Annual Progress Report 2008

Submitted by

The Government of

[MALI]

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: April 30, 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**

A hard copy may be sent to:

GAVI Alliance Secrétariat
2, chemin des Mines
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.

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

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

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

On behalf of the Government of: [MALI]

Minister of Health:
Oumar Ibrahima Toure
Title: Minister of Health

Signature: ……

Date: ……

Minister of Finance:
Sanoussi Toure
Title: Minister of Economy and Finance

Signature: ……

Date: ……

This report has been compiled by:

Full name: Dr. Nouhoum Kone
.....

Position: Immunization Section Chief, Division of Disease Prevention and Treatment / National Directorate of Health

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on 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
Oumar Ibrahima Toure: Minister of Health	Ministry of Health		
Lasséni Konate: Secretary General Of the Ministry of Health	Ministry of Health		
Dr. Bore Mountaga: Technical Advisor to the Ministry of Health	Ministry of Health		
Ousmane Diarra: Administrative and Financial Director	Ministry of Health		
Prof. Toumani Sidibe : National Director of Health	National Directorate of Health		
Dr. Diallo Fatoumata B.Tidiane: WHO Representative	WHO		
Dr. Marcel K. Rudasingwa: UNICEF Representative	UNICEF		
Alexandre Newton: USAID Director	USAID		
Dr. Boubacar Niambele	Rotary International club Mali		
Dr. François M. Lamaye: Health Advisor to the French Embassy	France Embassy		
Dr. Mariam Garango	Health and Population Core Group (Groupe Pivot)		

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

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

.....

HSCC Signature Page

If the country is reporting on HSS and CSO support

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

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

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

Name/Title	Agency/Organization	Signature	Date

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

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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 mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal 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 name) 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

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

Annual Progress Report 2008: Table of Contents

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

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		**559,693**	575,375	591,486	608,047				
Infants' deaths		**54,774**	55,236	56,783	58,373				
Surviving infants		**504,920**	520,139	534,703	549,675				
Pregnant women		**631,150**	648,822	666,989	685,664				
Target population vaccinated with BCG		624,396	558,114	573,741	595,886				
BCG coverage*		112%	97	97	98				
Target population vaccinated with OPV3		512 798	509,736	524,010	544,178				
OPV3 coverage**		102%	98%	98%	99%				
Target population vaccinated with DTP3***		521,142	509,736	524,010	538,682				
DTP3 coverage** **(DTP+Hep+Hib)**		103%	98%	98%	98%				
Target population vaccinated with DTP1***		618,329	520 139	534 703	549 675				
Wastage[1] rate in baseline year and planned thereafter		10%	10%	10%	10%				
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of the Pneumo vaccine				513,315	533,185				
Pneumo coverage**				96%	97%				
Target population vaccinated with **1st dose of the Pneumo vaccine**				534,703	549,675				
Wastage[1] rate in baseline year and planned thereafter									
Target population vaccinated with the yellow fever vaccine		474,443	488,931	507,968	522,191				
Yellow fever coverage**		94%	94%	95%	95%				
Wastage[1] rate in baseline year and planned thereafter			25%	25%	20%				
Target population vaccinated with **1st dose** of measles vaccine		488,221	504,535	518,662	538,682				
Target population vaccinated with **2nd dose** of measles vaccine		NA							
Measles coverage**		97%	97	97	98				
Pregnant women vaccinated with TT+		421165	486,617	533,591	617,098				
TT+ coverage****		67%	75	80	90				
Vit A supplementation	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								

[1] 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.

Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	0.16	2	2	2				
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
**** 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	559 693	575 375	591 486	608 047				
Infants' deaths	54 774	55 236	56 783	58 373				
Surviving infants	504 920	520 139	534 703	549 675				
Pregnant women	631 150	648 822	666 989	685 664				
Target population vaccinated with BCG	624 396	558 114	573 741	595 886				
BCG coverage*	112%	97	97	98				
Target population vaccinated with OPV3	512 798	509 736	524 010	544 178				
OPV3 coverage**	102%	98%	98%	99%				
Target population vaccinated with DTP3***	521 142	509 736	524 010	538 682				
DTP3 coverage** **(DTP+Hep+Hib)**	103%	98%	98%	98%				
Target population vaccinated with DTP1***	618 329	520 139	534 703	549 675				
Wastage[2] rate in baseline year and planned thereafter	10%	10%	10%	10%				
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose of the Pneumo vaccine**			513 315	533 185				
Pneumo coverage**			96%	97%				
Target population vaccinated with **1st dose of the Pneumo vaccine**			534 703	549 675				
Wastage[1] rate in baseline year and planned thereafter			5%	5%				
Target population vaccinated with **1st dose** of Measles	488 221	504 535	518 662	538 682				
Target population vaccinated with **2nd dose** of measles vaccine	NA							
Measles coverage**	97%	97	97	98				
Target population vaccinated with the yellow fever vaccine	474 443	488 931	507 968	522 191				
Yellow fever coverage**	94%	94%	95%	95%				
Wastage rate		25%	25%	20%				
Pregnant women vaccinated with TT+	421165	486 617	533 591	617 098				
TT+ coverage****	67%	75%	80%	90%				
Vit A supplementation								

[2] 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.

Annual DTP dropout rate [(DTP1-DTP3)/DTP1] x100	0,16	2	2	2				
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
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

The target population of children to be immunized was calculated on the basis of the 2008 crude birth rate of 44.34 and data from the National Directorate of Statistics and Data's 1998 General Population and Housing Census (the 1999-2015 outlook from DNSI GPHC data). The number of infant deaths in 2008 was calculated on the basis of the mortality rate of 96 per 1000 living births taken from the 4th DHS of 2006.
The population of pregnant women to be immunized represents 5% of the total population.
The 4th General Census of Mali, which was began on April 1, 2009, will provide us with access to updated demographic data in future years.

With respect to 2008 immunization coverage for the yellow fever, pentavalent, and polio vaccines, we have conducted a review of the targets for these vaccines: YFV coverage of 94% in 2008 and 97% in 2009, 2010, 2011; Penta3 coverage of 103% in 2008, 98% in 2009, 2010, 2011; OPV coverage of 102% in 2008, 98% in 2009, 2010, 2011. This harmonization will be the subject of an updated cMYP.

It appears likely that the vaccinators failed to adhere to the target population ages in the case of those vaccines that have a coverage greater than 100% (Penta3, OPV in 2008). There are also problems with the denominator (population projections based on the 1998 census).

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?

Immunization services strengthening activities are scheduled in the annual action plan of the Ministry of Health through the National Directorate of Health's operational plan. Goods and services are acquired in accordance with the PRODESS management procedures (Health and Social Development Programme). Evaluation of the implementation of these activities is conducted as part of the annual evaluation framework of the National Directorate of Health.

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 country's immunization services strengthening needs are evaluated by the National Directorate of Health through its Immunization Section. The budget relating to these activities is submitted to the ICC for approval prior to being enacted.
In accordance with the procedures governing the use of the "Project Funds" account, funding requests for planned activities are funded by means of either a wire transfer or a check bearing all three signatures of the Minster of Health, the Administrative and Financial Director of the Ministry of Health, and the Account Officer of the Directorate of Financial Affairs, following the ICC's approval of the proposed expenditures.

The recipient establishments, after using the funds, send the supporting documentation to the Administrative and Financial Directorate via the National Directorate of Health.

No problem has been encountered in the mobilization of resources, to the extent that no activity has been financed with ISS funds.

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: **$870,313**
Remaining funds (carry over) from 2007: **$890,060**
Balance to be carried over to 2009: **$1,776,695.80 according to the bank statement of 28-FEB-2009.**
Dollar exchange rate in March 2009: $1 = 512.958 CFA

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					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach to hard-to-reach groups					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ……*(specify)*					
Total:					
Balance of funds for the next year:	**1,776,695.80**				

No activity was funded using ISS funds in 2008

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
Health and Population Core Group (Groupe Pivot)
Rotary club

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

Supplemental campaigns were conducted in 2008:

- ✓ **Thanks to the preventative yellow fever campaign conducted in 33 districts at risk of yellow fever, 5,865,651 subjects over the age of 9 months have been immunized, resulting in an immunization coverage of 99%.**
- ✓ **As part of the elimination of neonatal tetanus in 15 at-risk districts, 277,762 women of childbearing age were immunized and are now protected against neonatal tetanus. This involves the administration of a second dose of the tetanus toxoid vaccine to these women.**
- ✓ **As part of the polio eradication campaign, mop-up campaigns were organized in a region bordering Niger (a country re-infested with the wild poliovirus): 189,504 children were immunized during the 3rd round in the region of Gao. Likewise, following the isolation of a case of wild poliovirus in the health district of Douentza (imported case), a mop-up campaign was conducted in five regions of Mali in synchronization with Burkina Faso, thereby protecting 1,814,508 children aged 0-59 months at the time of the second round.**
- ✓ **An agreement was signed between Japan and Mali to strengthen cold chain equipment.**
- ✓ **Some activities planned in the cMYP to strengthen immunization were not conducted due to a delay in the mobilization of resources in the government's budget – at issue is the construction of the storage warehouse and cold room at the central level.**

Attachments:

Three (additional) documents 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:

List primary recommendations

No Quality Audit took place in 2007 or 2008 in Mali.

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

YES		*NO*	***X***

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

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:

No coverage survey or demographic survey was conducted in 2008. The EPI assessment (review) and the demographic and health survey were conducted in 2006.

Indicate the problems encountered while collecting and reporting administrative data:

The following problems were encountered while collecting and reporting data:

- ***Insufficient training of personnel***
- ***Insufficient number of qualified personnel***
- ***Inadequate data analysis***
- ***Irregularity in the feedback among the various levels of the health system***
- ***Delay in reporting data (promptness)***
- ***Incomplete reports from health facilities, including the private sector***
- ***Inadequate and obsolete means of communication for reporting data***

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]

No new vaccine was introduced in 2008 into Mali's EPI.

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

There has been no change in the doses per vial or presentation of vaccines; however, during the yellow fever campaign, two different presentations (the 50-dose vial and 20-dose vial) were used.

Dates shipments were received in 2008.

Vaccine	Vial size	Total number of doses	Date introduced	Date received (2008)
YFV	10-dose vial	1 971,100	2001	07/01/2008
YFV	10-dose vial	1 458,500	2001	07/01/2008
Hib + DTP-HepB	2-dose vial	315,000	2005	12/02/2008
Hib + DTP-HepB	2-dose vial	446,100	2005	13/03/2008
YFV	10-dose vial	200,000	2001	09/05/2008
YFV	10-dose vial	172,000	2001	15/05/2008
Hib + DTP-HepB	2-dose vial	780,800	2005	23/06/2008
YFV	10-dose vial	96,000	2001	18/09/2008
YFV	10-dose vial	122,900	2001	18/09/2008

Where appropriate, please report any problems encountered.

No problems have been recorded. Notably, there have been no stock shortages of the vaccines provided.

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.

In 2008, Mali compiled an introduction plan for the pneumococcal vaccine in the hope of introducing this vaccine in 2009. The request for additional information (vaccine introduction plan) and the unavailability
Problem encountered include a delay in sending the file to the IRC and GAVI's modification of the application form.

1.2.3. Use of GAVI funding entity support ($100,000 USD) for the introduction of the new vaccine

These funds were received on: *[dd/mm/yyyy]* ***none in 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 USD	Date received	Balance remaining in USD	Activities	List of 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? [**November 28, 2007**]

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

- **Plan and implement the training of health workers in vaccine management.**
- **Plan and implement supervision at the sub-national level.**
- **Plan supervision of the central warehouse.**
- **Properly record the movement of inventory in the management system.**
- **Obtain continuous temperature recording devices (for cold rooms) and audible alarm systems.**
- **Obtain cold chain equipment to increase the storage capacity of the central warehouse, sub-national warehouse, and among healthcare providers.**
- **Improve the classification/order of vaccines in the cold chain equipment.**
- **Carry out regular inventories in order to reconcile any difference between the recorded and actual physical stock (vaccines, diluents, consumables).**
- **Improve monitoring of vaccine wastage rates.**

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

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

An action plan has been created for the implementation of the VMA recommendations, including the following items:

- **Training of health center workers throughout the country's districts in computerized vaccine management (SMT).**
- **Training of district health centers workers in computerized management of immunization data (DVDMT).**
- **National oversight of immunization activities and cold chain equipment maintenance in the regions and districts.**
- **Construction of storage warehouses and cold rooms at the central level and in three regions.**
- **Training of district teams in cold chain equipment maintenance.**

When will the next EVSM/VMA* be conducted? ***[November 2012]***

**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: Anticipated stock of new vaccines.

Vaccine 1: DTP-Hep+Hib	
Anticipated stock on 1 January 2010	**563 000**
Vaccine 2: Yellow fever vaccine (YFV)	
Anticipated stock on 1 January 2010	**162 000**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

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? .....

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
Syringe 0.5 mL	**1,322,400**	**02/01/2008**
Syringe 0.5 mL	**1,884,000**	**03/01/2008**
Syringe 2 mL	**120,000**	**03/01/2008**
Syringe 5 mL	**256,000**	**03/01/2008**
Syringe 5 mL	**15,700**	**03/01/2008**
Safety boxes	**71,050**	**03/01/2008**
Syringe 0.5 mL	**1,026,200**	**17/04/2008**
Syringe 5 mL	**91,900**	**18/04/2008**
Safety boxes	**5,500**	**18/04/2008**
Syringe 0.5 mL	**391,200**	**21/04/2008**
Syringe 0.5 mL	**962,400**	**22/05/2008**
Syringe 0.5 mL	**580,800**	**22/05/2008**
Safety boxes	**26,775**	**23/05/2008**
Syringe 2 mL	**866,800**	**30/05/2008**
Syringe 0.5 mL	**1,998,100**	**09/07/2008**
Safety boxes	**22,200**	**09/07/2008**

Please report on any problems encountered.

No problems have been recorded. Notably, there have been no stock shortages of the syringes and safety boxes provided.

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.

GAVI support to Mali for injection safety ended in December 2005. The Government of Mali is funding the equipment for injection safety from the state budget funds allocated to the Ministry of Health. A budget line was created for this purpose.

Please report the methods of disposing of sharps waste.

Sharps waste is collected by the immunization services and taken to the health districts where they are incinerated. The incinerator model used is typically a De Monfort.

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

No problems have been encountered during the implementation of the transition plan for safe injections and safe management of sharps waste.

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:

In 2008, GAVI provided Mali with in kind donations of safety boxes and syringes at a value of $501,115.42. At issue was funding for injection safety to correspond with GAVI support of pentavalent and yellow fever vaccines.

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.

	Reporting Year 2008	**Reporting Year + 1 (2009)**	**Reporting Year + 2 (2010)**
	Expenditures (in USD)	Budgeted expenditures (in USD)	Budgeted expenditures (in USD)
Expenditure by category			
Traditional vaccines	**2 058 320,31**	**969 362**	**1 018 175**
New vaccines	**9 380 438**	**10 038 399**	**16 962 317**
Injection equipment	**679 855,73**	**898 831**	**1 137 763**
Cold chain equipment	**106 580**	**1 262 006**	**1 487 583**
Operational costs	**2 618 081,95**	**2 340 323**	**3 707 659**
Other (please specify)			
Total EPI	**14 163 420,21**	**15 508 921**	**24 313 497**
Total public expenditures for health	126 439 831.33	146 024 095.54	139 710572.80

Exchange rate used	**$1 USD = 512.958 CFA**

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.

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:

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

1st vaccine: ***YFV***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	**137 300**	**192 000**				
Number of AD syringes	#	**114 900**	**170 500**				
Number of re-constitution syringes	#	**15 300**	**21 400**				
Number of safety boxes	#	**1 450**	**2 150**				
Total value to be co-financed by GAVI	$	**$136 500**	**$196 000**				

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

2nd vaccine: ***Pneumococcal***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	43 300	47 800				
Number of AD syringes	#	46 200	50 500				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	525	575				
Total value to be co-financed by GAVI	*$*	$316 000	$349 000				

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

3rd vaccine: ***Pentavalent***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	0	0				
Number of AD syringes	#	0	0				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	0	0				
Total value to be co-financed by GAVI	*$*	$0	$0				

Note: in 2005, Mali chose to gradually introduce the pentavalent vaccine. Co-financing for this vaccine will begin after 2011. Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing	Planned Payment Schedule	Actual Payments	Proposed

Payments	in Reporting Year	Date in Reporting Year	Payment Date for Next Year
	(month/year)	(day/month)	
1st vaccine awarded (**YFV**)	31/01/08	31/03/08	30/04/09
2nd vaccine awarded (**None**)			
3rd vaccine awarded (**None**)			

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total amount in USD	Total number of doses
1st vaccine awarded (**YFV**)	127,500	172,600
2nd vaccine awarded (**None**)		
3rd vaccine awarded (**None**)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. **Lengthy national procedures have delayed the mobilization of resources for co-financing.**
2.
3.
4.

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

Mali is not in default on any payment.

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? **No***

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

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

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

_____
_____
_____
_____
_____

Provide justification for any changes **in the targets by vaccine**:
With respect to 2008 immunization coverage for the yellow fever, pentavalent, and polio vaccines, we have conducted a review of raising the targets for these vaccines: YFV coverage of 94% in 2008, maintain at 94% in 2009, and then 95% in 2010 and 2011; Penta3 coverage of 103% in 2008, 98% in 2009, 2010, 2011; OPV coverage of 102% in 2008, 98% in 2009, 2010, 2011. This harmonization will be the subject of an updated cMYP.

It appears likely that vaccinators failed to adhere to the target population ages in those cases where the vaccine coverage is greater than 100% (Penta3, OPV in 2008). There are also the constant problems of population projections based on the 1998 census).

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

_____
_____
_____
_____
_____

Vaccine 1: DTP-Hep+Hib

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 pentavalent

	Use data from:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be immunized with the third dose of the vaccine	*Table B*	#	524010	538682				
Target immunization coverage with the third dose	*Table B*	#	98%	98%				
Number of children to be vaccinated with the first dose	*Table B*	#	534703	549675				
Estimated vaccine wastage factor	*Excel sheet Table E - Tab 5*	#	1.11	1.11				
Country co-financing per dose *	*Excel sheet Table D - Tab 4*	$	0,0	0,0				

* Total price pre 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)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	1,662,800	1,842,900				
Number of AD syringes	#	1,649,800	1,844,300				
Number of re-constitution syringes	#	922,800	1,022,800				
Number of safety boxes	#	28,575	31,825				
Total value to be co-financed by GAVI	**$**	$5,564,500	$5,796,500				

Vaccine 2: yellow fever vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of immunizations performed with the new vaccine

	Use data from:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be immunized with the third dose of the vaccine	*Table B*	#	534703	549675				
Target immunization coverage with the third dose	*Table B*	#	95%	95%				
Number of children to be vaccinated with the first dose	*Table B*	#	534703	549675				
Estimated vaccine wastage factor	*Excel sheet Table E - Tab 5*	#	1.33	1.25				
Country co-financing per dose *	*Excel sheet Table D - Tab 4*	$	**0.20**	**0.30**				

* 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)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	**545 300**	**460 800**				
Number of AD syringes	#	**456 700**	**409 200**				
Number of re-constitution syringes	#	**60 600**	**51 200**				
Number of safety boxes	#	**5 750**	**5 125**				
Total value to be co-financed by GAVI	**$**	**543 000**	**470 500**				

Vaccine 3: pneumococcal vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of immunizations performed with the new vaccine

	Use data from:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be immunized with the third dose of the vaccine	*Table B*	#	513,315	533,185				
Target immunization coverage with the third dose	*Table B*	#	96%	97%				
Number of children to be vaccinated with the first dose	*Table B*	#	534,703	549,675				
Estimated vaccine wastage factor	*Excel sheet Table E - Tab 5*	#	1.05	1.05				
Country co-financing per dose *	*Excel sheet Table D - Tab 4*	$	0.15	0.20				

* 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)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	2,062,200	1,695,600				
Number of AD syringes	#	2,201,800	1,793,100				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	24,450	19,925				
Total value to be co-financed by GAVI	**$**	$15,060,500	$12,381,500				

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 15th 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.
5. If needed, please use additional space beyond what is provided in this form.

4.1 Information relating to this report:

a) Fiscal year runs from the **month of January to the month of December**.

b) This HSS report covers the period from **January 2009 (month/year) to December 2009 (month/year).**

c) Duration of current National Health Plan is from January 2009 (month/year) to December 2011 (month/year).

d) Duration of the cMYP: **5 years (2007-2011).**

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? **Dr. Aboubacrine Maiga (abouba30@yahoo.fr), HSS Focal Point, Planning and Statistics Unit of the Ministry of Health (PSU/MoH).**
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
Government focal point to contact for any clarifications			
Dr. Aboubacrine Maiga	**PSU/MoH**	**Focal point and responsible for compiling the report**	**Abouba30@yahoo.fr** **+(223) 20 23 27 25 Ext.110**
Other partners and contacts who took part in putting this report together			
Dr. Modjirom Ndoutabe	**WHO**	**IVD focal point**	**Ndoutabe, Dr. Modjirom - ml [ndoutabem@ml.afro.who.int]**
Dr Etienne DEMBELE	**UNICEF**	**EPI focal point**	**Etienne Dembele [edembele@unicef.org]**
Dr Ibrahim DOLO	**USAID**	**EPI focal point**	**'iddolo@yahoo.fr'**
Dr KONE Nouhoum	**DNS**	**Head of the immunization section**	**cni@afribonemali.net**
Core Group			

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 the*

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.

The GAVI funds were made available on September 24, 2008 into account A.
GAVI reported the funds to the Ministry of Health on December 23, 2008.

Given GAVI's delay in notifying Malian health officials of the wire transfer containing the first disbursement into the duly-designated account and the burdensome administrative procedures needed for the Ministry of Finance (Public Treasury) to mobilize the funds available is this account, it was not possible to start the activities on time. It should be noted that the Ministry of Finance (the Treasury) failed to inform the Ministry of Health of the wire transfer of funds effected by GAVI on September 24, 2008.
All of the delays cited above resulted in the following:
- the acknowledged delay in the proposal's implementation.
- various establishments in charge of executing the activities, notably the National Directorate of Health (DNS), the Human Resources Development Unit (CDRH), the National Federation of Community Health Associations (FENASCOM), were not able to provide the PSU with technical reports on the progress of the activities under their responsibility.

Because of this delay, all the activities planned for the 4th quarter of 2008 that could not be conducted were rescheduled for 2009. The only activity that was successfully completed on time is the monitoring/evaluation training conducted within the framework of capacity building at the central level of the Ministry of Health. It should be recalled that this training is an essential step in the implementation of the support.
In the weeks to come, a joint mission will being to monitor the implementation of certain activities, notably: i) granting incentive pay to those health workers in Community Health Centers (CSCOM) working in difficult and poverty-stricken areas of the country; ii) monitoring the CSCOMs; iii) training the management teams in management and leadership at the district level. This joint monitoring mission at the operational level of the health system will be conducted by actors at the central level trained for this purpose. The report resulting from this mission will be used as a primary source of information on the implementation of these supported activities.

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?

Difficulties were encountered while starting up strengthening activities, which was linked to the GAVI's delay in notifying the Ministry of Health as well as the delay in mobilizing resources in conjunction with procedures.

- **Inadequate ownership of the GAVI HSS support from the facilities responsible for implementing the proposal and from the technical/financial units of the Ministry of Finance (the Treasury) is the cause of so many issues encountered that deserve special attention.**

Recommendations/suggestions:

1. **improve communication between the Ministry of Health and the Ministry of Finance in order to better facilitate the rapid mobilization of GAVI HSS funds to the public treasury.**

Yes, it is possible to improve harmonization between HSS reporting and existing reporting systems in our 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		1,373,000 USD							
Date the funds were received		24/09/2008							
Amount spent		0							
Balance		1,373,000 USD							
Amount requested		1,373,000 USD							

Amount spent in 2008: **0 USD**

Remaining balance from total: 1,373,000 USD

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)[3]**	**Available 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**
Objective 1:	To make available required personnel in 80% of CSCOMs in 6 health districts in Poverty Zone 1	Underway	93,580 USD	0	93,580 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.
Activity 1.1:	Award additional bonuses to 110 individuals/month (40 nurses and 70 midwives) working in disadvantaged areas in Poverty Zone 1 for three	Underway	93,580 USD	0	93,580 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1. .

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

	years					
Activity 1.2:						
Objective 2:	To improve the quality of health services in at least 60% of CSCOMs and 65% of CSREF throughout the country between now and 2011	Underway	467,220 USD	0	467,220 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.
Activity 2.1:	In accordance with the programme implementation requirements, train the management teams in 59 health districts in management, leadership	Underway	82,570 USD	0	82,570 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1. .
Activity 2.2:	Recruit 75 physicians per year for the first response health services in rural areas	Underway	228,660 USD	0	228,660 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.
Activity 2.3	Introduce an accreditation system for high-performing districts, using the patient-centered approach in	Underway	126,520 USD	0	126,520 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.

	particular					
Objective 3:						
Activity 3.1:						
Activity 3.2:	Activity 3.2:	Fund the participation (5 days) of one person from the DRS, 1 person from FELASCOM, 1 person from the TC, 1 person from the NGOs, and the prefect in the process of creating an OP at the district level	Underway	86,340 USD	0	86,340 USD
	Activity 3.3	Strengthen the intervention capacities at the central level of the Ministry to support the health system (train stakeholders at the central level in monitoring/evaluation of the	Underway	138,180 USD	0	138,180 USD

		implementation)				
Support Functions						
Management		Underway	56,070.00 USD	0	56,070.00 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.
Monitoring and evaluation	Conduct two sessions of monitoring/evaluation per year within each health area	Underway	103,930.00 USD	0	103,930.00 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.
Technical support	Recruit a technical assistant for each of the 4 regions of Poverty Zone 1	Underway	91,460 USD	0	91,460 USD	The funds expected for this activity have not been disbursed due to the delay in undertaking activities from Year 1.

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**
Objective 1:	To make available required personnel in 80% of CSCOMs in 6 health districts in Poverty Zone 1				
Activity 1.1:	Award additional bonuses to 110 individuals/month (40 nurses and 70 midwives) working in disadvantaged areas in Poverty Zone 1 for three years	93,580 USD			
Activity 1.2:					
Objective 2:	To improve the quality of health services in at least 60% of CSCOMs and 65% of CSREF throughout the country between now and 2011				
Activity 2.1:	In accordance with the programme implementation requirements, train the management teams in 59 health districts in management, leadership	82,570 USD			

Activity 2.2:	Recruit 75 physicians per year for the first response health services in rural areas	228,660 USD			
Activity 2.6	Introduce an accreditation system for high-performing districts, using the patient-centered approach in particular	126,520 USD			
Objective 3:	**To strengthen the territorial collectivities (CT) between now and the end of 2011 in order for at least 80% of these collectivities to which the MoH has transferred a portion of its technical and financial skills in accordance with Decree 02-314 to participate in the management bodies of health facilities**				
Activity 3.1:	Establish performance-based contracts between the public sector and the private sector at the district level	98,600 USD			
Activity 3.2:	Fund the participation (5 days) of one person from the DRS, 1 person from FELASCOM, 1 person from the TC, 1 person from the NGOs, and the prefect in the process of creating an OP at the district level	86,340 USD			
Activity 3.3	Train the members of the FELASCOMs to support the ASACOs	53,580 USD			
Activity 3.4	**Monitor the implementation of health system strengthening by the central level of the Ministry**	138,180 USD			

	• **Train the central-level actors from the Ministry of Health in monitoring/evaluation of the implementation of public health programmes**				
Support costs					
Management costs	Organize the HSS office of coordination	56,070 USD			
M&E support costs	Conduct two sessions of monitoring/evaluation per year within each health area	103,930 USD			
Technical support	Recruit a technical worker for each region of Poverty Zone 1	91,460 USD			
TOTAL COSTS				(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.					
Primary activities	**Planned activities for current year (i.e.–2009)**	**Planned expenditure in the coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1:	Award additional bonuses to 110 individuals/month (40 nurses and 70 midwives) working in disadvantaged areas in Poverty Zone 1 for three years	100,600 USD			
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:	In accordance with the programme implementation requirements, train the management teams in 59 health districts in management, leadership	62,250 USD			
Activity 2.2:	Recruit 75 physicians per year for the first response health services in rural areas	533,540 USD			
Activity 2.3	Introduce an accreditation system for high-performing districts, using the patient-centered approach in particular	119,920 USD			
Objective 3:					
Activity 3.1:	Establish performance-based contracts between the public sector and the private sector at the district	98,600 USD			

	level				
Activity 3.2:	Fund the participation (5 days) of one person from the DRS, 1 person from FELASCOM, 1 person from the TC, 1 person from the NGOs, and the prefect in the process of creating an OP at the district level	43,170 USD			
Activity 3.3	Train the members of the FELASCOMs to support the ASACOs	71,440 USD			
Activity 3.3:	Monitor the implementation of health system strengthening by the central level of the Ministry	147,730 USD			
Objective 5	Between now and 2011 and in 70% of districts, to strengthen operational research in: i) system for motivating personnel for the system's performance; ii) the issue of accreditation of the districts based on the performance of facilities and services, performance-based contracts with public-private partnerships, local framework for collaboration, mutual assistance compacts; and accreditation of the ASACOs on the basis of the ASACO's performance. iii) the RHS interventions for the improvement of health services in the districts.				
Activity 5.3	Measure the effect of mutual assistance compacts among the collectivities and the ASACOs on the performance of the CSCOMs	109,760 USD			

Activity 5.4	Measure the effect of mutual assistance compacts among the collectivities and the ASACOs on the performance of the CSCOMs	109,760 USD			
Activity 5.6	Evaluate the local framework for collaboration in order to strengthen it	10,160 USD			
Support costs					
Management costs		66,480 USD			
M&E support costs	Conduct two sessions of monitoring/evaluation per year within each health area	103,930 USD			
Technical support	Recruit a technical worker for each region of Poverty Zone 1	91,460 USD			
TOTAL COSTS					

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.

Based on the current state of completion of the health system strengthening activities (a small setback), it is difficult to form a judgement on its impacts on health services programmes, notably the immunization programme. Introduction of the support has been accompanied by certain difficulties, resulting in a situation wherein the activities from both initial years are underway. The implementation structures are on site in order that products can be obtained between now and the end of 2009.
In light of all the difficulties noted and in order to improve the future performance of the HSS funds, attention should be paid to the necessity of:

1. **Improving communication between the Ministry of Health and the Ministry of Finance in order to better ensure the sustainability of GAVI HSS support.**
2. **Asking GAVI HSS to share any information pertaining to the transfer of funds with the unit in charge of coordinating the HSS at the same time as with the Ministry of Finance.**
3. **Motivating the PRODESS accountants responsible for the management and budgetary oversight of GAVI HSS support at the operational level of the health system.**

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.

Yes, CSOs are participating in the planning and implementation of the HSS proposal.
With respect to implementation, the National Federation of Community Health Associations (FENASCOM) is taking part in the proposal's implementation. It is not only taking part in all the monitoring efforts, but it is also responsible for performing certain activities, including training FELASCOM members in the strengthening of the ASACOs as well as the implementation and monitoring – at the operational level of the system and in collaboration with the Human Resources Development Unit (CDRH) – of the incentive payment to health workers in the regions of Poverty Zone 1.

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.

Yes, the GAVI HSS funds are on-budget and are reflected in the budget of the Ministry of Health and Ministry of Finance.

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.

HSS funds have not been subjected to an audit since the activity is scheduled for the month of May 2009.

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[4]

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:

5.1.1 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).

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

Please describe any hurdles or difficulties encountered with the proposed methodology 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.

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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					
TOTAL COSTS					

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[5]

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).

[5] 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.

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

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds USD (in thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Balance remaining		
Management costs (of all CSOs)						
Management costs Management costs (of HSCC / Regional Working Group)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility. Please indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs.

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

5.2.4 Monitoring and evaluation

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

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

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

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

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.

The technical committee of the ICC has encountered difficulties in filling out the tools in English – the French-language cMYP Excel tool has not yet been made available to us. Table 1 for estimations has experienced many modifications; as a result, multiple documents have been re-started several times. Accordingly, the May 1 deadline was difficult to meet. In the coming years, it would be useful to have the tools available for countries at least three months beforehand so they can be properly used.

~ End ~