



Annual Progress Report 2009

Submitted by

The Government of

[[SÃO TOMÉ ET PRINCIPE](#)]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 14 May 2010

Deadline for submission: 15 May 2010

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

A hard copy can be sent to:

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: Before starting to fill 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 is any claim of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *Accomplishments using GAVI resources in the past year;*
- *Important problems that were encountered and how the country has tried to overcome them;*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners;*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released;*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

Government Signatures Page for all methods of GAVI support (ISS, INS, HSS, CSO)

In signing this page, Government representatives attest to the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that the vaccines, immunisation supplies and funds have been used in accordance with the GAVI Alliance general conditions as given on page 2 of this APR.

For the Government of [country name] SAO TOME ET PRINCIPE

Please note that this APR will not be revised or approved by the Independent Review Committee if it is not signed by the Minister of Health and the Minister of finance, or their authorized representative.

Minister of Health (or authorised representative):

Arlindo Vicente d'Assunção Carvalho

Minister of Finance (or authorised representative):

Ângela Maria da Graça Viegas Santiago

Title: Minister of Health

Title : Minister of Finance

Signature:

Signature:

Date:

Date:

This report was prepared by:

Full name: António Marques Lima Position: Counselor to the Minister of Health Telephone: 00 239 9903341 Email: amarques.lima@yahoo.com.br	Full name: Maria Elizabeth Carvalho Position : Programme Head Reproductive Health / EPI Telephone.....00 239 2242002 Email : bethmaria74@hotmail.com .
Full name: Lazaro Batista de Sousa Position: D.P.C. / WHO Telephone: 00 239 2222957 Email: sousal@st.afro.who.int	Full name Position Telephone Email

ICC Signatures Page

If the country is reporting on ISS, INS or NVS

We, the undersigned members of the Interagency Coordination Committee (ICC) on immunisation, endorse this report. 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 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
Eduardo da Conceição Neto	Ministry of Health		
Pierre Kahozi Sangwa	WHO		
Edgar Manuel Agostinho das Neves	Instut Marquês Valle Flor		
Victoria Menezes d'Alva	UNFPA		
Antonio Marques Lima	Ministry of Health		
Luis Bonfim	UNICEF		
Maria Elizabeth Carvalho	Ministry of Health		

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

All comments will be treated confidentially

Comments from partners:

During the discussion of the report ICC members made several comments, notably:

1. The need to use the balance that has been available to the programme since 2003 for strengthening immunisation activities, especially at the district level.

2. The need for a clear explanation regarding the difference between administrative data and health and demographic survey (HDS) data regarding measles immunisation coverage.

3. The need to strengthen personnel skills.

4. Given the results of the Yellow Fever and Measles immunisation coverage in 2009, communication activities must be strengthened in health centres and in communities.

Comments from the Regional Working Group:

.....

HSCC Signatures Page: NA

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 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 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:

.....
.....

Comments from the Regional Working Group:

.....
.....

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

NA

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

Name :

Function :

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee,
(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.

2009 Annual Progress Report: Table of Contents

This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011

1. General Programme Management Component

- 1.1 Updated baseline and annual targets. Table 1 in Annex 1
- 1.2 Immunisation achievements in 2009
- 1.3 Data assessments
- 1.4 Overall Expenditure and Financing for Immunisation
- 1.5 Interagency Coordinating Committee (ICC)
- 1.6 Priority actions in 2010-11

2. Immunisation Services Support (ISS)

- 2.1 Report on 2009 ISS funds (received reward)
- 2.2 Management of ISS funds
- 2.3 Detailed expenditure of ISS funds during 2009 calendar year
- 2.4 Request for ISS reward

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

- 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme
- 3.2 Introduction of a New Vaccine in 2009
- 3.3 Report on country co-financing in 2009
- 3.4 Effective Vaccine Store Management/Vaccine Management Assessment
- 3.5 Change of vaccine presentation
- 3.6 Renewal of multi-year vaccines support
- 3.7 Request for continued support for vaccines for 2011 vaccination programme

4. Injection Safety Support (INS)

- 4.1 Receipt of injection safety support (for relevant countries)
- 4.2 Progress of transition plan for safe injections and management of sharps waste
- 4.3 Statement on use of GAVI Alliance injection safety support received in cash

5. Health System Strengthening Support (HSS)

- 5.1 Information relating to this report
- 5.2 Receipt and expenditure of HSS funds in the 2009 calendar year
- 5.3 Report on HSS activities in 2009 reporting year
- 5.4 Support functions
- 5.5 Programme implementation for 2009 reporting year
- 5.6 Management of HSS funds
- 5.7 Detailed expenditure of HSS funds during the 2009 calendar year
- 5.8 General overview of targets achieved
- 5.9 Other sources of funding in pooled mechanism

6. Civil Society Organisation Support (CSO)

- 6.1 TYPE A: Support to strengthen coordination and representation of CSOs
- 6.2 TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

7. Checklist

8. Comments

Annexes

- Annex 1:** [Country's] calculation of ISS-NVS for 2011 (Excel file attached)
- Annex 2:** TOR & Example of ISS Financial Statement
- Annex 3:** TOR & Example of HSS Financial Statement
- Annex 4:** TOR & Example of Type B CSO Support Financial Statement

List of Tables in 2009 APR

APR Section	Table N°	Where-about	Title
1.1	Table 1	Annex 1	Updated Baseline and Annual Targets
1.4	Table 2	APR form	Overall Expenditure and Financing for Immunisation in US\$.
2.5	Table 3	Annex 1	Calculation of ISS reward
3.1	Table 4	APR form	Vaccines received for 2009 vaccinations
3.3	Table 5	APR form	Four questions on country co-financing in 2009
3.7	Table 6	Annex 1	Request for vaccines for 2011
4.1	Table 7	APR form	Received Injection Safety Material in 2009
4.2	Table 8	APR form	Funding sources of Injection Safety material in 2009
4.3	Table 9	APR form	Expenditure for 2009 activities (for INS in cash)
4.3	Table 10	APR form	Planned activities and budget for 2010
5.2	Table 11	APR form	Receipt and expenditure of HSS funds
5.3	Table 12	APR form	HSS Activities in 2009 reporting year
5.4.3	Table 13	APR form	Planned HSS activities for 2010
5.4.3	Table 14	APR form	Planned HSS Activities for next year (ie. 2011 FY)
5.8	Table 15	APR form	Indicators listed in original application approved
5.8	Table 16	APR form	Trend of values achieved
5.9	Table 17	APR form	Sources of HSS funds in a pooled mechanism
6.2.1	Table 18	APR form	Outcomes of CSOs activities
6.2.1	Table 19	APR form	Planned activities and expected outcomes for 2010/2011
6.2.5	Table 20	APR form	Progress of CSO project implementation
7.	Table 21	APR form	Checklist of a completed APR form

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
	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
	External audit report of ISS funds during the most recent fiscal year (if available)	2.3
	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year	3.2.3
	Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
	Minutes of the ICC meeting endorsing the change of vaccine presentation (if not included among the above listed minutes)	3.5
	New cMYP for the years 2009-2013	3.6
	Minutes of the ICC meeting endorsing the country request for extension of new vaccine support for the years..... (if not included among the above listed minutes)	3.6
	Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report	5.1.8
	Latest Health Sector Review Report	5.1.8
	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
	CSO mapping report	6.1.1
	Financial statement for the use of CSO "Type B" funds in the 2009 calendar year	6.2.4
	External audit report for CSO "Type B" funds during the most recent fiscal year (if available)	6.2.4

1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-Excel)

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**: **No difference compared to the 2008 APR***

*Provide justification for any changes in **surviving infants**: **No difference compared to the 2008 APR***

*Provide justification for any changes in **targets by vaccine**: **No change.***

*Provide justification for any changes in **wastage by vaccine**: **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 Yellow Fever and Measles coverage objectives were not fully reached.

The major activities conducted were:

- Work sessions with healthcare providers
- Supervision at all levels of service provision including supervision of the cold chain
 - Immunisation activities by advanced teams

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

The reasons are mainly related to: a) a lack of personnel; b) a decrease in awareness activities, including by the media; b) /sic/ in some places (health stations) too few children to immunise compared to the existing dose in vials.

1.3 Data assessments

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those

measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different¹):

The WHO/UNICEF estimate of national immunisation coverage does not differ from the official national estimate.

Some data from the 2009 Health Demographics Survey differ from administrative data, measles, for example. The provisional HDS data for measles coverage is 84% and the administrative data is 90%.

There is no clear explanation for this difference. Data from the survey are preliminary. We are awaiting the final report for confirmation.

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

[YES / NO]. IF YES :

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

NA

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

Before being sent to the central level, data are analysed at the district level by the local team. The quarterly technical meeting is held on site at the district level for each data analysis and correction. Data are verified, compiled and analysed at the central level for the final quarterly report with participation from district officials.

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.

- Plan to restart quarterly monitoring and evaluation meetings for EPI activities.
- Plan to review and update supervision tools.
- Plan for supervision visits every 6 months at the central level and quarterly at the district level.
- Plan for an external EPI review and assessment in 2012.

¹ Note that WHO/UNICEF estimates for 2009 will only be available in July 2010 and may include retrospective changes in chronological series.

1.4 Overall Expenditure and Financing for Immunisation

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

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

<i>Expenditures by Category</i>	Expenditure Year 2009 (US dollars)	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines	12,031.00	8,598.00	8,457.00
New Vaccines	43,912.90	101,607.00	172,344.00
Injection supplies with AD syringes	11,156.50	7,617.00	9,875.00
Injection supply with syringes other than ADs	1,229.00	37,928.00	5,288.00
Cold Chain equipment	26,354.00	220,828.00	155,487.00
Operational costs	3,290.00	33,403.00	36,075.00
Other 1. Personnel	7,218.00	3,477.00	3,466.00
2. Advanced strategy (fuel)	105,191.40	413,458.00	390,992.00
Total EPI			
Total Government Health			

Exchange rate used	15.333,00 Dbs
---------------------------	----------------------

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.

The initial forecast for 2009 expenditures was US\$ 383,663,000 and real funding was 105,191.40, which was not an obstacle to implementing basic activities.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? 1

Please attach the minutes (**document no. 2**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4:

- 1 – The use of the balance of remaining funds to introduce new vaccines
- 2 – The need for a clear explanation of the difference between the administrative data and the health and demographic survey data concerning measles immunisation coverage

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

² Traditional vaccines: BCG, DTP, OPV (or IPV), 1st dose of measles vaccine (or combined vaccine or MMR), tetanus (TT). Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

<i>List CSO member organisations:</i>
Rotary Club
Red Cross
Institut Marquês De Valle Flor

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 to the cMYP? **YES**

<p>Main objectives</p> <ol style="list-style-type: none"> 1. Increase vaccine coverage against Measles and Yellow Fever to 95%. 2. Reduce the Measles and Yellow Fever vaccine wastage rate. <p>Priority actions:</p> <ol style="list-style-type: none"> 1. Organise EPI micro planning workshops. 2. Improve mobile team activities (advanced strategy). 3. Conduct training and skills sessions for SR [<i>reproductive health?</i>] service providers in interpersonal and group communication. 4. Produce and distribute communication materials. 5. Review and update supervision tools. 6. Supervision visits 7. Hold regular meetings with health teams in districts 8. Train 160 Community Health Agents (CHA) in communication strategies for communities 9. Popularise the open vial policy 10. Organise health personnel training about new vaccine introduction by level.

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2009

Funds received in 2009: US\$ 0,00.....
Remaining funds (carried over) from 2008: US\$ 0,00.....
Balance carried over to 2010: US\$0,00.....

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

NA

2.2 Management of ISS funds

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

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

NA

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 - a government bank account(s) is used

how budgets are approved - budgets are approved by the ICC

how funds are channelled to the sub-national levels - Given the size of the country and the lack of a reliable mechanism for fund use at sub-national levels (districts), the funds are not channelled to them, so all expenditures, including district expenditures, are made at the national level, even for activities conducted by the districts.

financial reporting arrangements at both the sub-national and national levels- Financial reports are not prepared at the sub-national level. At the national level, financial reporting arrangements are as follows:

- The fund utilisation plan is approved by the ICC*
- We request three pro forma invoice prior to purchasing materials*
- We select one invoice*
- Next, the accountant fills out the "payment document" form. The official responsible for EPI certifies the payment document, which is submitted to the healthcare director for approval. Next we issue the bank check, which is submitted to the WHO or UNICEF representative and the Ministry of Health representative for signature. Purchases are made*
- The accountant draws up the financial report.*

the overall role of the ICC in this process:

- GAVI funds are only used after authorisation by the ICC, whose role is to approve the fund utilisation plan;

- GAVI funds are not disbursed without the signature of a WHO or UNICEF representative and the signature of a Ministry of Health representative

- There have not been any problems in using these funds.

2.3 Detailed expenditure of ISS funds during 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**document n°.....**). (*Instructions 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. **NA**

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°.....**). **NA**

2.4 Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the year with 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 ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1³.

³ The IRC will evaluate the section of the APR related to ISS after the WHO/UNICEF estimate of vaccine coverage has been published.

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

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

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill in 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 *
Yellow Fever	4,800	January 5, 2009	4,800
DTP-HepB-Hib	10,200	January 5, 2009	10,200**
**Comment: 10,200 doses of DTP-HepB-Hib from batch no. P9010/SBP were received on 7/17/2009. However, this was a problematic batch that was recalled by WHO. Thus on 12/11/2009 we received another delivery of 18,600 doses.			

* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] are different,

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Problems with cold chain?)	<ul style="list-style-type: none"> However we encountered several problems with the pentavalent vaccine. The first delivery (batch P 9010/SBP) started to be used beginning on 10/3/2009, but on 11/4/2009 it was suspended by WHO recommendation. Batch P 9046/SBP arrived on 12/11/09 and immunisation was re-started on 12/14/09.
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in country and with UNICEF supplies)	<ul style="list-style-type: none"> For Yellow Fever and Measles, immunisation takes place when there are at least 3 children to be immunised, to reduce the wastage rate.

3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	HIB (HAEMOPHILUS INFLUENZAE TYPE b)
Phased introduction [YES / NO]:	NO
Nationwide introduction [YES / NO]:	YES
The time and scale of introduction was as planned in the proposal? If not, why?	YES (Date of introduction : 10/ 03 / 2009) (Approved by GAVI in 2008)

3.2.2 Use of new vaccines introduction grant (or lump sum)

Funds of Vaccines Introduction Grant received: Yellow Fever and Hepatitis B	\$US 100.000 (received on 05/07/03) Balance remaining in 2008 :\$US 58,136.77
Funds of Vaccines Introduction Grant received: Hib (Pentavalent)	99,986.81 received: 03/11/09 Amount used: US\$ 27,619.00 Balance: 75,953.23
	\$US balance remaining on 12/31/09 2009 : US\$ 130,504.58

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.

- Advocacy and social mobilisation
- Production of a training manual for introducing the Hib vaccine (pentavalent)
- Training and building skills of district chief physicians, officials for the EPI and Reproductive Health Programme, health care providers including vaccinators, community health agents and traditional midwives

- Production and distribution of brochures
- Health education sessions with immunisation messages in stations and centres and in communities by advanced teams and community health agents;- Acquiring computer equipment

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

No problems were encountered

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US\$ 130,504.58

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

- Purchase of cold chain equipment for the central storage warehouse (2 MK refrigerators) and for health stations (10 RCW refrigerators) and 24 vaccine transport boxes ----- USD 44,500.00
- Purchase of two refrigerators----- USD 1,400.00
- Social mobilisation and awareness activities including those by the media – USD 8,000.00
- Copying child immunisation activity registry instruments --- USD 4,300.00
- Purchase of **two vehicles** (4x4) for mobile teams. ----- USD 35,000.00
- Purchase of three motorbikes -----USD 7,500.00
- Mobile team / Advanced strategy:
 1. Fuel.----- USD 4,000.00
 2. **Vehicle maintenance** ----- USD 3,500.00
 3. Personnel ----- USD 7,500.00

Total forecast expenditures: USD 115,700.00

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**document n°.....**). (*Instructions for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year? No. Proposed payment dates have been met.			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify) DTP HepB + Hib	July 2009	Day/July	Unknown
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			
Q.2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1st Awarded Vaccine (specify): DTP HepB + Hib	2,000	500 doses	
2nd Awarded Vaccine (specify):			
3rd Awarded Vaccine (specify)			
Q.3: Sources of funding for co-financing?			
1. Government: Yes, the government co-financed the DTP-HepB-Hib vaccines with GAVI			
2. Donor (specify)			
3. Other (specify)			
Q.4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1. The delay in approving the National Budget, where the funds for co-financing vaccines come from			
2. The complexity of the national bureaucracy to provide funds transfer			
3.			
4.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9__Co_Financing_Default_Policy.pdf.

--

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

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

If conducted in 2008/2009, please attach the report. (**document n°.....**).

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008. [The last Vaccine Management Assessment was conducted in 2007](#)

Was an action plan prepared following the EVSM/VMA? [YES / NO] **NO**

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

NA

When is the next EVSM/VMA* planned? [month/year] **October 2011**

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

3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/freeze-dried) to the other; etc.), please provide the vaccine specifications and attach 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:

NA

Please attach the minutes of the ICC meeting (**document n°.....**) that endorsed the requested change. NA

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

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

NA

The country hereby request for an extension of GAVI support for [*vaccine type(s)*] vaccine for the years 2011-... [*end year*]. At the same time it commits itself to co-finance the procurement of [*vaccine type(s)*] vaccine in accordance with the minimum GAVI co-financing levels as summarized 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 years*] which is attached to this APR (**document N°.....**).

The country ICC has endorsed this request for extended support of [*vaccine type(s)*] vaccine at the ICC meeting whose minutes are attached to this APR (**document no.**).

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table 2 HepB & Hib; Table 4.2 Yellow fever, 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 Yellow Fever Vaccine, etc.)
4. Verify the support that will be provided by GAVI and the share paid by the country. These amounts are automatically calculated in the two tables (e.g., Table 4.1.2 and 4.1.3 for Hep & Hib; Tables 4.2.2 and 4.2.3 for yellow fever vaccine, etc.).
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm] / [NO, I do not confirm]

If you don't confirm, please explain:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

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

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

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

Table 7: Injection Safety Material Received in 2009

Injection Safety Material	Quantity	Date received
AD syringes	34,000	03/17/2009 and 07/17/2009
Reconstitution syringes	1,700	07/15/ 2009
Safety boxes	0	

Please report on any problems encountered:

No problems were encountered

4.2 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety Material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	ADS	GOVERNMENT
Measles	ADS	UNICEF
Tetanus Toxoid	ADS	UNICEF
DTP-containing vaccine	ADS	GAVI / GOVERNMENT

Please report how sharps waste is being disposed of:

Because there are no incinerators we must burn sharps waste in a hole in safety boxes

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

IF YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

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

We have not yet been able to acquire incinerators

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution) **NA**

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\$): 0.00

Amount spent in 2009 (US\$): 0.00

Balance carried over to 2010 (US\$): 0.00

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
NA	
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	