Annual Progress Report 2009

Submitted by

The Government of the

REPUBLIC OF GUINEA

0>Reporting on year:**2009**

Requesting for support year: **2011**

Date of submission: **15 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 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 TRANSPARANCY 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 [Name of Country]… **THE REPUBLIC OF GUINEA**

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

Minister of Health (or delegated authority):
Dr Mohamed Lamine YANSANE
Title: Executive Assistant of the Ministry of Health and Public Hygiene

Signature: ……

Date: ……

Minister of Finance (or delegated authority):
Mr. Mamadou Tanou DIALLO
Title: Secretary-General of the Economy and Finances Ministry

Signature: ……

Date: ……

Full name: Dr Camille Tafsir SOUMAH Post: EPI/SSP/ME National Coordinator Telephone no.: (+224) 60 26 73 77 E-mail: camille_tafsir@yahoo.fr	Full name: Dr Ahmed Tidiane DIALLO Post: EPI/UNICEF Focal Point Telephone no.: (224) 60295101 E-mail: atidiallo@unicef.org
Full name: Dr Rouguiatou DIALLO Post: EPI/WHO Focal Point Telephone no.: (+224) 64515167 E-mail: diallor@gn.who.afro.int	Full name: Dr Boubacar SALL Post: Point focal HSS Telephone no.: (+224) 27 15 83 E-mail:bousall2@ yahoo.fr

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 Mohamed Lamine YANSANE, Executive Assistant	Ministry of Health		
Dr Goma ONIVOGU, National Public Health Director	Ministry of Health		
Dr Camille Tafsir Soumah, National Coordinator of EPI/Primary Health Care (SSP)/Essential Medicines (EM)	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		
Kanfory CAMARA	Ministry of Agriculture		
Fodé Lounceny CAMARA	Ministry of the Environment		
Abdoulaye SYLLA	Representative, Ministry of Fishing and Aquaculture		
M. Etienne Sewa Lélano	Ministry of Decentralization and Local Authorities		
Bernadette KOLIE	Ministry of Youth Affairs		
Mrs Binta Nabé	Ministry of Social Affairs and the Advancement of Women and Children		
Dr Réné Zitsamalé-Coddy	WHO		
Dr Abdoul Latifou Salami	UNICEF		
Dr. Mohamed SAKHO	USAID		
Mr. Moussa Kémoko DIAKITE	ROTARY CLUB POLIO PLUS		
Dr Mohamed Salif .Sylla	ADeSaME (Association for the Development of Maternal and Child Health)		

Dr. Dr Boubacar SALL	Director of the Strategies and Development Office of the MHPH.		

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

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Comments from the Regional Working Group: The present rapport has been subject to peer review at the Dakar workshop of 3 – 5 May 2010 (GAVI, WHO, UNICEF).

HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date

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

Comments from partners:

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Comments from the Regional Working Group:

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

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;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 (Annex 1)	1.1 ; 2.4 ; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
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	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
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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:
The number of live births mentioned in the cMYP was updated according to the 2.8% annual growth rate of the population (EDS II, 2000). However, in the 2009 joint report, this rate is 3.1% according to the last demographic health survey (EDS III, 2005). We must also note that, in the cMYP and the APR 2008, the number of expected pregnancies is underestimated, as it was calculated on the base of a rate of 40/1000 instead of 45/1000.

Provide justification for any changes in ***surviving infants:***
Change in the rate of infant mortality from 98 per 1000 (EDS II, 2000) to 91 per 1000 (EDS III, 2005)

Provide justification for any changes in ***Targets by vaccine:***
No change
Provide justification for any changes in ***Wastage by vaccine:***<0}

No change

1.2 *Immunisation achievements in 2009*

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

The main activities developed during 2009 were:

- *Supplying health structures with vaccines and suitable management tools*
- *Strengthening of logistics (motorbikes, cold chain, supervision vehicles)*
- *Implementation of RED and integrated immunization campaigns against measles and polio*
- *Supervision of immunization activities in health facilities*
- *Monitoring of activities*
- *Improvement in the quality of data by using the DQS tool in the districts, along with the SMT and DVD-MT*.

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

With the exceptions of BCG, Polio, Penta, and TT, the achievements were below the targets set for 2009. The reasons were as follows:

- the political and social crisis;
- the low availability of staff in rural areas and their low motivation;
- interference with the extra immunization campaigns (6 rounds);
- the State's poor financial capacity to respect the provisions with the partners regarding the purchase of vaccines;
- the counter-performance of the health system.

Faced with these constraints, the coordination deployed efforts for greater mobilization of resources among its partners, established contracts for objectives with the staff, and heightened supervision.

1.3 *Data assessments*

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

In 2009, there was no immunization coverage survey. The data are those produced in the routine information system.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present?

[/ NO]

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

Not applicable

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

Revision of collection tools;
Training of agents on collection and strengthening of the use of DQS, SMT, and the DVD-MT;
Computerization (in progress) of the information system;
Large number of telephones made available;
Quarterly journal of immunization and epidemiological survey data.

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.

Bring DQS into widespread use in the Health Districts;
Continue the computerization of the routine information system;
Updating population data based on population and dwelling census results being carried out by the Planning and Cooperation Ministry.

1.4 *Overall Expenditures and Financing for Immunisation*

[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.

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$.

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional Vaccines[2]	247 235	776 813	800 000
New Vaccines	5 200 171	4 125 609	
Injection supplies with AD syringes	164 471	112 235	
Injection supply with syringes other than ADs	20 962	17 799	
Cold Chain equipment	237 000		
Operational costs	397 770	428 728	
Others (extra immunization campaigns: polio, Vitamin A, mebendazole, measles, Long-lasting insecticide-treated mosquito net)	7 518 166		
Total EPI	**13 785 775**		
Total Government Health	**37 203 600**		

Exchange rate used	5000 GNF

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

Les raisons des déficits constatés sont liées entre autres:

- La crise politique et sociale ;
- La faible capacité financière de l'Etat à respecter les clauses avec les partenaires pour l'acquisition des vaccins ;
- La contre performance du système de santé ;
- La suspension de l'aide de la plupart des partenaires bi et multilatéraux

.

Face à ces contraintes la coordination a déployé des efforts pour une mobilisation plus accrue de ressources auprès des partenaires :

- Etablissement des conventions de financement avec les partenaires (IIV, cofinancement);
- Réalisation des interventions intégrées ;
- Relance des soins de santé primaires.

Please include the reports **(Document n° 1)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

[2] *Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.*

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4:
In 2009, the ICC meetings dealt mainly with: • Resolving the routine financial and operational EPI problems (implementing the "Reach Every District" approach); • support in organising integrated vaccination campaigns acceleration of the routine EPI • Adoption of the Operational Action Plan 2009. • Adoption of action plans for national immunization campaigns against yellow fever, measles, and polio 2010; • Discussion and adoption of the Annual Progress Report 2008; • Discussion and adoption of the ISS 2009 – 2011 document for submittal; • Discussions on the GAVI co-financing; In 2009, the difficulties encountered included: • Delay in the 2007 GAVI reward payment, within a context of a difficult economy. • The socio-political problems prevented timely implementation of activities.

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

List CSO member organisations:
ADeSaME (Association for the Development of Maternal and Child Health)
AGBEF (Guinean Association for Family Well-Being)

1.6 *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?

For the 2010–2011 period, and in accordance with the cMYP, the EPI objectives are to reach 90% immunisation coverage at the national level and at least 80% in each health district for all antigens. The priority activities are:

- Introduction of the vaccine against rotavirus and pneumococcus
- Improvement of data quality
- Strengthening logistics at the various levels of the health pyramid (cold chain, supervision vehicles, motorbikes for advanced strategies, etc.)
- Continuing the RED approach
- Implementation of the integrated communication plan
- Annual EPI review
- EPI external assessment
- cMYP revision
- Assessment of the quality of the cold chain and vaccines (VMA).

Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$ ...0.....
Remaining funds (carried over) from 2008: US$ 369 279.....
Balance carried over to 2010: US$ 189 871

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

The operational action plan 2009, after adoption by the ICC, made it possible to carry out the following activities, in synergy with funding from other partners (UNICEF; WHO; JICA and W.B., Rotary), to strengthen immunization:

- *Supplying vaccines and health district management tools;*
- *Internet connection charges;*
- *Supplying fuel for cold chains and the advanced strategies;*
- *Implementation of the "RED" approach in all health districts;*
- *The Supervising of immunization activities;*
- *Maintenance of field logistics (supply and supervision vehicle)*
- *Transport charges for vaccination materials (solar refrigerators) and vaccination consumable material.;*
- *Purchase of 20 solar refrigerators for the health centers and their delivery to the EPI;*
- *Organization of the annual EPI review / Technical Committee for Coordination.*

1.2 *Management of ISS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **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.

Not app.

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

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

The GAVI funds are held in a commercial bank and come within the Ministry of Health's budget in the form of a grant under the FINEX (External Funding) budget item. Management of ISS funds is taken care of by the ICC, whose president (secretary-general of the Ministry of Health and Prevention) and vice-president (WHO representative) have signing power over cheques.At the start of each year, the coordinating committee draws up an operational action plan that is validated in an ordinary session of the ICC. Implementation of the operational action plan is subject to the drawing up of requests that are then submitted to the ICC for adoption in plenary session after amendments. After this stage, the funds are paid out in order to implement the operational action plan activities. Within the ICC, there is a technical commission in charge of working out the operational action plans and the annual budget of the Program. It is made up of the EPI management team, the EPI Focal Points from WHO and UNICEF, and the executives from the Finance Ministry. The Ministry of Health and Prevention set up a reception committee for equipment purchased for the EPI out of the GAVI funds; it acts as an interface between the ICC and the EPI (the committee is presided over by WHO, and UNICEF is among its members). As part of implementation of the "Reach Every District" approach, the ICC has given impulse to advanced-strategy vaccination activities and training supervision.It sees to it that there is rational distribution of resources as well as synergy with all the resources made available to the EPI for this strategy by the partners, in particular UNICEF, WHO and the World Bank's health development support project (APNDS). The funds required for the districts for this approach are sent by bank transfer.When implementation of activities is completed, the supporting documents are sent back to the coordinating committee for validation and for working out the financial statements. The ICC also ensures the implementation of national injection safety policy.

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement on the use of ISS funds during the 2009 calendar year **(Document n°.2).**
(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° Not App.)**.

1.4 *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 Annex 1[3].

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

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

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

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

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

	[A]		[B]
Vaccine Type	**Total doses for 2009 in DL Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
PENTAVALENT	**1298100**	**October 6, 2008**	**1311000**
Yellow Fever	**283300**	**October 6, 2008**	**283300**

** Please also include any deliveries from the previous year received in accordance with 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.)*	• The quantity of pentavalent received is higher than the quantity decided on in the DL. This gap is due to the late payment of the 2008 State contribution, received in 2009.
Doses discarded because VVM changed colour or because of the expiry date?…) 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)	• Given the storage capacities, the programme has readjusted the delivery timings.

2.2 *Introduction of a New Vaccine in 2009*

2.2.1 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:	...0.....
Phased introduction [YES / NO]	Date of introduction.....
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	Not app.

2.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	$US 0	Receipt date:

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

Not app.

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

Not app.

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

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

Not app.

2.2.3 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° Not app.)** *(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.

2.3 *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? YES			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)		
1st vaccine awarded (yellow fever)	March/2009	September	March 31
2nd vaccine awarded (pentavalent)	March/2009	September	March 31
3rd vaccine awarded (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total number of doses
1st vaccine awarded (yellow fever)	193352	125000
2nd vaccine awarded (pentavalent)	138000	54400
3rd vaccine awarded (specify)		

Q. 3: Sources of funding for co-financing?
1. Government YES
2. Donor (specify) No
3. Other (specify) No

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1. Socio-politicial crises that have led to the withdrawal of certain partners (World Bank, European Union, Japan, France, and Germany)
2. Low financial capability of the Government
3. the weak development of the country's private sector

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

The consequences of the crisis have led to delay in payment by the government of its co-financing contribution; state revenue has diminished due to decrease in economic activities.
However, US$ 138,000 was paid to UNICEF, and the balance has been put aside at the Finance Ministry for payment.
In April the Ministry of Economy and Finance paid the government's contribution for purchase of vaccines against yellow fever (payment invoices attached).

2.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *June 2006*

If conducted in 2008/2009, please attach the report. (**document n° Not app.)**
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]*

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

Not applicable

When is the next EVSM/VMA* planned? *September 2010*

It had been previously planned to carry out this evaluation in June 2010, but this date coincides with the presidential election period.

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

2.5 *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:

10-dose liquid pentavalent
The decision was made during the IIC meeting of 11 May 2010, following the difficulties mentioned by the program concerning vaccine storage capacity with regards to the introdution of new vaccines provided for in 2010 and 2011.

Please attach the minutes of the ICC meeting **(Document N° 3)** that approved the requested change.

2.6 *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 requests 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° Not app.).**

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° Not app.).**

2.7 *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. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

YES, I confirm

If you don't confirm, please explain:

3. 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.

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

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

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

Table 7: Received Injection Safety supply in 2009

Injection Safety Material	Quantity	Date received
Not app.		

Please report on any problems encountered:

Not app.

3.2 *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 supply in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes 0.05ml	State Budget and JICA
Measles	AD syringes 0.5ml	State Budget and JICA
Tetanus toxoid-containing vaccine	AD syringes 0.5ml	State Budget and JICA
DTP-containing vaccine	AD syringes 0.5ml	State Budget and GAVI
Vaccine against YF	AD syringes 0.5ml	State Budget and GAVI

Please report how sharps waste is being disposed of:

Sharps waste is collected at public and private health facilities (health centers, public and private health stations and hospitals). Collected waste is then transported to incinerators under supervision, so they can be systematically incinerated. The number of hospitals with incinerators increased in 2009, along with support from the World Bank and UNICEF.

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

IF YES: Have you encountered any problem during the implementation of the transitional plan for

safe injection and sharps waste? (Please report in box below)

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

No

3.3 *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$): .....0.....
Amount spent in 2009 (US$): .....0.....
Balance carried over to 2010 (US$):...0.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	**Expenditure in US$**
Not app.	
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$**
Not app.	
TOTAL	

4. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. **This section only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year..** For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. 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 study[4] 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.

4.1 *Information relating to this report*

4.1.1 Government fiscal year (cycle) runs from ……(month) to …….(month).
4.1.2 This GAVI HSS report covers 2009 calendar year from January to December
4.1.3 Duration of current National Health Plan is from ……..(month/year) to …….(month/year).
4.1.4 Duration of the current immunisation cMYP is from ……..(month/year) to …….(month/year)

4.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

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

Name	**Organization**	**Role played in report submission**	**Contact email and telephone number**
Government focal point to contact for any programmatic clarifications:			
Focal point for any accounting of financial management clarifications:			
Other partners and contacts who took part in putting this report together:			

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

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

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

Health Sector Coordinating Committee (HSCC)

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°.....).**

4.2 *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):*

4.3 *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 :		

4.4 *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?

4.4.1 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:

4.4.2 Monitoring and Evaluation

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:

4.4.3 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				

4.5 *Programme implementation for 2009 reporting year*

4.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

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

4.5.2 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.

4.6 *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.

4.7 *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°.....).**

4.8 *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 (insert indicators as listed in above table, with one row dedicated to each indicator)	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:

4.9 *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 ob

5. Strengthened Involvement of Civil Society Organisations (CSOs)

5.1 *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[5].

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:

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 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°.....)**

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.

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

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 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.

5.1.3 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$.....

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

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:

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 organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

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

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

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

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

5.2.2 Receipt and expenditure of CSO Type B funds

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

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

5.2.3 Management of GAVI CSO Type B funds

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

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

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

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

5.2.4 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°.....)**.

5.2.5 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.

6. 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**	**Not app.**	**Not app.**
2	Signature of Minister of Finance (or delegated authority) of APR	**Y**	**Y**	**Not app.**	**Not app.**
3	Signatures of members of ICC/HSCC in APR Form	**Y**	**Y**	**Not app.**	**Not app.**
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	**Y**	**Y**	**Not app.**	**Not app.**
5	Provision of complete excel sheet for each vaccine request		**Y**		
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)		**Y**		
9	Correct co-financing level per dose of vaccine		**Y**		
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying		**Not app.**		

OTHER REQUIREMENTS		**ISS NVS**	**HSS**		**CSO**
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		**Y**		
13	Consistency between targets, coverage data and survey data	**Y**	**Y**		
14	Latest external audit reports (Fiscal year 2009)	**N**		**Not app.**	
15	Provide information on procedure for management of cash	**Y**		**Not app.**	
16	Health Sector Review Report			Not app.	
17	Provision of new Banking details	**Not app.**	**Not app.**	**Not app.**	
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		**Y**		
19	Attach the CSO Mapping report (Type A)				**Not app.**

7. 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

The ICC notes with satisfaction the the EPI performances since 2005, along with gradual improvement of immunisation coverage . This performance can above all be seen through the introduction of new vaccines and the level of mobilisation of resources among partners (GAVI, WHO, UNICEF, etc.). Implementation of the Comprehensive Multi-year plan for Immunization (cMYP) is coming along slowly but surely. Implementation of the RED in all the districts represents an important factor for improving routine immunisation coverage. Since 2005, no health district has recorded DTC3 immunisation coverage of less than 50%.

However, since 23 December 2008, following the coming to power of a military regime and the establishment of a transition period, the multilateral partners such as the World Bank and the European Union, as well as certain bilateral partners such as USAID and the Japanese and German cooperation agencies, which had ensured 90% of the funding of the health sector, have suspended all their support to the country.

With regards to the financing of immunisation, the Government has difficulty meeting its commitments to agreements signed with its partners, such as the Vaccine Independence Initiative agreement with UNICEF, which enables the Government to supply itself with all the traditional vaccines in local currency, and the GAVI agreement, under which the country must co-finance new vaccines.

With regards to pharmaceutical products, the country is faced with a chronic shortage of essential medicines and consumables in the public health facilities. This situation dangerously jeopardises the cost recovery system, which is a cornerstone of health funding other than state subsidies.

In 2009, the country was able to obtain routine vaccines only thanks to support from UNICEF.

Faced with this alarming situation, the ICC asks the GAVI Alliance for:

- Guinea to be reclassified as a fragile country;
- EPI rewards for 2007 and 2008 to be paid.

The ICC very truly thanks the GAVI Alliance for the significant support it constantly provides to improve the health of Guinea's women and children.

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[7]
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[8] – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

[7] An average rate of CFA 479.11 = USD 1 applied.
[8] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

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

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD[9]
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

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

[9] An average rate of CFA 479.11 = USD 1 applied.
[10] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

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

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

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

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

iii. **At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below.** A sample basic statement of income and expenditure is provided on page 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.

Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

Summary of income and expenditure – GAVI CSO 'Type B'	
	Local Currency (CFA)
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830
Summary of income received during 2009	
Income received from GAVI	57,493,200
Income from interest	7,665,760
Other income (fees)	179,666
Total Income	65,338,626
Total expenditure during 2009	30,592,132
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'				
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD
CSO 1: CARITAS				
Salary expenditure				
Wages & salaries	2,000,000	4,174	0	0
Per-diem payments	9,000,000	18,785	6,150,000	12,836
Non-salary expenditure				
Training	13,000,000	27,134	12,650,000	26,403
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**
CSO 2: SAVE THE CHILDREN				
Salary expenditure				
Per-diem payments	2,500,000	5,218	1,000,000	2,087

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

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide s CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure				
Training	3,000,000	6,262	4,000,000	8,34
Other expenditure				
Capital works	12,500,000	26,090	6,792,132	14,1
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,6**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,8**