GAVI Alliance

Annual Progress Report 2011

submitted by

the Government of

Togo

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **22/05/2012**

Deadline for submission: 15/05/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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.

1. Application specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS and INS support

Type of support	Current vaccine	Preferred presentation	Active until
Support for new vaccines (routine immunization)	Yellow fever vaccine, 10 dose(s) per vial, LYOPHILISED	Yellow fever, 10 dose(s) per vial, LYOPHILISED	2015
Support for new vaccines (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS eligible for extension this year

1.3. ISS, HSS, CSO support

Type of support	Information on the use of funds in 2011	Requesting approval of
ISS	Yes	ISS reward for 2011 results: Yes
HSS	Yes	Next round of HSS funding Yes
CSO type A	Yes	N/A
CSO type B	No	Extended support to CSO type B by decision of the Board in July 2011: N/A

1.4. Previous monitoring IRC report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Togo hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Togo

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Kondi Charles AGBA	**Name**	Mr Adji Oteth AYASSOR
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	E-mail
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Mr DJENDA Abeyeta	Executive Director of the Union of Togolese NGOs (UONGTO)	+228 90 14 68 27	aristidedjenda@yahoo.fr
Mr BAFEI Toï	EPI national logistician	+228 90 33 18 07	justinbt2001@yahoo.fr

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) 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.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Pr Kondi Charles AGBA	Health Minister		
Dr Pierre M'PELE KILEBOU	WHO representative in Togo		
Dr Viviane Van STEIRTEGHEM	UNICEF representative in Togo		
Dr Koku Sika DOGBE	Director General for Health		
Mr Aftar MOROU	Research analyst in the Budget Division/Ministry of Economy and Finances		
Mr Issaka LAGUEBANDE	Cabinet attaché/Ministry of Development and Regional Planning (MDAT)		
Mr Gbehomilo - Nyelolo TOMEGAH	Rotary International/President of the National Polio Plus Commission		
Mr ASSAH Hervé	World Bank representative		
Mr Philippe COLLIGNON	French Cooperation Mission		
Mme Khardiata Lo NDIAYE	UNDP representative in Togo		
Mr ASSAH Hervé	World Bank representative		
Mr Philippe COLLIGNON	French Cooperation Mission		
Mme Khardiata Lo NDIAYE	UNDP representative in Togo		

Dr Aristide APLOGAN	Agency for Preventive Medicine (AMP)		
Mr Hada TCHINGUE	Plan-Togo representative		
Dr Kuami Guy BATTAH	Health Coordinator/Red Cross, Togo		
Mr EDORH Hokameto	Director of Planning, Training and Research		
Dr Sylvain Atayi KOMLANGAN	Director of Primary Health Care		
Dr Afefa Amivi BABA	Director/Department of Health Care Facilities		
Dr Atany NYANSA	Director of Pharmacies, Laboratories and Technical Equipment		
Mr EDORH Hokameto	Director of Planning, Training and Research		
Mr DJENDA Abeyeta	Executive Director of UONGTO		
Dr N'TAPI Kassouta Komlan Tchiguiri	Head, Family Health Division		
KOFFI-KUMA Edem	Department Head, National Information Education Communication for Health		
AKPO-GNANDI Okaté	Director of Community Affairs		

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

All comments will be treated confidentially

Comments from Partners:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 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/Organization	Signature	Date
Pr Kondi Charles AGBA	Health Minister		
Mr Adji Oteth AYASSOR	Minister of Economy and Finances		
Mme Mémounatou IBRAHIMA	Minister of Social Affairs (Ministry of Social Action and National Solidarity)		
Mr Djimon ORE	Communications Minister		
Dr ABALO Kodjo	Defense Minister (Representing the minister)		
Mme Dédé Ahoéfa EKOUE	Ministry close to the President, representative from Planning, Development and Regional Planning		
Dr Pierre M'PELE KILEBOU	WHO representative in Togo		
Dr Viviane Van STEIRTEGHEM	UNICEF representative in Togo		
Mme Khardiata Lo NDIAYE	UNDP representative in Togo		
Mme Cécile MUKARUDUGA	UNFPA representative		

Mr Tamsir FALL	UNAIDS representative		
Mr Hervé ASSAH	World Bank representative		
Mme Béatrice N'DARUGIRIRE	EU representative		
Mr TAGBA ABI Tchao	Coordinator, Permanent Secretariat for the National Council for AIDS/STI Control		
Pr PITCHE Paloukina	Coordinator, National AIDS/STI Control Programme		
Dr AWOKOU Fantchè	Coordinator, National TB Control Programme		
Dr TOSSA Kokou	Coordinator, National Malaria Control Programme		
M. Philippe COLLIGNON	Representative, French Cooperation Mission		
Mme Angélika KOBILE	PSI representative		
Soeur Véronique MEDENDZI	OCDI representative		
Pr N'DAKENA Koffi	Dean of the Faculty of Medicine and Pharmacy (FMMP)		
M. DJENDA Abeyeta	UONGTO representative		
M. Raven EDU	FONGTO representative		

M. DOKLA Kokou Augustin	Network of Associations of Persons Living with HIV (RAS+) representative		

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

All comments will be treated confidentially

Comments from Partners:

- Streamline procurement procedures to improve the execution rate of the GAVI-HSS plan

Observations from the Regional Working Group:

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

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).

2.4.1. CSO report editors

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

Name/Title	Agency/Organization	Signature	Date
Mr DJENDA Abeyeta	Executive Director of UONGTO		

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees), endorse this report on the GAVI Alliance CSO Support.

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.

3. Table of contents

This APR reports on Togo's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline and annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimate	Previous estimates in 2011	Current estimate	Previous estimates in 2011	Current estimate	Previous estimates in 2011	Current estimate
Total births	271,036	270,405	277,704	294,793	284,535	303,165	291,535	311,775	298,706	320,629
Total infant deaths	12,956	12,925	13,274	14,091	13,601	14,491	13,935	14,903	14,278	15,326
Total surviving infants	258,080	257,480	264,430	280,702	270,934	288,674	277,600	296,872	284,428	305,303
Total pregnant women	271,036	270,405	277,704	294,793	284,535	303,165	291,535	311,775	298,706	320,629
Number of infants vaccinated (to be vaccinated) with BCG	254,774	243,939	263,818	280,053	270,308	288,007	279,873	299,304	286,758	307,804
BCG coverage	94 %	90 %	95 %	95 %	95 %	95 %	96 %	96 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with OPV3	240,015	235,873	245,919	261,053	254,678	271,354	263,719	282,028	270,207	290,038
OPV3 coverage	93 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	250,338	243,623	256,497	272,281	262,806	280,014	272,048	290,935	278,739	299,197
Number of infants vaccinated (to be vaccinated) with DTP3	240,015	236,205	245,919	261,053	254,678	271,354	263,719	282,028	270,207	290,038
DTC DTP3 coverage	92 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	1	0	20	0	19	0	18	0	16
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.01	1.00	1.25	1.00	1.23	1.00	1.22	1.00	1.19
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	250,338	243,623	256,497	272,281	262,806	280,014	272,048	290,935	278,739	299,197
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	240,015	236,205	245,919	261,053	254,678	271,354	263,719	282,028	270,207	290,038
DTP-HepB-Hib coverage	93 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	1	5	20	5	19	5	18	5	16
Wastage[1] factor in base-year and planned thereafter	1.05	1.01	1.05	1.25	1.05	1.23	1.05	1.22	1.05	1.19
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	226,582	219,510	233,184	249,825	246,550	262,693	258,167	276,091	270,207	290,038
Yellow Fever coverage	86 %	85 %	89 %	89 %	91 %	91 %	93 %	93 %	95 %	95 %
Wastage [1] rate in base-year and planned thereafter (%)	20	16	20	20	20	19	20	18	20	16
Wastage[1] factor in base-year and planned thereafter	1.25	1.19	1.25	1.25	1.25	1.23	1.25	1.22	1.25	1.19
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

Number of infants vaccinated (to be vaccinated) with 1st dose of Measles vaccine	221,949	219,367	235,342	249,825	246,550	262,693	258,167	276,091	270,207	290,038
Measles coverage	86 %	85 %	89 %	89 %	91 %	91 %	93 %	93 %	95 %	95 %
Pregnant women vaccinated with TT+	233,091	233,066	247,156	262,366	258,927	275,880	271,127	289,951	283,771	304,598
TT+ coverage	86 %	86 %	89 %	89 %	91 %	91 %	93 %	93 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	216,529	203,443	221,810	221,810	227,092	227,092	232,373	232,373	237,654	237,654
Vit A supplement to infants after 6 months	201,150	216,175	206,179	249,825	211,208	262,693	216,237	276,091	221,265	290,038
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	3 %	4 %	4 %	3 %	3 %	3 %	3 %	3 %	3 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total 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

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets 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 fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  The figures for projected births do not correspond to the previous projections sent to GAVI. The reasons are the following: In 2010, Togo organized a general population census, the official results of which were published at the end of 2011. A new population projection was completed by the Ministry of Health based on the official results while waiting for the projections of the Ministry of Statistics. From 2012, the EPI is using these new population projections.

- Justification for any changes in **number of surviving infants**

  The figures for projected births do not correspond to the previous projections sent to GAVI. The reasons are the following: In 2010, Togo organized a general population census, the official results of which were published at the end of 2011. A new population projection was completed by the Ministry of Health based on the official results while waiting for the projections of the Ministry of Statistics. From 2012, the EPI is using these new population projections.

- Justification for any changes in **targets by vaccine**

  Regarding vaccine coverage targets, there is no discrepancy with the cMYP data mentioned in the 2010 APR. This is explained by the fact that the differences at the national level between the data from the 2010 census and the data used previously are not significant.

- Justification for any changes in **wastage by vaccine**

  There is no difference in wastage rate.

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

- **Immunization results in 2011 were moderately satisfactory. 2011 targets were partially achieved. The number of children vaccinated in 2011 surpassed the 2010 figure for all antigens. This number does not, however, reach the target set for 2011. Coverage in DTP-HepB-Hib3, OPV3, TT2 +, Measles and YF remained stationary at 92% for DTP versus anticipated coverage of 93%, with 4 districts out of 35 having a coverage of between 74 and 80% and 1 district with a coverage of 56%. Coverage in OPV3, TT2, Measles and YF also remained stationary. BCG regressed from 94% in 2010 to 90% in 2011.**

The main activities carried out in 2011 are the following:

- Providing regions with vaccines, syringes and BS (?)
- Two national monitoring meetings
- EPI/IDSR supervision in the 6 regions
- Vaccine management assessment
- Workshop for harmonizing DQS tools
- Decentralized DQS training

- Introduction of DQS in the EPI monitoring system :
- Training of PF-EPI in vaccine management and use of the DVD-MT and SMT tools
- National polio immunization campaign (3 visits)
- Application to GAVI for the introduction of the pneumococcal (in 2012) and rotavirus (in 2013) vaccines

Difficulties encountered:

- **Insufficient financing for RED (Reaching Every District), especially at the national level (State and other national funds), with a resulting decrease in coverage in some districts due to the reduction in advanced strategies; community financing allowed for some mitigation of these difficulties.**
- **Lack of qualified human resources, especially at the local level (PHU): polio immunization campaigns were an opportunity to reinforce the capabilities of existing human resources. It should be noted that collaboration with private structures is beginning. However, a capacity-building plan is scheduled.**
- **Insufficient cold Chain (CC) and logistics equipment: ongoing requests to institutions (JICA, Rotary, UNICEF etc.) for the implementation of a CC and logistics reinforcement plan.**

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

- BCG syringe stock-out. The country experienced a BCG syringe stock-out from July to December at the national level and from September to December at the local level
- The implementation of Reaching Every District (RED) was not carried out in some regions due to lack of funding (the sum of 122 million FCFA anticipated from UNICEF was not received; the State and local communities could not make up the deficit)
- Partnership limited to a few agencies (WHO, UNICEF and Rotary)

5.3. Monitoring the Implementation of the GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **No, not available**

If yes, please report all the data available from 2009 to 2011

Data source	Data timeframe	Estimated coverage
N/A		

How have you been using the above data to address gender-related barriers to immunisation access?

There are no gender-related barriers to immunization. There is no gender-related discrimination in Togo. Access to care, including immunization, is guaranteed by the constitution to all Togolese citizens without regard to sex or religion. All men, women, girls and boys have the same rights and duties in all socioeconomic areas in Togo.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

What action have you taken to achieve this goal?

Updated data-management tools (Registry, tally sheets, monthly reporting sheets, etc.)
Gender-related issues taken into account during the 2012 EPI external review.

5.4. Data assessment

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

There is no discrepancy between administrative date and WHO estimates.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

N/A

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Implementation of the DQS at the district level in 2011,
Revision of management aids to allow for the introduction of new vaccines and to be consistent with DVD-MT and SMT data.
EPI external review planned for 2012.
EPI and IDSR focal points trained in EPI computer management (DVD-SMT) in September 2011.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

National monthly meetings to harmonize data
Continuation of monthly and semi-annual meetings to monitor EPI/IDSR data at the national, regional and district levels.
Establish a means of encouraging and monitoring districts in their implementation of DQS.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill in the table using US$.

Exchange rate used	1 US$ = 471,58	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	ROTARY	Other	Other
Traditional vaccines*	587,000	587,000	0	0	0	0	0	0
New and underused vaccines**	2,465,344	160,742	2,304,602	0	0	0	0	0
Injection supplies (AD syringes and other syringes)	98,656	5,258	93,398	0	0	0	0	0
Cold chain equipment	222,154	0	0	39,789	0	182,365	0	0
Personnel	295,860	74,860	30,000	0	191,000	0	0	0
Other recurring costs of routine immunisation	468,540	445,540	8,000	15,000	0	0	0	0
Other equipment costs	72,000	10,000	62,000	0	0	0	0	0
Campaign costs	1,982,837	0	0	882,837	1,100,000	0	0	0
Shared costs (personnel, transport)		3,643,517	0	0	0	0	0	0
Total immunization expenditures	6,192,391							
Total government health expenditures		4,926,917	2,498,000	937,626	1,291,000	182,365	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify the reasons for these differences.

Projected expenditures for 2011 (11,158,000 USD in the cMYP) were greater than actual expenditures in 2011 for routine activities. The difference is explained by:
1) Insufficiency of financial resources for programme activities
2) Difficulties in mobilizing resources from the State and partners
3) Partnership limited to a few agencies (WHO, GAVI and UNICEF)
If this trend continues, the viability of the programme will be called into question.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

- Financing for the Cold Chain, planned at about 2,500,000 USD, was under-financed.
- The Reaching Every District approach also experienced an insufficiency of funds through a lack of resource mobilization.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

N/A

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditures by category	Budget for 2012	Budget for 2013
Traditional vaccines*	386,037	409,375
New and underused vaccines**	3,779,087	11,188,755
Injection supplies (both AD syringes and other syringes)	219,840	288,386
Injection supplies with non-AD syringes	0	0
Cold chain equipment	2,751,680	1,289,865
Personnel	224,485	230,491
Other recurring costs of routine immunization	2,079,442	1,895,397
Additional immunization activities	2,012,677	3,419,105
Total immunization expenditures	11,453,248	18,721,374

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

If there are major discrepancies between the cMYP projections and the budgeted figures above, please clarify the main reasons for these discrepancies.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

No.
Considering the difficulties encountered in mobilizing funds, especially from the State, we cannot be sure of receiving all funds. In addition, the funding of some cMYP categories is unlikely.
The categories that will be affected by this shortfall are: rolling stock, mass immunization campaigns and the cold chain. We are planning to lobby at a high level (international, if possible) in order to improve complete funding of scheduled activities in the next few years.

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Taking into account funding possibilities for EPI in 2013 (mobilizing funds via IHP+, Fonds Muskoka, social financing through the HIPC initiative and HSS), Togo does not anticipate any financing gaps for 2013.
Permanent lobbying of our partners is in place.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide-Mémoire	Implemented?
Inclusion of HSS funds in the State budget	Yes
Simplification of the management of the receiving account for HSS funds	Yes
More facilitation in customs clearance procedures	No
Final setting-up of the new regulatory plan for the procurement system at the Ministry of Health	Yes
Semi-annual audit of receiving account for HSS funds for the first 2 years of the programme and annually for the 3rd and 4th years	No

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented.

- **Inclusion of HSS funds in the State budget: HSS funds were written into the State budget for 2012**
- **Simplification of the management of the receiving account for HSS funds: a sub-account derived from the SSV account has been created to receive HSS funds. At the regional level, existing accounts in the regions and districts will be used to receive transferred HSS funds.**
- **More facilitation in customs clearance procedures: a letter has been sent to the Minister of Finances for full exemption in the purchase of vaccines and supplies that come under HSS.**
- **Final setting-up of the new regulatory plan for the procurement system at the Ministry of Health: within the framework of streamlining management of public finances, procedures are implemented at the Presidential level and in all Ministries.**
- **Semi-annual audit of receiving account for HSS funds for the first 2 years of the programme and annually for the 3rd and 4th years: an audit is being prepared for the end of May 2012**

If none has been implemented, briefly state below why those requirements and conditions were not met.

N/A

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections *5.1. Updated baseline and annual targets* to *5.5. Overall Expenditures and Financing for Immunisation*

- Reinforce routine immunization through forward strategies in the 5 districts with coverage in Penta3 < 80% (Wawa, Danyi, Agou, D4, D3)
- The ICC approved the project of carrying out a national immunization coverage survey in Togo in 2012.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Federation of Togolese NGOs (FONGTO)
Union of Togolese NGOs (UONGTO)

5.8. Priority actions for 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

- **The main objectives are: <?xml:namespace prefix = o />**
- **1. Increase immunization coverage at the national level for infants aged 0 to 11 months and for pregnant women:**

o from 92% to 93% for the Penta3 and OPV3,

o from 86% to 89% for VAR,

o from 86% to 89% for YF,

o from 86% to 89% for TT2+

2. Increase immunization coverage to at least 90% in each district

- **3. Reach world/regional targets in performance indicators for the eradication and elimination of vaccine-preventable diseases on the national scale**

o Polio: maintain at zero the number of cases of wild poliovirus

o Measles: maintain the reduction in measles mortality at more than 98%

o MNT: maintain the morbidity rate from Maternal and Neonatal Tetanus at less than 1 case per 1000 live births

o Yellow fever: anticipate and detect yellow fever outbreaks in a timely manner throughout the country

These are the prioritized activities:

- **Active search for those Lost to View (scheduled dates, cards, follow-up tools)**
- **Systematic use of DVD-MT and SMT at all levels**
- **Combination of the DQS with supervision to improve data quality and reinforce the monitoring system (sharing of experiences during monitoring meetings)**
- **Training of regional pools in CC maintenance**
- **CC equipment and spare parts**
- **Training of the players in EPI management**
- **Performance of a national immunization coverage survey combined with a national DQS**
- **Preparation for the introduction of the pneumococcal and rotavirus vaccines in the routine EPI in 2014**
- **Mobilization of the partners to finance the RED approach in 2012**
- **Organization of polio and measles immunization campaigns**

Are they linked to the cMYP? **Yes**

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringes used in routine EPI in 2011	Funding sources for 2011
FR BCG	Auto-disable syringe (AD)	State
FR Measles	Auto-disable syringe (AD)	State
FR TT	Auto-disable syringe (AD)	State
FR DTP-containing vaccine	Auto-disable syringe (AD)	State/GAVI
Yellow Fever vaccine	Auto-disable syringe (AD)	State/GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Yes, the country has an injection safety policy based on the systematic use of auto-disable (AD) syringes for injections, safety boxes for the collection of used AD syringes and incineration as the method of destroying sharps waste.
The main problems involve malfunctions, incinerator breakdowns, insufficiency and age of the equipment of the personnel in charge of incineration at the sites.
The country also has a national plan for the management of medical waste 2010 - 2014. This plan includes the system of managing waste resulting from immunization services.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

The systematic use of safety boxes to collect used syringes is in place in all immunization centres.
- Each district has at least 2 De Montfort incinerators for the disposal of sharps waste from immunization activities.
- A plan for the collection and elimination of waste is drawn up at the beginning of the year by each district and implemented during the year to ensure the collection and elimination of waste in all health facilities organized in a system around incineration sites.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount in US$	Amount in local currency
Funds received during 2011 *(A)*	122,500	57,326,490
Remaining funds (carry over) from 2010 *(B)*	279,093	132,410,850
Total funds available in 2011 *(C=A+B)*	401,593	189,737,340
Total Expenditures in 2011 *(D)*	371,189	176,104,318
Total Expenditures in 2012 *(D)*	30,404	13,633,022

6.1.1. 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.

Funds received under ISS are included in the planning document of the Ministry of Health by the Department of Financial Affairs. This funding is set up at the Ministry of Economy and Finances to be included in the outside funding category (budgetary aid).

Once the EPI action plans from the districts, regions and national level are approved by the ICC, the partners (WHO, UNICEF and Rotary) decide on funding activities, taking into consideration GAVI ISS funds. The Epidemiology Division writes up funding requests, which are then submitted to the Director General for Health and the Minister of Health for their approval. These requests are then sent to the funding partners (GAVI, WHO, UNICEF and Rotary). Once the requests have been approved, the funds are channelled to the operational level by bank transfer to the health region bank accounts.

After activities have been carried out, each region sends documentation and the technical report to the Epidemiology Division, where they are verified and sent to the partners involved. The same procedures apply for GAVI ISS and HSS funds.
No problems have been encountered in the use of ISS funds: there was no delay in their availability.

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

The accounts used to manage GAVI funds are government bank accounts managed by the Ministry of Health (for the receiving of funds) and by the regions and districts for the accounts at the sub-national level to which funds are channelled.

Once the EPI action plans from the districts, regions and national level are approved by the ICC, the partners (WHO, UNICEF and Rotary) decide on funding activities, taking into consideration GAVI ISS funds. The Epidemiology Division writes up funding requests, which are then submitted to the Director General for Health and the Minister of Health for their approval. These requests are then sent to the funding partners (GAVI, WHO, UNICEF and Rotary). Once the requests have been approved, the funds are channelled to the operational level by bank transfer to the health region bank accounts.

After activities have been carried out, each region sends documentation and the technical report to the Epidemiology Division, where they are verified and sent to the partners involved. The same procedures apply for GAVI ISS and HSS funds.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011.

Activities carried out with ISS funds in 2011 :

- Implementation of the RED approach
- Supervision of districts and regions by the national level
- Training of 35 district head physicians in DQS (Data Quality Self-Assessment)
- Training in vaccine management and on the use of DVD-MT and SMT for 6 regional focal points, 35 district focal points and 8 focal points and vaccine managers at the Division of Epidemiology
- Planning and management
- Maintenance of the cold room
- Equipment and maintenance of computer materials and rolling stock
- Participation in operating costs of the Division of Epidemiology

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? Yes

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number).

6.3. 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 original target set in the approved ISS proposal), 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, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below.

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3.

Table 6.3: Calculation of expected ISS reward

				Base year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			231,954	236,205
2	Number of **additional** infants that are reported to be vaccinated with DTP3				4,251
3	Calculating	$20	per additional child vaccinated with DTP3		85,020
4	**Rounded-up estimate of expected reward**				85,500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Type of vaccine	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
Yellow Fever		235,800	0
DTP-HepB-Hib		686,800	0

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  We did not experience a stock-out of under-used vaccines. The change from a single pentavalent dose to 10 pentavalent doses in September 2011 did not cause any problems in managing these vaccines.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  Training in EPI management (DVD MT and SMT) for all of the EPI focal points in the country. Supervision of the various players. The plans for vaccine shipments are quarterly.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

N/A

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

N/A

7.2. Introduction of a new vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	There were no new vaccines in 2011	
Phased introduction	No	
Nationwide introduction	No	
Were the time and scale of introduction as planned in the proposal? If No, Why ?	No	There were no new vaccines in 2011. GAVI informed Togo that the request for the introduction of the pneumococcal and rotavirus has been accepted, but due to a shortage of vaccines, they will only be introduced in 2014.

7.2.2. When is the Post introduction evaluation (PIE) planned? **July 2015**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20)

A post-introduction evaluation of the pentavalent vaccine (DTP-HepB-Hib), introduced in July 2008, was carried out from 19-28 October 2009. Since 2008, no other new vaccine has been introduced. The status of the implementation of the recommendations from the 2009 evaluation is outlined below:

1) Planning before introduction:
- Update policy papers, technical guides and EPI management tools, taking new vaccines into account:

- Completed for the pentavalent, planned for the introduction of the pneumococcal and rotavirus vaccines for 2014.

- Ensure effective implementation of the cMYP through annual action plans: done for 2011 and 2012

2) Social mobilization and communication

- Develop/update the national plan for social mobilization for the immunization programme, taking into account new vaccines being introduced:

- Completed, an integrated Communication Social Mobilization Plan was created; lobbying is ongoing for its funding.

3) Training and knowledge of health personnel
- Make information materials on the new vaccines available to health personnel at all levels
- Develop integrated training materials on vaccine-preventable diseases, taking new vaccines into account
- Organize training/refresher workshops for health personnel with priority to new hires

- Training in EPI management and computerized vaccine management (DVD-MT and SMT) was held for all the focal points in the districts and regions in 2011
- Briefings are conducted during all semi-annual national monitoring meetings for EPI and IDSR
- Training at all levels is planned as part of the introduction of the new pneumococcal and rotavirus vaccines in 2014.

4) Cold-chain management and logistics
- Install a computerized temperature-recording system at the national-level cold chain
- Develop a plan to progressively replace cold-chain equipment that does not conform to WHO standards
- Update evaluation of storage capacity in light of the upcoming introduction of the pneumococcal and rotavirus vaccines
- Establish a system of cold chain equipment maintenance and train personnel at the local level in preventive maintenance

5) Immunization coverage and reporting
- Train personnel in data management
- Encourage health personnel to analyse data regularly and be guided by them
- Organize cascade training on data quality self-assessment and encourage personnel to put DQS into practice.
- Increase the involvement of Community Health Workers in EPI activities, notably the search for and education of those lost to view.

- Personnel trained in DVD-MT and in SMT in 2011
- Semi-annual monitoring at the national level and monthly monitoring at the district level to enable analysis of data and EPI/IDSR activities, allowing for action to be taken
- DQS training conducted for all district focal points in 2011 implementation of DQS begun at the district level; results from some districts were presented at the latest monitoring meeting in February 2012.

6) Monitoring and supervision
- Improve the quality of supervisory visits through preparation in advance and target identified problems to guide discussions

- Integrated supervision tools exist and will be updated, taking into account discussions held during national EPI/IDSR monitoring meetings for the improvement of the quality of supervisory visits

7) Monitoring AEFI (adverse events following immunization):
- Develop and disseminate a technical protocol on investigations of AEFI
- Include the monitoring of AEFI on the monthly immunization reports

- Technical protocol on investigations of AEFI to be developed before introducing new vaccines
- Monitoring of AEFI to be included in the monthly immunization reports before introducing new vaccines

8) Management and storage of vaccines: carried out during supervisory visits
- Encourage health personnel to take temperature readings of vaccine stocks twice a day

9) Waste management: ongoing during supervisory visits
- Propose standard incinerator models by health-care level
- Monitor the actual use of incinerators during supervisory visits

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? Yes

Is there a national AEFI expert review committee? Yes

Does the country have an institutional development plan for vaccine safety? Yes

Is the country sharing its vaccine safety data with other countries? Yes

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount in US$	Amount in local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No). Terms of reference for this financial statement are available in **Annex 1** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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.

No new vaccines were introduced in 2011

Please describe any problem encountered and solutions in the implementation of the planned activities

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	57,500	51,500
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	108,500	34,900
	Q.2: What were the sources of funding for co-financing in reporting year 2011?	
Government	State	
Donor	GAVI	
Other		

	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2,986	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	September	STATE
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	STATE
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Request for technical assistance for lobbying the government to mobilize State funds for routine immunization and polio, measles, etc. campaigns.	

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/about/governance/programme-policies/co-financing/

There was a delay in financing in 2011 due to administrative formalities. Measures have been taken this year to ensure that the 2012 cofinancing is settled before the end of March 2012.

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Insufficient training of EPI managers	Training in EPI computer management	Training of 49 EPI workers in September 2011
Insufficient temperature recording	Equip refrigerators with recording devices	Lobby Rotary and UNICEF for equipment supply

Insufficient storage capacity	Reinforce CC equipment	Lobby Rotary and UNICEF for equipment supply
Unavailability of procedures manuals	Develop procedures manuals	Workshop scheduled for May 2012

Are there any changes in the Improvement plan, and if so, what are the reasons for the changes? **No**

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **April 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Togo is not reporting on the use of new and under-used vaccines in a prevention campaign

7.7. Change of vaccine presentation

Togo is not requesting a change in vaccine presentation in upcoming years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year support for Togo is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB, 2 dose(s) per vial, LIQUID	2					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10					
HepB monovalent, 1 dose(s) per vial, LIQUID	1					
HepB monovalent, 2 dose(s) per vial, LIQUID	2					
Hib monovalent, 1 dose(s) per vial, LYOPHILISED	1					
Antirotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Antirotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
Auto-disable syringe	0		0.047	0.047	0.047	0.047
Reconstitution syringe, pentavalent	0		0.047	0.047	0.047	0.047
Reconstitution syringe, yellow fever	0		0.004	0.004	0.004	0.004
Safety boxes	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Meningococcal, 10 dose(s) per vial, LIQUID	10	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.219
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB, 2 dose(s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10	
HepB monovalent, 1 dose(s) per vial, LIQUID	1	
HepB monovalent, 2 dose(s) per vial, LIQUID	2	
Hib monovalent, 1 dose(s) per vial, LYOPHILISED	1	
Antirotavirus, 2-dose schedule	1	2.550
Antirotavirus, 3-dose schedule	1	3.500
Auto-disable syringes	0	0.047
Reconstitution syringe, pentavalent	0	0.047
Reconstitution syringe, yellow fever	0	0.004
Safety boxes	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
Yellow Fever	YF		20.00 %				10.00 %	5.00 %
Meningococcal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13)	PNEUMO	5.00 %						
Rotavirus	ROTA	5.00 %						
Measles	MEASLES	10.00 %						
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	257,480	280,702	288,674	296,872	305,303	1,429,031
	Number of children to be vaccinated with the first dose	Table 4	#	243,623	272,281	280,014	290,935	299,197	1,386,050
	Number of children to be vaccinated with the third dose	Table 4	#	236,205	261,053	271,354	282,028	290,038	1,340,678
	Immunisation coverage with the third dose	Table 4	%	91.74 %	93.00 %	94.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.25	1.23	1.22	1.19	
	Vaccine stock on 1 January 2012		#	644,590					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Oui	Oui	Oui	Oui	
	Reconstitution syringes required	Parameter	#		Non	Non	Non	Non	
	Safety boxes required	Parameter	#		Oui	Oui	Oui	Oui	
g	**Vaccine price per dose**	Table 7.10.1	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of value of vaccines**	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	**Freight cost as % of value of supplies**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2012	2013	2014	2015
Number of vaccine doses	#	412,200	950,000	970,700	957,400
Number of AD syringes	#	985,200	935,900	977,600	997,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	10,950	10,400	10,875	11,075
Total value to be co-financed	$	1,104,500	2,329,500	2,089,500	1,884,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2012	2013	2014	2015
Number of vaccine doses	#	35,000	86,400	102,200	111,700
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	89,500	207,500	215,000	214,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.82 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	243,623	272,281	21,302	250,979
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	730,869	816,843	63,905	752,938
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	738,178	1,021,054	79,881	941,173
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		70,719	5,533	65,186
H	**Stock on 1 January 2012**	*Table 7.11.1*	644,590			
I	**Total vaccine doses needed**	*F + G – H*		447,183	34,985	412,198
J	**Number of doses per vial**	*Vaccine parameter (schedule)*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		985,194	0	985,194
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		10,936	0	10,936
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		1,104,543	86,413	1,018,130
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		45,812	0	45,812
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		64	0	64
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*		38,660	3,025	35,635
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*		4,588	0	4,588
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,193,667	89,438	1,104,229
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		89,437		
V	**Proportion of country co-financing as % of GAVI support**	*U / T*		7.82 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	8,33 %			9.52 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	280,014	23,323	256,691	290,935	27,695	263,240
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	840,042	69,969	770,073	872,805	83,084	789,721
E	Estimated vaccine wastage factor	*Table 4*	1			1		
F	Number of doses needed including wastage	*D X E*	1,033,252	86,062	947,190	1,064,823	101,362	963,461
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	3,050	255	2,795	7,893	752	7,141
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,036,302	86,316	949,986	1,072,716	102,113	970,603
J	Number of doses per vial	*Vaccine parameter (schedule)*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	935,833	0	935,833	977,575	0	977,575
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	10,388	0	10,388	10,852	0	10,852
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	2,404,221	200,253	2,203,968	2,177,614	207,289	1,970,325
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	2,404,221	0	43,517	2,177,614	0	45,458
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	61	0	61	63	0	63
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*	84,148	7,009	77,139	76,217	7,256	68,961
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*	4,358	0	4,358	4,553	0	4,553
T	Total fund needed	*(N+O+P+Q+R+S)*	2,536,305	207,261	2,329,044	2,303,905	214,545	2,089,360
U	Total country co-financing	*I * country co-financing per dose (cc)*	207,261			214,544		
V	Country co-financing % of GAVI supported proportion	*U / T*	8.33 %			9.52 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	10.45 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	299,197	31,252	267,945
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	897,591	93,756	803,835
E	Estimated vaccine wastage factor	*Table 4*	1		
F	Number of doses needed including wastage	*D X E*	1,068,134	111,570	956,564
G	Vaccines buffer stock	*(F – F of previous*	828	87	741

		*year) * 0.25*			
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,068,962	111,656	957,306
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	997,246	0	997,246
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	11,070	0	11,070
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	1,977,580	206,564	1,771,016
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	46,372	0	46,372
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	65	0	65
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*	69,216	7,230	61,986
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*	4,644	0	4,644
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,097,877	213,793	1,884,084
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	213,793		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	10.45 %		

Table 7.11.1: Specifications for Yellow fever vaccine, 10 dose(s) per vial LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	257,480	280,702	288,674	296,872	305,303	1,429,031
	Number of children to be vaccinated with the first dose	Table 4	#	219,510	249,825	262,693	276,091	290,038	1,298,157
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.19	1.25	1.23	1.22	1.19	
	Vaccine stock on 1 January 2012		#	126,270					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Oui	Oui	Oui	Oui	
	Reconstitution syringes required	Parameter	#		Non	Non	Non	Non	
	Safety boxes required	Parameter	#		Oui	Oui	Oui	Oui	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.90	0.90	0.90	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		10.00 %	10.00 %	10.00 %	10.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Yellow fever vaccine, 10 dose(s) per vial LYOPHILISED

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2012	2013	2014	2015
Number of vaccine doses	#	158,700	260,000	271,600	277,100
Number of AD syringes	#	291,500	294,600	310,300	324,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	3,250	3,275	3,450	3,600
Total value to be co-financed	$	172,000	272,500	285,000	291,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2012	2013	2014	2015
Number of vaccine doses	#	40,200	65,900	68,800	70,200
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	40,000	65,500	68,500	69,500

Table 7.11.4: Calculation of requirements for Yellow fever vaccine, 10 dose(s) per vial LYOPHILISED (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	20.20 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	219,510	249,825	50,470	199,355
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	219,510	249,825	50,470	199,355
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	261,217	312,282	63,088	249,194
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		12,767	2,580	10,187
H	**Stock on 1 January 2012**	*Table 7.11.1*	126,270			
I	**Total vaccine doses needed**	*F + G – H*		198,779	40,158	158,621
J	**Number of doses per vial**	*Vaccine parameter (schedule)*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		291,478	0	291,478
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		3,236	0	3,236
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		178,902	36,142	142,760
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		13,554	0	13,554
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		19	0	19
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*		17,891	3,615	14,276
S	**Freight cost for materials needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*		1,358	0	1,358
T	**Total fund needed**	*(N+O+P+Q+R+S)*		211,724	39,756	171,968
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		39,756		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		20.20 %		

Table 7.11.4: Calculation of requirements for Yellow fever vaccine, 10 dose(s) per vial LYOPHILISED (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	20.20 %			20.20 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	262,693	53,070	209,623	276,091	55,777	220,314
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1			1		
D	**Number of doses needed**	*B X C*	262 693	53,070	209 623	276,091	55,777	220,314

E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	323,113	65,277	257,836	336,832	68,048	268,784
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	2,708	548	2,160	3,430	693	2,737
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	325,821	65,824	259,997	340,262	68,741	271,521
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	294,596	0	294,596	310,269	0	310,269
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	3,271	0	3,271	3,444	0	3,444
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	293,239	59,241	233,998	306,236	61,867	244,369
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	293,239	0	13,699	306,236	0	14,428
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	19	0	19	20	0	20
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*	29,324	5,925	23,399	30,624	6,187	24,437
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*	1,372	0	1,372	1,445	0	1,445
T	**Total fund needed**	*(N+O+P+Q+R+S)*	337,653	65,165	272,488	352,753	68,053	284,700
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	65,165			68,053		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	20.20 %			20.20 %		

Table 7.11.4: Calculation of requirements for Yellow fever vaccine, 10 dose(s) per vial LYOPHILISED (part 3)

		Formula	2015		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	20.20 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	290,038	58,594	231,444
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	290,038	58,594	231,444
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	345,146	69,727	275,419
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	2,079	420	1,659
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	347,225	70,147	277,078
J	**Number of doses per vial**	*Vaccine parameter (schedule)*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	324,250	0	324,250
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	3,600	0	3,600

N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	312,503	63,132	249,371
O	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	15,078	0	15,078
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	21	0	21
R	**Freight cost for vaccines needed**	*N * freight cost as of % of vaccines value (fv)*	31,251	6,314	24,937
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost as % of devices value (fd)*	1,510	0	1,510
T	**Total fund needed**	*(N+O+P+Q+R+S)*	360,363	69,445	290,918
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	69,445		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	20.20 %		

8. Injection Safety Support (INS)

Togo is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request for a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **12,24,500** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)				1,200,500	1,224,500	1,249,000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)					0	
Total funds received from GAVI during the calendar year (*A*)				0	1,200,492	
Remaining funds (carry over) from previous year (*B*)				0	0	
Total Funds available during the calendar year (*C=A+B*)					1,200,492	
Total expenditure during the calendar year (*D*)					0	
Balance carried forward to next calendar year (*E=C-D*)					1,200,492	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	1,200,500	1,224,500

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)				600,250,000	612,250,000	624,500,000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				0	0	0
Total funds received from GAVI during the calendar year (*A*)				0	533,018,670	0
Remaining funds (carry over) from previous year (*B*)					0	
Total Funds available during the calendar year (*C=A+B*)					533,018,670	
Total expenditure during the calendar year (*D*)					0	
Balance carried forward to next calendar year (*E=C-D*)					533,018,670	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	600,250,000	612,250,000

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange rate	2007	2008	2009	2010	2011	2012
Opening on 1 January					478,12	500,495
Closing on 31 December					506,28	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

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

Funds are in a commercial bank (Ecobank). The Budget proposed by the coordination group, approved by the group in charge of implementing support, is adopted by the HSCC, currently called the Health- HIV/AIDS Coordination Committee. Funds received under HSS are included in the planning document of the Health Ministry by the Department of Financial Affairs. This funding is set up at the Ministry of Economy and Finances to be included in the outside funding category (budgetary aid).

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Once the district, regional and national HSS action plans have been approved by the HSCC, the coordination group writes up financing requests, which are submitted for approval to the Group in charge of implementation. When the requests have been approved, funds are channeled to the operational level by bank transfer to the health region bank accounts.

After activities have been carried out, each region sends documentation and the technical report to the coordination group, where they are verified and sent to the implementation group before being archived.

No problems have been encountered in the use of ISS funds: there was no delay in their availability.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number:)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1. Increase coverage of services	Activity 1.4. Update and disseminate management tools (document of task description, career plan and internal performance evaluation document) to personnel in targeted districts with the support of 2 national consultants for 21 days, followed by a national tool-validation workshop and the creation and distribution of 1000 copies.	7	GAVI-HSS Support Evaluation report; MoH Archives

	Activity 1.5 Establish a database of managers by health-system level with the support of 3 international consultants and 2 consultants, followed by a 2-day workshop by region to approve the database	5	GAVI-HSS Support Evaluation report; MoH Archives
Objective 2 : Increase access to care	Activity 2.3: Train 2 high-ranking officials from the Ministry of Health in Dakar (Senegal) over 23 days on the implementation of a system of project monitoring and evaluation using the MS Project software and SPHINX	0	

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Activity 1.4	- The Terms of Reference (ToR) for this activity were drawn up collectively by all of the members of the group in charge of implementation (in November 2011), - the calls for application for the recruitment of consultants have been finalized
Activity 1.5	- The Terms of Reference (ToR) for this activity were drawn up collectively by all of the members of the group in charge of implementation (in November 2011), - the calls for application for the recruitment of consultants have been finalized
Activity 1.08	- Invitations to tender were drawn up, - Invitations to tender were sent on 3 January 2012, - Assessment of bids was carried out in February 2012, - Awaiting a no-objection from the National Department for the Oversight of Public Procurement (DNCMP)
Activity 1.11	- Invitations to tender were drawn up, - Invitations to tender were sent on 3 January 2012, - Assessment of bids was carried out in February 2012, - Awaiting a no-objection from the National Department for the Oversight of Public Procurement (DNCMP)
Activity 2.6	- Training conducted 2-7 April 2012
Activity 2.10	- Invitations to tender were drawn up, - Invitations to tender were sent on 3 January 2012, - Assessment of bids was carried out in February 2012, - Awaiting a no-objection from the National Department for the Oversight of Public Procurement (DNCMP)
Activity 2.14	- Creation of the administrative, financial and accounting procedures manuals document - Adoption of the document in January 2012
Activity 2.17	- Invitations to tender were drawn up, - Invitations to tender were sent on 3 January 2012, - Assessment of bids was carried out in February 2012, - Awaiting a no-objection from the National Department for the Oversight of Public Procurement (DNCMP)

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

GAVI notified Togo that the funds for the 2011 action plan had been transferred on 29 September 2011. Following this notification, the implementation group immediately launched activities by activating the various commissions and monitoring their specifications. Emphasis was put on working up terms of reference for the most urgent activities, for example the creation of a procedures manual.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

GAVI HSS funds were not used in 2011 to provide national health human resources incentives.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Tableau 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
1. National coverage in DTP3 (%)	88 (2007)	cMYP 2011-2015	95%	93%	88%	89%	89%	92%	92%	EPI (administrative data)	The implementation of the Reaching Every District (RED) approach was not carried out in some regions due to insufficient funds (122 million FCFA anticipated from UNICEF were not mobilized and the State and local communities were not able to fill the deficit. - Partnership limited to a few agencies (WHO, UNICEF and Rotary)
2. % Districts with DTP3 ≥80%	80 (2008)		100%	85%	83%	86%	83%	89%	86%		
3. Coverage in VAR (Measles)	80 (2008)		95%	86%	80%	77%	84%	85%	85%	EPI (admin data)	The implementation of the Reaching Every District (RED) approach was not carried out in some regions due to insufficient funds (122 million FCFA anticipated from UNICEF were not mobilized and the State and local communities were not able to fill the deficit. - Partnership limited to a few agencies (WHO, UNICEF and Rotary)
4. Infants fully vaccinated	49 (2006)	MICS3/ 2006	55%					43.7%		MICS 2010	The implementation of the Reaching Every District (RED) approach was not carried out in some regions due to insufficient funds (122

											million FCFA anticipated from UNICEF were not mobilized and the State and local communities were not able to fill the deficit. - Partnership limited to a few agencies (WHO, UNICEF and Rotary)
5. Maternal mortality ratio	478 (1998)	EDST II	120 per 100,000 live births			350				WHO	
6. Mortality rate in children under 5	123 (2006)	MICS 3/2006	118 per 1,000					123		MICS 4/2010	
7. Assisted delivery rate	62 (2006)	MICS 3/2006	80%	65%				59.4%		MICS 4/2010	
8. Coverage of prenatal consultation PNC4	53,5 (2003)	AS-SR	70%	69%				54.9%		MICS 4/2010	
9. % of medical-technical personnel recruited	0 (2008)	Annual health activities report	90%						0%	Annual health activities report	Activity planned from 2012
10. Proportion of peripheral health care units (PHU renovated	0 (2008)	Department of Community Affairs at the MoH	100%						0%	Department of Community Affairs at the MoH	Activity planned from 2012
11. % Districts with maintenance records	0 (2008)	Activities report	90%						0%	Activities report	
12. % health facilities supervised	0 (2008)	Annual health activities report	75%						50%	Annual health activities report	
13. % monitoring reports by district	0 (2008)	Annual health activities report	70%						60%	Annual health activities report	
14. % districts with carbonless registry	0 (2008)	Annual health activities report	80%						0%	Annual health activities report	
15. % Community Health Workers with contract	0 (2008)	Activities report from the Districts in the Zone	90%						0%	Activities Report from the Districts in the Zone	Activity planned from 2012
16. % new employer-provided accommodation built	0 (2008)	Department of Community Affairs of the MoH	90%						0%	Department of Community Affairs of the MoH	Activity planned from 2012
17. % officials trained in health system management	0 (2008)	Report from the Training Department of the MoH	90%						0%	Report from the Training Department of the MoH	Activity planned from 2012
18. % exchange meetings organized	0 (2008)	Activities report	90%						0%	Activities report	Activity planned from 2012

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

After the report of the assessment of financial management conducted in December 2010, the Aide-mémoire governing the financial management of GAVI funds for Health Systems Strengthening (HSS) and Immunization Support Services (ISS) in the Togolese Republic was signed between the GAVI Alliance secretariat and the Togolese government on 11 May 2011. Soon thereafter, a meeting of the group in charge

of implementation was held to distribute tasks among the various departments, divisions and committees while awaiting disbursement of funds (24 May 2011). After the transfer of funds, the implementation group, expanded to include national directors and certain division and department heads, met to prepare an implementation plan for year 1. Thus the development of invitations to tender for acquisitions (vehicle, motorcycles, computerized tools and office supplies) was assigned to a team, as was the development of a procedures manual and the terms of reference for recruiting consultants. Invitations to tender were sent on 3 January 2012 and public tender was opened on 3 February 2012. We are awaiting a no-objection from the National Department for the Oversight of Public Procurement to sign the contracts with the designated representatives.<?xml:namespace prefix = o />

Training for the accountants took place from 2-7 April 2012. It should be noted that in the annual work plan, training was planned only for regional and district accountants affected by the proposal. But during implementation, given that the need to train accountants was noted on the ground, all district and regional accountants, and some at the national level, were trained. This was made possible by a reworking of the different costs (reduction in the cost of renting a room, number of preparation days, etc.), and a contribution from the government.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

The main problem encountered during implementation was administrative red tape linked to new procurement requirements. The reforms undertaken by the Togolese government as part of the improved management of public finances to meet the requirements of the Heavily Indebted Poor Countries (HIPC) initiative demand close scrutiny of all paperwork related to procurement.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

The directions and supports have been arranged so that activities covered by GAVI-HSS support are taken into account in the action plans at the different levels and monitored during periodic reviews (monthly and annual for districts, annual for regions and nationally). As such, the indicators are analyzed at all the levels of the health system by the service providers, beneficiaries (communities through COGES, NGOs and Associations) and decision-makers.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

Activities and indicators of GAVI-HSS support are fully integrated into the national health system, which allows for monitoring indicators for GAVI-HSS support to be generated automatically. This effectively avoids any other parallel mechanism.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

Key stakeholders actively participating in the implementation of the GAVI-HSS proposal are: officials and directors from the Ministry of Health: Cabinet Director, Director General, Director of Planning, Director of Community affairs, Head of the Division of Family Health, Head of the Division of Epidemiology, MoH HSS Focal Point;

A representative from the Ministry of Economy and Finances: Head of the Research Analysis Division at the Ministry of Finances ; representatives from Civil Society Organizations, notably the Federation of Togolese NGOs –FONGTO – and the Union of Togolese NGOS – UONGTO, Executive Director,

Representatives from the financial and technical partners, notable WHO (Political and health systems advisor, HSS Focal Point) and UNICEF (Health Specialist and HSS Focal Point) as well as a representative from other national agencies such as the Permanent Secretariat of CCM-Togo (Permanent Secretary) and resource people. They are all members of the group in charge of implementing GAVI-HSS support.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

For 2012, monitoring is planned for Community Health Workers (CHW) with whom a performance contract has been signed by UONGTO through local NGOs.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Implementation has just begun. Initial activities have been completed. For now, there are no disbursement issues.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.4: Planned activities for 2012

Translator's note : The left-hand column cut off the text. Translated as best possible and left the [...] sign to show missing text

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Objective 1: Increase at a minimum to 80% the cover[…]	Yes		0			
Activity 1.4 Update and disseminate tools […]	Yes	24,614	0			
Activity 1.5 Put a database in place […]	Yes	48,846	0			
Activity 1.8: Provide 50 PHU with all-terrain motos p[…]	Yes	180,000	0			
Activity 1.11 Supply 7 DPS (Kpendjal,Oti,Kozah,Bin[…]	Yes	500,000	0			
Activity 1.12 Create guide and procedures […]	Yes	24,560	0			
Activity 1.14 Draw up an amortization plan for […]	Yes	10,906	0			
Activity 1.15 Copy and distribute tools for […]	Yes	20,731	0			
Activity 1.16 Allocate an initial supply of EGM […]	Yes	100,000	0			
Objective 2 : Make sure at least 90% of wom[…]	Yes		0			
Activity 2.6 Refresher for 50 management accountants	Yes	20,108	20,108			
Activity 2.5 3-day training for 21 DMT and 6 RMT	Yes	28,293	0			
Activity 2.8: Organize 2 awareness missions […?]	Yes	34,658	4,054			
Activity 2.9 Organize an internal and external audit […]	Yes	10,000	0			
Activity 2.10 Supply 21 districts with a computer	Yes	66,400	0			
Activity 2 11 Organize annual progress reviews	Yes	21,000	0			
Activity 2.13 Update sanitary standards	Yes	22,246				
Activity 2.14 Adapt adm[…] procedures manuals	Yes	28,517	17,964			
Contribute to the	Yes	12,070	0			

operations of the management group						
Management team supervisory mission	Yes	11,074	0			
Activity 2.17 Support regions and groups ch[…]	Yes	28,757	0			
		1,192,780	42,126			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.5: Planned HSS Activities for 2013

Translator's note : The left-hand column cut off the text.Translated as best possible and left the [...] sign to show missing text

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Objective 1: Increase at a minimum to 80% the cover[…]	Yes				
Activity 1.1: Recruit on the basis of contracts […]	Yes	327,840			
Activity 1.2 : Establish performance contracts […?]	Yes	30,240			
Activity 1.3 : Build 8 employer-provided accommodations […]	Yes	192,000			
Activity 1.6 Rehabilitate 6 PHU (that are not […]	Yes	150,000			
Activity 1.7 : Equip with medical-technical materials […]	Yes	100,000			
Activity 1.8 : Supply 25 PHU with all-terrain motos […]	Yes	90,000			
Activity 1.9: Supply 5 PHU (rehabilitated and isolate[…]	Yes	125,000			
Activity 1. 10: Supply communities in the zone […]	Yes	33,180			
Objective 2: Increase access to care […?]	Yes				
Activity 2.8: Organize 2	Yes	34,130			

supervisory missions […?]					
Activity 2.9 Oragnize an external and internal audit […]	Yes	10,000			
Activity 2.11 Support once a year the meetings […]	Yes	3,000			
Activity 2.12 Organize twice a year the […]	Yes	21,000			
		1,163,520			

9.6.1. If you are reprogramming, please justify why you are doing so.

We have not yet decided to reprogramme, but in light of the delay in implementing support, reprogramming may be discussed at the HSCC/ICC and put into effect in the following months.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

N/A

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6**? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.6: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

No changes have been made in the denominator and data source of the indicators

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

No changed have been made to the indicators

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
N/A			

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Invitations to tender	HSS management cells	None
GAVI-HSS action plan	HSCC meeting	None

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Nothing to report

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. 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 1

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

Acronym list

CCSS :

Health Sector Coordinating Committee

SSC:

Support Steering Committee

GAVI :

Global Alliance for Vaccines and Immunization

WHO:

World Health Organization

CSO:

Civil Society Organization

APR:

Annual Progress Report

UGS :

Support Management Unit

UNICEF :

United Nations Children’s Fund

HSS

Health System Strengthening

IDSR

Integrated Disease Surveillance and Response

HR

Human Resources

DSF

Family Health Division

EPI

Enlarged Programme on Immunization

DISER

Division of Health Information, Studies and Research

DRS

Regional Health Office

RMT

Regional Management Team

DPS

Prefectoral Health Department

DMT

District Management Team

HF

Health Facility

COGES

Management Committee

CHW

Community Worker

10.1.1. **Mapping exercise**

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation.

Please describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed **(Document number)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

This activity was carried out in 2009 and is mentioned in the 2009 APR

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

This activity was carried out in 2009 and is mentioned in the 2009 APR

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other

information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

This activity was carried out in 2009 and is mentioned in the 2009 APR

10.1.2. **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).

This activity was carried out in 2009 and is mentioned in the 2009 APR

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

This activity was carried out in 2009 and is mentioned in the 2009 APR

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.

This activity was carried out in 2009 and is mentioned in the 2009 APR

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	E-mail
DJENDA Abeyeta	Executive Director, UONGTO	+22890146827	Aristidedjenda@yahoo.fr
EDU Raven	President of the Board, FONGTO	+22899462230	Edukokouraven2@yahoo.fr
Sister Véronique MDENDZI	Coordinator for the Charitable Organization for Integral Development (OCDI)	+22890146827	Aristidedjenda@yahoo.fr

10.1.3. **Receipt and expenditure of CSO Type A funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount in US$	Amount in local currency
Funds received during 2011 *(A)*	245,030	114,674,274
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	245,030	114,674,274
Total Expenditures in 2011 *(D)*	1,765	826,045
Balance carried over to 2012 *(E=C-D)*	243,265	113,848,229

Is GAVI's CSO Type A support reported on the national health sector budget? **No**

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Togo is not reporting GAVI support for CSOs type B in 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31December 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31 December 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31December 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.