	95%	95%
Target population vaccinated with OPV3	362,044	358,631	368,672	378,995	389,607	400,516	411,730	423,258
OPV3 coverage**	89.25%	90%	90%	90%	90%	90%	90%	90%
Target population vaccinated with DTP3***	340,671							
DTP3 coverage** (DTP+Hep+Hib)	83.98%							
Target population vaccinated with DTP1***	323,545							
Wastage <sup>1</sup> rate in baseline year and planned thereafter	3%	15%	10%	10%	10%	10%	10%	10%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of Pentavalent (DTC3+HepB3+Hib3)	361,756 (Hepb3)	339,755	349,268	359,048	369,101	379,436	390,060	400,982
Pentavalent (DTC3+HepB3+Hib3).....** coverage	89.18(Hepb3)							
Target population vaccinated with 1 <sup>st</sup> dose of Pentavalent (DTC3+HepB3+Hib3)	323,545(Hepb1)	358,631	368,672	378,995	389,607	400,516	411,730	423,258
Wastage rate in baseline year and planned thereafter	ND	1%	1%	1%	1%	1%	1%	1%
Target population vaccinated with the 1 <sup>st</sup> dose of measles vaccine	352,090	339,755	349,268	359,048	369,102	379,436	390,060	400,982
Target population vaccinated with the 2 <sup>nd</sup> dose of the measles vaccine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Measles vaccine coverage**	86.80%	90%	90%	90%	90%	90%	90%	90%
Pregnant women vaccinated with TT+	340,820	399,137	410,313	421,802	433,612	443,585	456,005	468,774
TT+ coverage****	74.68%	87%	90%	90%	90%	90%	90%	90%
Vitamin A supplementation	Mothers (<6 weeks from delivery)							
	Infants (>6 months)	259,663	377,506	388,076	398,942	410,113	421,596	433,400
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100								
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)								

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

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

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

**Table B: Updated baseline data and annual targets**

Number	Outcomes as per Joint Reporting Form of immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	456361	411 482	423 003	434 847	447 023	459 540	472407	485634
Infants' deaths	50 708	33 976	34 927	35 905	36 910	37943	39005	40098
Surviving infants	405653	377 506	388 076	398 942	410 113	421 596	433400	445536
Pregnant women	384 263	399 137	410 313	421802	433 612	443585	456 005	468774
Target population vaccinated with BCG	381359	378 563	393 393	413 105	424 672	436563	448787	461353
BCG* coverage	83.57%	92%	93%	95%	95%	95%	95%	95%
Target population vaccinated with OPV3	362044	358 631	368672	378995	389607	400516	411730	423258
OPV3 coverage**	89.25%	90%	90%	90%	90%	90%	90%	90%
Target population vaccinated with DTP3***	340671							
DTP3 coverage** (DTP+Hep+Hib)	83.98%							
Target population vaccinated with DTP1***	323545							
Wastage <sup>2</sup> rate in baseline year and planned thereafter	3%	15 %	10%	10%	10%	10%	10%	10%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of Pentavalent (DTC3+HepB3+Hib3)	361756 (Hepb3)	339 755	349 268	359 048	369101	379436	390060	400982
Coverage of ... Pentavalent (DTC3+HepB3+Hib3)	89.18(Hepb3)							
Target population vaccinated with 1 <sup>st</sup> dose Pentavalent (DTC3+HepB3+Hib3)	323545(Hepb1)	358 631	368672	378995	389607	400516	411730	423258
Wastage <sup>1</sup> rate in baseline year and planned thereafter	ND	1%	1%	1%	1%	1%	1%	1%
Target population vaccinated with 1 <sup>st</sup> dose of measles vaccine	352090	339 755	349 268	359 048	369102	379436	390060	400982
Target population vaccinated with 2 <sup>nd</sup> dose of measles vaccine	so	so	so	so	so	so	so	so
Measles coverage**	86.80%	90%	90%	90%	90%	90%	90%	90%
Pregnant women vaccinated with TT+	340820	399 137	410 313	421802	433 612	443585	456 005	468774
TT+ coverage****	74.68%	87%	90%	90%	90%	90%	90%	90%
Vit A supplementation								
	259663	377 506	388 076	398 942	410 113	421 596	433400	445536
Annual DTP dropout rate [(DTC1 - DTC3)/DTC1] x100								
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)								

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

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

<sup>2</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines, see table  $\alpha$  following Table 7.1.

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

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

### 1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (were they reflected in Ministry of Health and/or Ministry of Finance budget): Yes

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether it is anticipated that the funding will be on-budget in the near future.

These funds are in the budget of the Ministries of Health and Finance in the form of an outside grant following a discussion and approval by the ICC in the FINEX (outside financing) category. These funds are in the Ministry of Health/Ministry of Finance budget in the form of an outside grant following discussion and approval by the ICC in the FINEX section (**outside** financing)

#### 1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Interagency Coordinating Committee (ICC).*

*Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

The management of ISS funds is supervised by the ICC of which the President (Secretary General of the Ministry of Health and Prevention) and the Vice president (WHO Representative) are check signers for disbursement of funds intended to finance activities planned by the EPI.

Among the terms of reference of the *CCIA* is the definition of the distribution mechanism and the control system for EPI resource management

Within the *CCIA* is a technical committee made up of the management team of the EPI, EPI focal points of the WHO, UNICEF and the executives from the Ministry of Finance in charge of developing operational action plans and the annual Program budget. Implementing the operational action plan is subject to the development of requests which are thus submitted to the *CCIA* to be adopted in a plenary session after amendments.

A reception committee for materials bought for the EPI using GAVI funds was set up by the Ministry of Health and Prevention to act as an interface between the ICC and the EPI (the presidency of this committee is fulfilled by the WHO; the members include UNICEF)

Within the scope of the approach regarding “reaching every district,” the ICC started advanced-strategy vaccination activities and formative supervision while ensuring rational distribution of means and synergy with the resources available to the EPI for this strategy by the partners, in particular UNICEF, the WHO and the APNDS project of the World Bank. The ICC also ensures the implementation of national injection safety policy.

In 2008, the ICC meetings mainly involved:

- Resolving routine EPI financial and operational problems (implementation of the “reach every district” approach);
- Support to the organization for Child Health Week in June and December: accelerating the routine EPI along with the distribution of vitamin A and mebendazole.
- Adoption of the 2008-2009 operational action plan of the EPI regarding GAVI funds.
- Adoption of action plans for national vaccination campaigns for yellow fever and measles in

2009

In 2008, the difficulties encountered included:

- The nonpayment of the reward obtained in 2007 based on the number of additional children vaccinated.
- Sociopolitical problems which prevented the implementation of activities in time.

## 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 \_\_\_\_\_ \$ **120,500** \_\_\_\_\_  
 Remaining funds (carry over) from 2007 \_\_\_\_\_ **USD 636627** \_\_\_\_\_  
 Balance to be carried over to 2009: **USD 369,279**

**Table 1.1: Use of funds during 2008\***

Area of Immunization Services Support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0	0	0
Injection supplies	0	0	0	0	0
Personnel	0	0	0	0	0
Transportation (supply)	15,203	0	11,500	3,703	0
Maintenance and overheads	180,397	113,330	16,428	50,639	0
Training	52,747	0	0	52,747	0
IEC / social mobilization	0				
Outreach to hard-to-reach groups	12,500	0	0	12,500	
Supervision	14,883	12,650	2233	0	0
Monitoring and evaluation	0	0	0	0	0
Epidemiological surveillance	0	0	0	0	0
Vehicles (maintenance)	17,363	16,100	0	1263	0
Cold chain equipment	28,493	28,493	0	0	0
Other: <i>Introduction of pentavalent [vaccine]</i>	68,264	14,693	8900	42,071	2600 (radios)
<b>Total :</b>	<b>389,850</b>	<b>185,266</b>	<b>39,061</b>	<b>162,923</b>	<b>2600</b>
<b>Balance of funds for the next year: 2009</b>	<b>369,279</b>				

### 1.1.3 ICC meetings

How many times did the ICC meet in 2008? 2 times

**Please attach the minutes (DOCUMENT No. 01) from all the ICC meetings held in 2008, particularly the minutes from the meeting in which the allocation and utilization of funds were discussed.**

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

List CSO member organizations
1. ADeSaME (Association pour le développement de la Santé de la mère et de l'enfant) [Association for Maternal and Child Health Development]
2. AGBEF (Association Guinéenne pour le Bien Etre Familial) [Guinean Association for Family Well-Being]

*Please report on primary activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.*

*The 2008 operational action plan, after adoption by the ICC, was to perform the following activities, in synergy with funding other partners (Unicef ; WHO ; JICA and World Bank., Rotary) to support the vaccination.*

- *Supplying vaccines and health district management tools,*
- *Internet connection charges*
- *Supplying fuel for cold chains*
- *Implementing the ACD in all health districts*
- *Supervision of vaccination activities*
- *Training health officials on EPI management*
- *Maintenance of field logistics (supply and supervision vehicle)*
- *Transport charges for vaccination materials (solar refrigerators) and vaccination consumable materials.*
- *Construction of units of the third cold room*
- *The purchase of a 60 KWA [diesel] generator*
- *Introduction of the Pentavalent (Training officials, social mobilization, vaccine transport, supervision)*

#### **Attachments:**

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

- a) The minutes (DOCUMENT No. \_\_\_\_ ) from the ICC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting in which the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT No. \_\_\_\_ ) (e.g. – the Auditor General's Report or equivalent) from the **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement (DOCUMENT No. \_\_\_\_ ) of funds spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller from the Ministry of Health and/or Ministry of Finance and by the chair of the ICC, as indicated below:

#### 1.1.4 Immunization Data Quality Audit (DQA)

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

No DQA in 2007 and 2008  
Indicate the DQA's main recommendations: N/A

*Has a plan of action been prepared to improve the reporting system based on the recommendations from the last DQA?*

YES  NO

*If yes, please indicate how much progress has been made in its implementation and attach the plan.*

N/A

**Please indicate the ICC meeting in which the action plan for the last DQA was reviewed and adopted by the ICC. [month/year]**

*Please describe the studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys (DHS), household surveys, etc).*

*Indicate the studies conducted:*

N/A

*Indicate the problems encountered while collecting and reporting administrative data:*

N/A

## 1.2. New and Underused Vaccines Support (NVS)

### 1.2.1. Receipt of new and underused vaccines during 2008

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

[Specify the new and underused vaccine introduced in 2008] : **the pentavalent vaccine**

[List any change in doses per vial and change in presentation in 2008]

**N/A**

Dates shipments were received in 2008.

Vaccine	Vial Size	Total number of doses	Date introduced	Date received (2008)
Pentavalent	1 dose	305,300	November 6, 2008	August 12, 2008
Hepb monovalent	10 doses	527,000	1 /12/06	February 6, 2008
Yellow fever	10 doses	264,600	October 2002	February 27, 2008
Yellow fever	5 doses	68,100	October 2002	February 22, 2008

Where appropriate, please report any problems encountered.

- Logistical problems related to the dilapidated condition of the supervision vehicles of some health districts (7 out of 38 districts)
- 36 dilapidated motorcycles and 410 working motorcycles
- Poor **recourement** of costs due to lack of drugs in 2/3 of the country's health centers.

### 1.2.2. Primary activities

Please provide an overview of the primary activities that have been or will be undertaken with respect to introduction, phasing-in, service strengthening, etc. and describe any problems encountered.

- Supplying health facilities with vaccines and appropriate management tools
- Implementation of the ACD and active catching-up during Child Health Week
- Supervision of activities
- Monitoring of activities
- Introduction of the pentavalent vaccine (training officials, social mobilization, vaccine transport, supervision)
- Phasing-in the DQS tool in the districts with SMT-DVD.

### 1.2.3. Use of GAVI funding entity support (\$120,500 USD) for the introduction of the new vaccine

These funds were received on: [02/08/2008]

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

Year	Amount in USD	Date received	Balance remaining in USD	Activities	List of problems
2008	120,500	02/08/2008	52m236	Training, Supply, ACD, Social mobilization; Supervision, Monitoring	Logistical problem related to the dilapidated condition of the supervision vehicles of some health districts Sociopolitical problems

#### 1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [09/2006]

The last Effective Vaccine Store Management (EVSM) / Vaccine Management Assessment (VMA) was conducted in September 2006 by the regional office of the WHO/ICP

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/ VMA: Not in 2007/2008

[Indicate the main recommendations] : **N/A**

Was an action plan prepared following the EVSM/VMA: N/A

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

[Indicate the principal activities] : N/A

When will the next EVSM/VMA\* be conducted\* ? [month/year]  
The next EVSM / VMA\* will be conducted in: June 2010

*\*During GAVI Phase 2, all countries will need to conduct an EVSM/VMA in the second year of the new vaccine support.*

**Table 1.2**

<b>Vaccin 1: Fièvre Jaune 5 doses</b>	
<b>Stock prévu au 1<sup>er</sup> janvier 2010</b>	<b>535 200</b>
<b>Vaccin 2: Pentavalent 1 dose</b>	
<b>Stock prévu au 1<sup>er</sup> janvier 2010</b>	<b>1 518 807</b>
<b>Vaccin 3: .....</b>	
<b>Stock prévu au 1<sup>er</sup> janvier 2010</b>	<b>.....</b>

### 1.3 Injection Safety (INS)

#### 1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving injection safety support in cash or in kind? ...**NO**.....

*Please report on the receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as needed).*

Injection safety equipment	Quantity	Date received
N/A		

*Please report on any problems encountered.*

[Indicate problems] **N/A**

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

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

By the government via implementation of the vaccine independence initiative between Guinea and UNICEF in 2008]

*Please report the methods of disposing of sharps waste.*

Sharps are collected at health facilities (health centers, public and private health stations and hospitals) which are transported to incinerators under supervision so they can be systematically incinerated

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

Incinerator shortage at health districts; 6 new high-temperature incinerators are being installed by UNICEF and the Ministry of Health.  
Four other large-capacity incinerators were installed in the 4 large regional hospitals by Comité national de lutte contre le SIDA [National Committee on AIDS] funded by the World Bank.

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

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

**N/A**

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

**Table 2.1: Overall Expenditures and Financing for Immunization**

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

Please the following table should be filled in using USD.

	<b>Reporting Year 2008</b>	<b>Reporting Year + 1</b>	<b>Reporting Year + 2</b>
	Expenditures	Budgeted expenditures	Budgeted expenditures
<b><i>Expenditure by category</i></b>			
Traditional vaccines	536 166.66	547 406	566 044
New vaccines	48 000	203 000	240 000
Injection equipment	-	333 334	370000
Cold chain equipment	42 000	167 827	186287
Operational costs	11 200	1 700 589	1887654
Other (vehicles)	0	74879	83116
Motorcycles	141 600	643727	714537
<b>Total EPI</b>	<b>778 966.66</b>	<b>3 670 762</b>	<b>4 047 638</b>
<b>Total public expenditures for health</b>	<b>13 821 209</b>	<b>31 441 180</b>	

<b>Exchange rate used</b>	<b>\$1 = 5000 FG</b>
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The EPI funds in 2008 were provided by the Guinean government, including loans from the World Bank, Unicef, GAVI, WHO and Rotary.  
The EPI share of total health expenses with regard to the national budget is small; this situation may worsen due to the country's current political situation.

## Future Country Co-Financing (in USD)

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

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

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

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

<i>1st vaccine: ... YFV.....</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per dose of vaccine		\$ 0.15	\$ 0.15	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20
Number of vaccine doses	#	119,000					
Number of AD syringes	#	112,000					
Number of re-constitution syringes	#	26,400					
Number of safety boxes	#	1550					
<b>Total value to be co-financed by the country</b>	<b>\$</b>	9500					

**Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, USD)**

<i>2<sup>nd</sup> vaccine: Pentavalent.....</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per dose of vaccine		\$ 0.15	\$ 0.15	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20
Number of vaccine doses	#	52,800	77,000				
Number of AD syringes	#	55,800	81,500				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	625	925				
<b>Total value to be co-financed by the country</b>	<b>\$</b>	175,000	240,000				

**Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, USD)**

<i>3rd vaccine .....</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per dose of vaccine							
Number of vaccine doses	#						

Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by the country</b>	<b>\$</b>						

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

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in Reporting Year</b>	<b>Actual Payments Date in Reporting</b>	<b>Proposed Payment Date for Next Year</b>
	(month/year)	(day/month)	
1 <sup>st</sup> vaccine awarded (Pentavalent)	June 2008	0	May 2009
2 <sup>nd</sup> vaccine awarded (specify)	N/A	N/A	N/A
3 <sup>rd</sup> vaccine awarded (specify)	N/A	N/A	N/A

<b>Q. 2 : How much did you co-finance?</b>		
<b>Co-Financed Payments</b>	<b>Total amount in USD</b>	<b>Total number of doses</b>
1 <sup>st</sup> vaccine awarded (Pentavalent)	48,000	12,900
2 <sup>nd</sup> vaccine awarded (specify)	N/A	N/A
3 <sup>rd</sup> vaccine awarded (specify)	N/A	N/A

<b>Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?</b>
<b>1. Sociopolitical problems.</b>
<b>2. Lack of understanding with regard to taking into account the co-financing in the VII agreement.</b>
<b>3. The State budgetary procedure provided for an annual vaccine supply payment.</b>
<b>4. The VII form did not make provision for co-financing</b>

If the country is in default, please describe and explain the steps the country is planning to take to discharge its obligations.

Regarding the corrective measures of the co-financing default, a payment of 2,804,000,000 FG, that is, \$584,166.66 is underway to not only pay the invoice of \$443,627.36 to UNICEF but also to use the remaining amount of \$140,539.31 to buy 12,900 doses of Pentavalent and consumable supplies.

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

Part 3 relates to the request for new and under-used vaccines and injection safety supplies for 2010.

#### 3.1. Updated immunization targets

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

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

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

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

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N/A

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

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N/A

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Provide justification for any changes **in the targets by vaccine**:

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N/A

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

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N/A

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## Vaccine 1: ..Pentavalent.....

Please refer to the Excel spreadsheet 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 dose.
- Please summarize the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

**Table 3.1: Specifications of immunizations performed with the new vaccine**

	<i>Use data from :</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#	349,268	359,048				
Target immunization coverage with the third dose	<i>Table B</i>	#	90	90				
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	368,672	378,995				
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	1.05	1.05				
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$	0.15	0.20	0.20	0.20	0.20	0.20

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

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

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	1,116,500	1,125,000				
Number of AD syringes	#	1,180,700	189,700				

Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	13,125	13,225				
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	\$3,712,000	\$3,513,000				

**Vaccine 2 :** .....

*Same procedure as above (table 3.1 and 3.2)*

**Table 3.3: Specifications of immunizations performed with the new vaccine**

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

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

**Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate in USD)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

**Vaccine 3 :** .....

Same procedure as above (table 3.1 and 3.2)

**Table 3.5: Specifications of immunizations performed with the new vaccine**

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

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

**Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, USD)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of AD syringes (self-blocking)	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

## 4. Health Systems Strengthening (HSS)

### Instructions for reporting on HSS funds received

1. As a results-based organization, the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR– process since the launch of the GAVI Alliance. Recognizing that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions, the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by May 15<sup>th</sup> 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 can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all Annual Progress Reports. In this case, the report may be returned to the country, which could cause delays in the disbursement of additional HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of any new HSS funds.

If needed, please use additional space beyond what is provided in this form.

**4.1 Information relating to this report: N/A**

- a) Fiscal year runs from the month of ..... to the month of .....
- b) This HSS report covers the period from ..... (month/year) to ..... (month/year)
- c) Duration of current National Health Plan is from ..... (month/year) to ..... (month/year)
- d) Duration of the cMYP:
- e) What is the name of the individual responsible for compiling this HSS report to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?  
 It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *“This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for the necessary verification of sources and for review. Once their feedback had been acted upon, the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on March 10, 2008. Minutes of said meeting have been included as annex XX to this report.”*

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

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

This issue should be addressed in each section of the report, as different sections may use different sources. However, this section should mention the MAIN sources of information were and any SIGNIFICANT issues raised in terms of the validity, reliability, etc. of the information shown. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these figures were compared and cross-checked 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 compiling this report, did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Do you have any suggestions for improving the HSS section of the APR report? Is it possible to improve harmonization between HSS reporting and existing reporting systems in your country?

**4.2 Overall support breakdown financially**

Period for which support approved and new requests. For this Annual Progress Report, the measurement period is the calendar year, but in future it is desirable for fiscal year reporting to 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:** This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, monitoring and evaluation, 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 the management and evaluation of HSS funds, and to what extent is this management and evaluation integrated into 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 (i.e.–2008)						
Primary activities	Planned activity for reporting year	Report on progress (% completed) <sup>3</sup>	GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>						
Activity 1.1 :						
Activity 1.2 :						
<b>Objective 2:</b>						
Activity 2.1 :						
Activity 2.2 :						
<b>Objective 3 :</b>						
Activity 3.1 :						

<sup>3</sup> For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed .

Activity 3.2 :						
<b>Support Functions</b>						
Management						
Monitoring and evaluation						
Technical support						

**Table 4.4 note:** This table should provide updated information on the work underway in the first part of the year at which time this report is being submitted (e.g.– between January and April 2009 for reports submitted in May 2009).

The column on “expenditures planned for next year” should correspond to the estimates provided in the Annual Progress Report from last year (Table 4.6 of last year’s report) or –in the case of first-time HSS reporters- should correspond to the data given in the 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: HSS Activities planned for current year (i.e.–January through December 2009) with emphasis placed on those activities that were carried out between January and April 2009**

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

Management costs					
M&E support costs					
Technical support					
<b>TOTAL COSTS</b>				(This figure should correspond to the figure shown for 2009 in table 4.2)	

**Table 4.5: HSS Activities planned for next year (i.e.–2010). This information will help GAVI to plan its financial commitments**

<b>Primary activities</b>	<b>Planned activities for current year (2009)</b>	<b>Planned expenditure in the coming year</b>	<b>Balance available (To be automatically filled in from previous table)</b>	<b>Request for 2010</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1 :</b>					
Activity 1.1:					
Activity 1.2 :					
<b>Objective 2 :</b>					
Activity 2.1 :					
Activity 2.2 :					
<b>Objective 3 :</b>					
Activity 3.1 :					
Activity 3.2 :					
<b>Support costs</b>					
Management costs					
M&E support costs					
Technical support					
<b>TOTAL COSTS</b>					

#### 4.6 Programme implementation for reporting year:

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

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

- b) Are any civil society organizations involved in the implementation of the HSS proposal? If so, please describe their participation. For those pilot countries that have received CSO funding there is a separate questionnaire at the end of the HSS section focusing exclusively on the CSO support.

#### 4.7 Financial overview during 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. As such, they should not be considered or shown as separate “project” funds. These are the kind of issues to be discussed in this section

- a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget)?

Yes/No

If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

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



#### 4.8 General overview of targets achieved

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

#### **4.9 Attachments**

Five attachments are required for any further disbursement or future vaccine allocation.

- 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 GAVI HSS funds are transferred.
- d. Financial statement of funds spent during the reporting year (2008).
- e. This sheet needs to be signed by the government official in charge of the accounts to which HSS funds have been transferred, as mentioned below.

#### **Financial Comptroller Ministry of Health:**

Name:

Title / Post:

Signature:

Date:



## **5. Strengthened Involvement of Civil Society Organizations (CSOs)**

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

**This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>4</sup>**

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

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

N/A
-----

#### **5.1.1 Mapping exercise**

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

--

<sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.  
Annual Progress Report 2008

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

### **5.1.2 Nomination process**

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

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

.

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

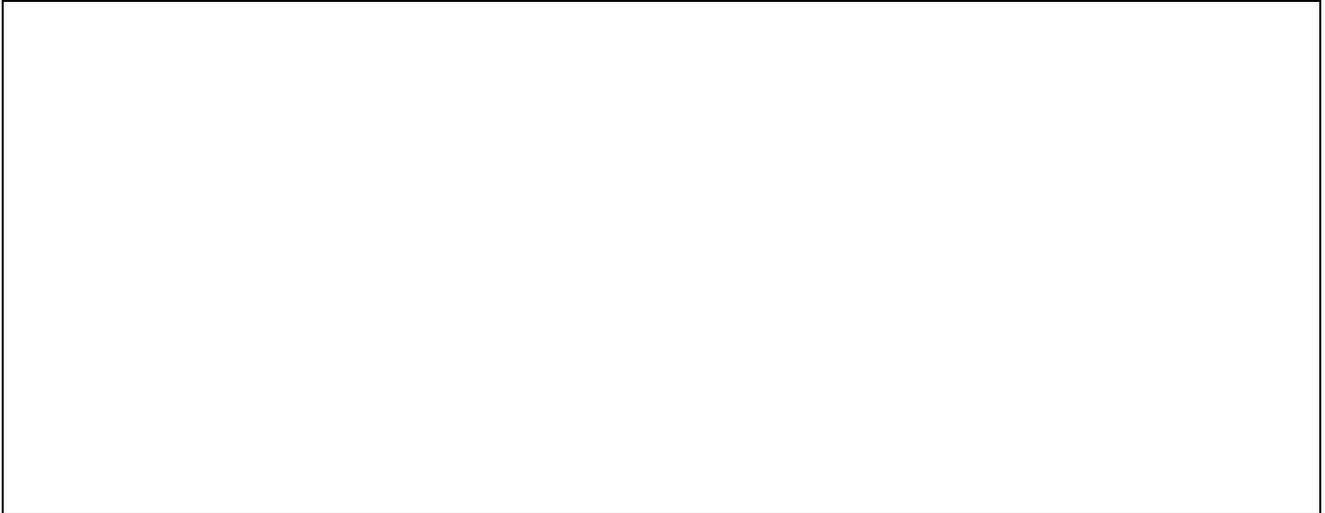
### 5.1.3 Receipt of funds

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

ACTIVITIES	Total funds approved	2008 Funds USD			Total funds due in 2009
		Funds received	Funds used	Balance	
Mapping exercise					
Nomination process					
Management costs					
<b>TOTAL COSTS</b>					

#### **5.1.4 Management of funds**

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



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

**This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>5</sup>**

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

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

### **5.2.1 Programme implementation**

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

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

---

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

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

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

*Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organization. Please state if 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 organization)	Previous involvement in immunization / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved


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

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

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



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

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

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

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

## 6. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Compl</b>	<b>Comments</b>
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Government signatures	X	
ICC endorsed	X	
ISS reported on	X	
DQA reported on	N/A	
Reported on use of Vaccine introduction grant	X	
Injection Safety Reported on	N/A	
Immunization Financing & Sustainability Reported on (progress against country IF&S indicators)	X	
New Vaccine Request including co-financing completed and Excel sheet attached.	X	
Revised request for injection safety completed (where applicable)	N/A	
HSS reported on	N/A	
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	N/A	

## **7. Comments**

*ICC/HSCC comments:*

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

~ End ~