



Annual Progress Report 2009

Submitted by

The Government of
ZAMBIA

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 15 MAY 2010

Deadline for submission: 15 May 2010

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

any hard copy could be sent to :

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

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

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there 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 Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about :

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

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of **ZAMBIA**

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

Minister of Health (or delegated authority):

Title: MINISTER HON KAPEMBWA SIMBAO

Signature:

Date:

Minister of Finance (or delegated authority):

Title: MINISTER HON SITUMBEKO MUSOKOTWANE

Signature:

Date:

This report has been compiled by:

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E-mail.....	E-mail.....

ICC Signatures Page

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

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

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

Name/Title	Agency/Organisation	Signature	Date
HON MINISTER OF HEALTH KAPEMBWA SIMBAO	MOH		
PERMANENT SECRETARY DR PETER MWABA	MOH		
DIRECTOR PUBLIC HEALTH AND RESEARCH DR VICTOR MUKONKA	MOH		
WHO REPRESENTATIVE DR OLUSEGUN BABANIYI	WHO		
UNICEF REPRESENTATIVE MS LOTTA CUI WAN	UNICEF		
CHAIRMAN MR DAVE BARBAR	ROTARY INTERNATIONAL		
PHN DIRECTOR RANDY KOLSTAD	USAID		
EXECUTIVE DIRECTOR MS KAREN SICHINGA	CHAZ		
SECOND SECRETARY MS LAURIE RODGERS	CIDA		
REPRESENTATIVE MR SHIRO NABEYA	JICA		

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

All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

.....

HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date
HON MINISTER OF HEALTH KAPEMBWA SIMBAO	MOH		
PERMANENT SECRETARY DR PETER MWABA	MOH		
DIRECTOR PUBLIC HEALTH AND RESEARCH DR VICTOR MUKONKA	MOH		
DIRECTOR PLANNING AND POLICY DR CHRISTOPHER SIMONGA	MOH		
WHO REPRESENTATIVE DR OLUSEGUN BABANIYI	WHO		
UNICEF REPRESENTATIVE MS LOTTA SYLWANDER	UNICEF		
MR DAVE BARBAR	ROTARY INTERNATIONAL		
PHN DIRECTOR RANDY KOLSTAD	USAID		
EXECUTIVE DIRECTOR MS KAREN SICHINGA	CHAZ		
FIRST SECRETARY MS LAURIE RODGERS	CIDA		
ANGELA SPILSBURY	DFID		

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

All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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

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

Name:

Post:

Organisation:.....

Date:

Signature:

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

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

Document N°	Title	APR Section
1	Calculation of [Country's] ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
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Not Yet available. To be sent when available from Auditor General's Office	External audit report of ISS funds during the most recent fiscal year (if available)	2.3
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Not Yet available. To be sent when available from Auditor General's Office	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
Not Applicable	CSO mapping report	6.1.1
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1. General Programme Management Component

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

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

Provide justification for any changes in births:

No changes

Provide justification for any changes in surviving infants:

No changes

Provide justification for any changes in Targets by vaccine:

Achieved way above the estimates for the year hence changes to the subsequent years

Provide justification for any changes in Wastage by vaccine:

No changes

1.2 Immunisation achievements in 2009

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

Achieved higher DPT3 coverage (98%) than in 2008 (95%)

Key Activities

1. RED training conducted in low performing districts
2. Biannual Child Health Week was conducted to reinforce routine
3. Quarterly Distribution of vaccines

Challenges

1. human resource crisis
2. financial constraints

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

1.3 Data assessments

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

Responses to Issues raised in Appendix B on data quality issues:

It was reported that DPT3 was higher than DPT1, and subsequent reporting that these were the same i.e. drop out rate was zero:

Explanation:

- The observation is noted: Gaps between WHO/UNICEF estimates and administrative coverage: Coverage The last coverage survey was conducted in 2000 and since then no other coverage survey was conducted. This cannot be verified with any recent cluster survey.
- In the past Zambia has been reporting in the HMIS only DPT3 while DPT1 was not reported. For the reporting purposes since DPT1 data was not available the country uses DPT3 giving a drop out rate of zero. It is hoped that with the revised HMIS which has made provisions for reporting of DPT1 this shall be reflected more accurately.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / NO]. If YES:

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

None

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

None

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

To conduct DQS next year

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

1.4 Overall Expenditures and Financing for Immunisation

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

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

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	678,888	700,000	750,000
New Vaccines	1,421,910	586,435	619,365
Injection supplies with AD syringes	248,537	250,000	260,000
Injection supply with syringes other than Ads	NA		
Cold Chain equipment	200,000	0	1,151,307
Operational costs	1,000,000	1,000,000	
Other (please specify)			
Total EPI			
Total Government Health			

Exchange rate used	4,600
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The Government showed commitment towards the immunization programme amid the financial crisis that hit the sector as donors withheld funding in 2009. Government released on time funding for vaccines as per health sector plan and budget. The trend is expected to continue as Government remains committed to the programme and will ensure funds are secured particularly for vaccines and strengthen partnerships for resource mobilization.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? 6.

Please attach the minutes (**Document N°2**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

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

1. ICC focused on resource mobilization for Child Health Week to improve immunisation coverage
2. Application for New vaccines introduction (Measles second dose, PCV and Rotavirus)

Are any Civil Society Organisations members of the ICC?: [**Yes / No**]. If yes, which ones?

² 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.

<i>List CSO member organisations:</i>
CHAZ
CARE International
World Vision International
Rotary International
Children Christian Fund (CCF)

1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011?
Are they linked with cMYP?

<p>Implementation of RED strategy in all districts Strengthening safe injection practices and waste disposal Introduction of PCV10 Introduction of Rotavirus Vaccine MLM Trainings Conduct Child Health Technical Meetings and ICC Conduct Measles, Polio SIAs Conduct DQS Introduce Measles 2nd dose Conduct Post introduction of vaccines evaluation</p> <p>Yes they are extracted from the updated cMYP.</p>

2. Immunisation Services Support (ISS)

1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$ Nil
Remaining funds (carry over) from 2008: **US\$ 708,460.20**
Balance carried over to 2010: US\$.

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

The major activities conducted with ISS funds are as follows:	
Trainings for EPI, Vaccine management, MLM	131,520,000ZMK
RED strategy Implementation	256,553,500ZMK
Cold Chain spares	6,000,000ZMK
Child Health Week	353,826,000ZMK
Office Supplies	10,000,000ZMK
Total	757,899,500ZMK= USD149,683.90

1.2 Management of ISS Funds

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

[NO] : please complete **Part B** below.

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

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

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

ISS funds are held in a commercial bank. ISS funds are included in national health sector plan and budget. During the annual planning process activities to be funded by GAVI funds are indicated and included in the annual plans. The approval process of the health sector plan is done during consultative meetings with all CPs together with approval for all other funding sources. Of activities undertaken at sub national level these are disbursed to sub-national level through bank transfers to district basket accounts.

1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N°3**). (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (**Document N°- Not yet available**). ***GAVI ISS funds and HSS funds are pooled into one account and measures are now being put in place to accurately track the ISS and HSS funds separately as this was not the case in the past years.***

1.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.³

³ The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.
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3. New and Under-used Vaccines Support (NVS)

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

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

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

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
DPT_Hib_HepB	1,319,300	02.12.2008	1,319,300	none

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

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

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)	<ul style="list-style-type: none"> NIL
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	<ul style="list-style-type: none"> NIL

3.2 Introduction of a New Vaccine in 2009

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

Vaccine introduced: Not Applicable	None
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none">

3.2.2 Use of new vaccines introduction grant (or lumpsum) **NA**

Funds of Vaccines Introduction Grant received: US\$	Receipt date:
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Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

Not Applicable

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

Not Applicable

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]

If YES, how much? US\$.....

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

Not Applicable

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°- Not Applicable**). (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.

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

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)	1,421,910	1,421,910	September
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1. Release of GRZ funding from Ministry of Finance and National Planning			
2.			
3.			
4.			

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

Not Applicable

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **December 2009**

If conducted in 2008/2009, please attach the report. (**Document N°4**)

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

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

Main activities to address VMA recommendations:

Report has recently been finalised and to be followed by a plan of action to address recommendations.

When is the next EVSM/VMA* planned? [mm/yyyy]

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

3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Not Applicable

Please attach the minutes of the ICC meeting (**Document N°- Not Applicable**) that has endorsed the requested change.

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

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

The country hereby request for an extension of GAVI support for**NA** [vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the procurement of[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of**NA**.....[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (**Document N°- 6**).

The country ICC has endorsed this request for extended support of[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°-Not Applicable)**

3.7 Request for continued support for vaccines for 2011 vaccination programme

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

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm]

If you don't confirm, please explain: Not Applicable

4. Injection Safety Support (INS)

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

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

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

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

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
Not Applicable		

Please report on any problems encountered:

Not Applicable

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

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

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

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes	Government/JICA
Measles	AD syringes	Government
TT	AD syringes	Government
DTP-containing vaccine	AD syringes	Government and GAVI

Please report how sharps waste is being disposed of:

Incineration is used where this is available and where is it not the Burn and Bury method is used and is the most common method.

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

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

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

No specific plan is available. Though there is no specific policy yet on injection safety, however, guidelines are available. No problems have been encountered in the implementation of the transitional plan.

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

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

Fund from GAVI received in 2009 (US\$):**Nil**

Amount spent in 2009 (US\$):.....**Nil**

Balance carried over to 2010 (US\$):.....**Nil**

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Not Applicable	
Total	

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

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Not Applicable	
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance; this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study⁴ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 Information relating to this report

5.1.1 Government fiscal year (cycle) runs from **January to December**.

5.1.2 This GAVI HSS report covers 2008 and 2009 calendar year from January to December. ***This is in order to clarify issues raised to the country in the last APR (2008) and provide a clearer picture as some queries were raised from the IRC.***

⁴ All available at <http://www.gavialliance.org/performance/evaluation/index.php>

- 5.1.3 Duration of current National Health Plan is from **January 2006 to December 2010**.
- 5.1.4 Duration of the current immunisation cMYP is from January 2006 to 2010 December. The multi year plan has since been updated to extend to 2015
- 5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

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

Name	Organisation	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
Dr Penelope Kalesha Masumbu	Ministry of Health	Coordination of the report writing from various contributors	pennykalesha@yahoo.co.uk
<i>Focal point for any accounting of financial management clarifications:</i>			
Ms Namataa P. Kalaluka	Ministry of Health	Provided oversight on preparation of statements of accounts	namataak@yahoo.com or namataa@moh.gov.zm
<i>Other partners and contacts who took part in putting this report together:</i>			
Dr Helen Mutambo	World Health Organisation	Providing inputs and review to the report	mutamboh@who.zm.int
Mr Belem Matapo	World Health Organisation	Providing inputs particularly to the data aspects of the report	matapob@who.zm.int
Mr Flint Zulu	UNICEF	Providing inputs and review to the report	fzulu@unicef.org

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

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

This report was jointly prepared by the Directorate of Public Health and Research of the Ministry of Health in consultation with the Directorate of Planning-Policy and Development, Finance (MOH) together with focal point persons from WHO and UNICEF. Through this process the verification of coverage data, forecasting figures for vaccines and cost of commodities was verified. Information used to compile this report was drawn from HMIS, JRF,

GAVI HSS tracking study report, as well as information provided by the 12 selected GAVI HSS districts at the M and E meeting held just prior to the report writing exercise. The compiled by the Supervisory reports reviewed by the EPI team comprised of MOH, WHO, UNICEF, JICA as well as Accounts. The activity based report with costs of activity report was presented to ICC on the 5th May 2010. At the time of sending this report the SAG had not yet met as it has two scheduled meeting in a year. Minutes of meeting where GAVI issues were discussed are attached.

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

The difficulty in linking up with the Planning Department which supposed to be in the lead of HSS issues despite invitations being sent.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? 6

Please attach the minutes (**Document N°- 2**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Document N°- 7**).

5.2 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	2,344,273	572,725	2,396,138	1,291,500					
Revised annual budgets (if revised by previous Annual Progress Reviews)			Nil						
Total funds received from GAVI during the calendar year	2,344,500	573,000	0						
Total expenditure during the calendar year	0	1,786,705.69	923,677.61						
Balance carried forward to next calendar year	2,349,790.14	1,136,084.45	501,756.73						
Amount of funding requested for future calendar year(s)		2,396,138	2,396,138						
<i>Note that funding to Zambia for 2009 were suspended due to financial irregularities. As such the same amount of funds that were requested for in 2009 is tabled in 2010 for consideration for implementation of subsequent year's planned activities</i>									

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement):*

The initial funding for GAVI HSS was disbursed in the last quarter of 2007 while that year was expected to be the first year on implementation. Subsequently the country was requested to submit a revised work plan. The CPs meeting convened through Planning Department recommended that a small technical team be convened to look into this issue and approved this revision in principle. Attached are minutes of the Technical meeting that revised the work plan.

Secondly, for centrally procured goods the tender procedures are normally long (at least six months for some items and in our case lead to delayed provision of inputs for implementation.

Thirdly, after disbursement of GAVI HSS funds to sub-national level for activities such as drilling of boreholes, implementation of Income generating Activities, by the time funds had arrived in the districts, there were further subjected to the usual procedures for tender, in some cases the contractors that won the bids could not proceed to execute the jobs due to flooding, and also the in one case when the contractor got on site and observed the very difficult terrain, abandoned the project, and when the tender was advertised again, the same contractor won the bid. The cost of drilling was much higher at the time of drilling as compared to that proposed in the proposal.

The issue of the utilization of funding for the Income generating activities was problematic as indicated in the tracking study because at proposal stage the issue of capacity building was not factored in leading to non implementation in some cases, and also partly due to the fact that with passage of time the activities for which the funding was targeted was inadequate.

Another issue that affected implementation was the fact that despite orientation of the beneficiary districts and provinces, there was very high turn over of the staff particularly at management level and in some cases handovers were not adequate. At the just ended review meeting of the GAVI districts, the opportunity was taken to review what GAVI HSS was about to the MCH Coordinators, planners and health information officers from the 12 districts and infrastructure officers at provincial level from the four provinces to provide oversight for the possible next phase of implementation

Lastly, the country had to delay key areas of its planned all health programmes due suspension of funding as a result of sector of funding to the sector due to alleged misappropriation of funds at the MOH. Efforts are being made at the Ministry of Health to rectify this situation. This has definitely had a negative impact on all gains made in the past.

Despite the above constraints and specific to the immunisation program, the Ministry of Health has shown commitment by ensuring that funding for vaccine procurement was honored and also that the Child Health weeks which provide children with missed opportunity to received immunisations were conducted in the year 2009.

5.3 Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity

Table 12: HSS activities in the 2009 reporting year

Please Note: In this period, there were no new activities that were being undertaken due to a virtual grounding at the Ministry of Health . Expenditures were related to payments of outstanding balances for services procured earlier for centrally procured services while for districts that have not been completed and are ongoing

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	Contribute to addressing the human resource crisis through strengthening retention mechanisms for health workers and provision for incentives to Community health by 2010:	
Activity 1.1:	Boreholes Radio communication Motor bikes	Boreholes – Nil Radio communication equipment was installed during the course of the year. The planned expenditure according to the proposal was USD 540, 000, while actual cost was 306,548.66 . At the time of procurement, the Ministry of Health policy for procurement of radio equipment was to procure these as a set as opposed to just the radio in order to ensure that this was in use after installation. The inclusion of accessories such as batteries, and antennas in cases where these were none functional. Motor Bikes- Expenditure =3,033,399,600ZMK= USD 599.091.43.
Activity 1.2:	Implementation of performance improvement scheme – District Trophies Health Centre Shields	Funds received but activity not conducted. Last year was a very difficult year for all programs and virtually almost all activities were grounded to a halt. With almost no activities being conducted at district level and very demotivated work force, this activity was shelved. Funds are available for disbursement this year.
Objective 2:	To improve the implementation of the health centre and community level through effective communication and community empowerment by 2008	
Activity 2.1:	Cell phones	Funds for mobile phones disbursed to 5 districts. During orientation in April 2008 the remaining 7 opted to procure these in the subsequent year. 2009 characterised by none implementation of activities due to suspension of funding to sector. Implementation rate at 43%. Funds are available for disbursement this year.
Activity 2.2:	IGAs	Reported under 2008
	Bicycles	Outstanding balances paid in 2009 18,037.52USD. Variance in total expenditure was due to exchange rate fluctuations.
	Stationery	Reported under 2008
Objective 3:	To increase the transport system of the health sector for effective distribution of drugs and supplies enhanced provision of health services including EPI through effective	

	referral and supportive supervision	
Activity 3.1:	Motor vehicles	Motor vehicles Reported in 2008. Activity implemented at 100%
	Boats	Boats Reported in 2008. Activity implemented at 100%
Activity 3.2:	Renovation staff houses	
	Renovation health center	
	Solar - staff houses	
	Solar- health center	

Table 12: HSS activities in the 2008 reporting year: *It was 2008 felt that with the situation faced at the Ministry our reporting includes 2008 in order to provide a clearer picture for utilisation of HSS funds.*

Major Activities	Planned Activity for 2008	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	Contribute to addressing the human resource crisis through strengthening retention mechanisms for health workers and provision for incentives to Community health by 2010	
Activity 1.1:	Boreholes:	Borehole funds disbursed to the 11 districts for activity to be procured locally at the provincial level. Planned amount was 671,000 and disbursed was 2,134,000,000ZMK=USD 554,826.13
	Radio communication	Implementation of this activity is still ongoing in some districts in 2009 and 2010 for reasons cited in other sections of this report. Variance due to fluctuations in Exchange rate
	Motor bikes	Radio communication 23,898,000 ZMK= USD 4,927.42. Activity completed in 2009, outstanding payments finalised and reported under 2009
		Motor bikes procurement process commenced in 2008. Budgeted was USD 860,000. Funds spent in 2008 was 1,048,410,000ZMK= 272,579.79USD, balance paid in 2009
Activity 1.2:	Implementation of performance improvement scheme – District Trophies	Funds received but activity not completed. Last year was a very difficult year for all programs and

	Health Centre Shields	virtually almost all activities were grounded to a halt. With almost no activities being conducted at district level, this activity was shelved. Funding still available
Objective 2:	To improve the implementation of the health centre and community level through effective communication and community empowerment by 2008	
Activity 2.1:	Cell phones	Funds disbursed to the 5 districts for activity to be procured locally (remaining districts opted during orientation to procure in subsequent year. Planned amount was USD 6,225 and disbursed was 8,096,000ZMK= USD 2,104.91. Remaining districts to receive funding in 2010. Activity successfully implemented at 43% achievement
Activity 2.2:	IGAs	Funds disbursed to the 11 districts (with one districts opting to undertake this activity in the subsequent year) for activity to be procured locally. Planned amount was USD 24,000 and disbursed was 110, 000,000 ZMK= USD28,599.29. Implementation rate is 10 out of 12 (83%). Disbursement for the last district to be 2010.
	Bicycles	Bicycles procurement process commenced in 2008. Budgeted was USD 120,000. Funds spent on part payment in 2008 was 421,430,000ZMK= 109,569.06. Implementation rate 100% and distributed to Community Health workers. Outstanding balance paid in 2009
	Stationery	Funds disbursed to the 12 districts for activity to be procured locally. Planned amount was USD 129,273 and disbursed was 479,358,610 ZMK=124,630.12. Implementation rate is 100% and ongoing.
Objective 3:	To increase the transport system of the health sector for effective distribution of drugs and supplies enhanced provision of health services including EPI through effective referral and supportive supervision	
Activity 3.1:	Motor vehicles	Motor vehicles procurement process commenced in 2008. Budgeted was USD 420,000. Funds spent on part payment in 2008 was 1,993,572,000ZMK=USD411, 045.77. 100% implementation rate.
	Boats	Boat's procurement process commenced in 2008. Budgeted was USD 120,000. Funds spent on payment in 2008 was 743,124,390ZMK=USD 193,207.51. Variance was due to exchange rate fluctuations. Implementation rate 100%.

Exchange rates used as provided by Invest Trust Bank.

Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.3.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

From inception GAVI funds have been channelled into an existing GAVI ISS account. A yearly action plan which is part of the sector plan is developed. Funding of activities funded through GAVI is by application through the normal procedure through the Chief Executive (Permanent Secretary) as per plan. Following approval these funds are disburse for utilisation of the activities taking into account necessary processes. The disbursement of funds for utilisation at peripheral level is from the specific existing GAVI account at MOH to district basket accounts. The auditing of accounts involves an internal auditing system and currently this is supported by an external auditing system (Auditor general's Office) for all disbursement of funds.

However following the allegations of misappropriation of funds at the MOH and following a GIVI mission in December of 2009, extensive audits through AGs office have been conducted and MOH awaits the report for any follow up action that will be necessary once this report is made available. However an audit was conducted last year by the same Office and MOH management made responses and awaited verification from the AGs Office.

Future funding disbursements for the country have not yet been concluded.

5.3.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

REPORTING YEAR: 2009

Funds for Supportive Supervision made available and the activity was undertaken.

COMING REPORTING YEAR: 2010

GAVI HSS review meeting conducted for all the 12 GAVI supported districts on dates 17th to 20th April 2010

Other activities include Quarterly Supportive Supervisory visits by the Central, Provincial and District teams as well as documentation and dissemination of experiences and lessons learnt/best practices.

5.3.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Programme supervision and evaluation

Documentation and dissemination of experiences and lessons learnt/best practices

Working with the Planning department , this will be done with support from WHO and UNICEF

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	To contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provisional of incentives to Community health workers by 2010				
Activity 1.1:	Boreholes for one district (Samfya)	132,000	132,000	0	Pending activity: was not implemented for this district as it was there was indication from the district that at the time other drilling of boreholes for this specific district would only be suitable later than was proposed in the proposal. Funding to be disbursed 2010.
Activity 1.2: Implementation of a performance improvement scheme	District Trophies Health Centre Shields	26,500	26,500	0	Due to virtual grounding of routine activities at all levels this activity was shelved as there was regress of previous achievements in most districts except during Child Health weeks. Funds received but activity not yet implemented.
Activity 3.2:					
M & E	Monitoring and Evaluation of GAVI HSS activities carried out				
	Review meeting for GAVI supported Districts and their supervising Provinces Servicing of motor vehicle for M& E	On submission of revised work plan with the note that M&E was omitted, it was proposed that 5% of funds be used for this activity. (See attached minutes of adhoc committee sent to GAVI in 2007)			
TOTAL COSTS					

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3: To Increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision				
Activity 3.1 Infrastructure Development	118 Staff Houses 79 Health centre renovation	2,396,138	2,396,138	
Activity 3.2:	Lighting	1,291,500	1,291,500	
	Monitoring and Evaluation	184,382	184,382	Not included in the original budget, as requested included on revision of plan as part of funds on budget. See Adhoc Committee Meeting minutes.
TOTAL COSTS		3,687,638	3,687,638	

5.4 Programme implementation for 2009 reporting year

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

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

The country received the first tranche of HSS funding in the last quarter of 2007. After revision of activities scheduled to commence in 2008, many process of centrally procured items, were delivered 6-12 months of initiation of the process. Disbursements of funds for services to be procured by district locally also face a number of challenges such as lengthy tender procedures, fluctuation/inflation of prices, and abandonment of project by contractor due to very challenging terrain and lack of capacity for entrepreneurship.

There were a number of accomplishments achieved and these include provision of various transport modalities for the program in these disadvantaged districts. All districts report some level of motivation of staff at health facilities, districts offices and community level. In some districts it has been reported that with available transport at health facilities staff have agreed to go and work in distant areas because they have means of transport and communication. Distribution of logistics has been eased. Facilities can communicate over the radio for logistical requirements as opposed to travelling for the same to the district stores. Capacity to conduct outreach has been improved for both health care workers and community health workers.

Availability of stationery (Community child Health registers, referral notes and records) has improved defaulter tracing and referral of cases particularly obstetric cases.

Implementation of IGA has been reported to be successful in 2 districts where the communities are able to utilise resources realised for mobile air time, maintenance of bicycles, fuel for referral, and refreshments for facility-community meetings Implementation and maintenance of boreholes in that specific catchment area. Implementation of IGA activities remains a challenge. The problem was that delayed implementation from the time of development of the proposal was affected by change in prices, resulting districts having to source for additional funding to supplement the activity.

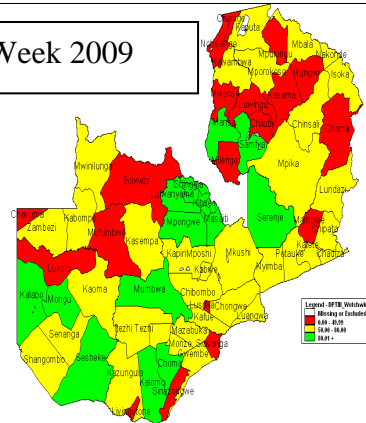
Boreholes have provided a source of clean and safe water (except for one district where the ground is laden with iron). Location of boreholes in proximity to health centres have reduced the walking distance for fetching water by caregivers and as such caregivers can while they fetch water also seek health services.

Solutions for other challenges were difficult as the bottlenecks were a necessary process, and part of the natural phenomenon (terrain and seasonal flooding).

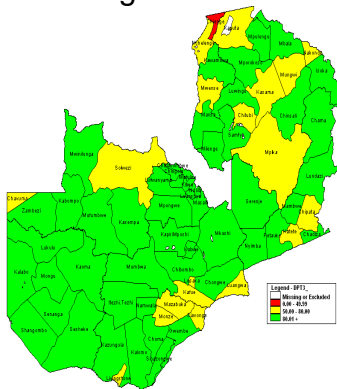
The suspension of funding for activities the GAVI and other partners derailed all activities including HSS activities. Apart from this, the sector was affected last year following the withdrawal of funding (following allegations of misappropriation of funds) where only essential services resulting in cessation of outreach activities and dampen the work force morale. This therefore impacted all programs negatively and reversed previous gains as demonstrated in the maps below.

Despite this negative picture, partners came to the aid of the Ministry of Health in attempt to sustain immunisation coverages through the two rounds of child health weeks. Below are maps comparing coverage for Penta 3 with and without Child Health Week in 2009

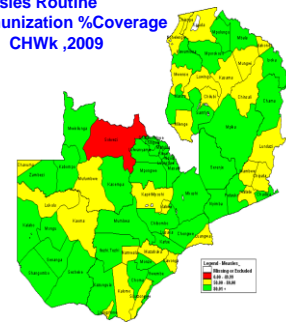
Penta 3 coverage without Child Health Week 2009



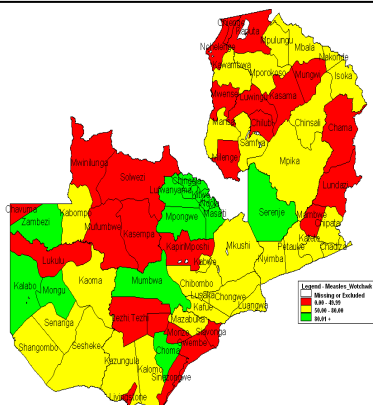
Penta 3 coverage with Child Health Week 2009



Measles Routine Immunization %Coverage with CHWk ,2009



Measles Coverage without Child Health Week 2009



5.4.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

NO

5.5 Management of HSS funds

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

[NO] : please complete **Part B** below.

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

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

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

As indicated in section 5.3.1 from inception GAVI funds have been channelled into an existing ISS account. A yearly action plan which is part of the sector plan is developed. Funding of activities funded through GAVI is by application through the normal procedure through the Chief Executive (Permanent Secretary) as per plan. Following approval these funds are disburse for utilisation of the activities taking into account necessary processes. The disbursement of funds for utilisation at peripheral level is from the specific existing GAVI account at MOH to district basket accounts. The auditing of accounts involves an internal auditing system and currently this is supported by an external auditing system (Auditor general's Office) for all disbursement of funds.

However following the allegations of misappropriation of funds at the MOH and following a GAVI mission in December of 2009, extensive audits through AGs office are being conducted and MOH awaits the report for any follow up action that will be necessary once this report is made available. However an audit was conducted last year by the same Office and MOH management made responses and awaited verification from the AGs Office.

Future funding disbursements for the country have not yet been concluded.

5.6 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°- 8**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**Document N°- Not Yet Available**).

5.7 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Indicator	Data Source	Baseline Value ⁵	Source ⁶	Date of Baseline	Target	Date for Target	2007	2008	2009
1. National DTP3 coverage (%)	HMIS, DHS, IDSR	91	JRF	2005	95	2010	92%	95%	98%
2. Number / % of districts achieving ≥80% DTP3 coverage	HMIS, DHS, IDSR	58	JRF	2005	65	2010	74%	79%	74%
3. Under five mortality rate (per 1000)	DHS	168	JRF	2005	134	2010	119		
4. National measles coverage	HMIS, DHS, IDSR	79	JRF	2005	90	2010	97%	90%	92%
5. Vitamin A supplementation rate	HMIS, DHS/ Child Health Week Reports	72	JRF	2005	80	2010	99%	93%	90%
6. Antenatal care 2 nd attendance	HMIS, DHS, IDSR		JRF	2005		2010			Not collected in HMIS
First Antenatal Attendance	HMIS, DHS, IDSR					2010	90.3%	94.6%	2009 HMIS not yet consolidated

Table 15: Indicators listed in original application approved

⁵ If baseline data is not available indicate whether baseline data collection is planned and when

⁶ Important for easy accessing and cross referencing

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1: Contribute to addressing the human resource crisis through strengthening retention mechanisms for health workers and provision for incentives to Community health by 2010						
1.1: Boreholes	49	122	HSS Tracking study report, District GAVI Reports, Supervisory reports	0	Health facility survey	122
Radios	121	120	Contractor's Installation report, HSS Tracking study report, District GAVI Reports, Supervisory reports	0	Health facility survey	120
Motor bikes	200	200	HSS Tracking study report, District GAVI Reports, Supervisory reports	0	Health facility survey	200
1.2: Implementation of performance improvement scheme – District trophies; Health Centre Shields	0	2 trophies	District Annual Reports	0		2 trophies
	0	210 shields		0		210 shield
Objective 2: To improve the implementation of the health centre and community level through effective communication and community empowerment by 2008						
2.1 Cell phone	36	83 cell phones	HSS Tracking study report, District GAVI Reports, Supervisory reports	0		83 cell phones
2.2 IGAs	11 IGA grants (9 functional IGAs, one inadequate funding for selected activity, one pending electrification from utility company)	12 IGA grants	HSS Tracking study report, District GAVI Reports, Supervisory reports HSS Tracking study report, District GAVI Reports, Supervisory reports	0		12 IGA grants
				0		

Stationery	All districts reported procurement of stationery requirements such as Community registers					
Objective 3: To increase the transport system of the health sector for effective distribution of drugs and supplies enhanced provision of health services including EPI through effective referral and supportive supervision						
1.1 Motor vehicles; Boats; Bicycles; Motor-Bikes	12 motor vehicles 4 Boats 1,000 bicycles 200 motor bikes	12 motor vehicles 4 Boats 1,000 bicycles 200 Motor bikes	HSS Tracking study report, District GAVI Reports, Supervisory reports	0 0 0 0	Health facility survey	12 motor vehicles 4 Boats 1,000 bicycles 200 motor bikes

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in **the denominator**:

Provide justification for any changes in **data source**: **Performance assessment reports do not capture any of this information. Also there was a GAVI tracking study which was felt to be a useful report as well as supervisory reports and the M & E report.**

Table 16: Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1 #Boreholes drilled			49	Local capacities at provincial level to drill the boreholes in some cases were very challenging. Time lag for the tender procedures and in some cases had to be re-tendered, flooding in some of the districts as well as cost of drilling being much higher than what was budgeted for.
1.1 # of District trophies and shields	N/A	0	0	Activity deferred due to withdrawal of funding in the sector and thus very limited funding for district to implement activities and thus this would not be undertaken in 2009.
1.2 # of Cell phone bought # of Radios installed	N/A N/A		36 121	Mobile phones: 47 not bought due to price fluctuation in prices and also some districts opted to differ this activity to the subsequent year
1.3 Stationery	N/A	11 grants sent		One grants to be sent in 2010.
2.1 # of IGAs	N/A	12 IGA grants sent	9/12 commenced IGA activities	Chama not instituted inadequate funds, Lukulu not done inadequate funds; Samfya put it in year 2.
3.1 # of motor vehicles	N/A	11/12	11	
3.2 # of Boats	N/A		4	
3.3 #Of Motor Bikes	N/A		200	
3.4 # of Bicycles	N/A		1000	

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.8 Other sources of funding in pooled mechanism for HSS

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal
No other donor pooling funds into the GAVI Specific HSS activities. Other donors implementing HSS activities in general include Global Funds			

6. Strengthened Involvement of Civil Society Organisations (CSOs)

6.1 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 support⁷

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

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

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°.....**).

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

⁷ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

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

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

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

6.1.3 Receipt and expenditure of CSO Type A funds

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

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁸

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

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

6.2.1 Programme implementation

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

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

⁸ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

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

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

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

6.2.2 Receipt and expenditure of CSO Type B funds

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

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

6.2.3 Management of GAVI CSO Type B funds

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

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

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

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

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°**.....). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached (**Document N°**.....).

6.2.5 Monitoring and Evaluation

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

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

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

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

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request	X		X	X
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)	X		X	X
8	Justification of new targets if different from previous approval (section 1.1)	X		X	X
9	Correct co-financing level per dose of vaccine	X		X	X
10	Report on targets achieved (tables 15,16, 20)	X	X		
11	Provision of cMYP for re-applying	X		X	X
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1	X		X	X
13	Consistency between targets, coverage data and survey data			X	X
14	Latest external audit reports (Fiscal year 2009)		X		
15	Provide information on procedure for management of cash		X		
16	Health Sector Review Report	X	X		X
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support	X		X	X
19	Attach the CSO Mapping report (Type A)	X	X	X	

8. Comments

Comments from ICC/HSCC Chairs:

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND
NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in USD⁷
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification⁸ – GAVI ISS							
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD	
Salary expenditure							
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174	
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949	
Non-salary expenditure							
Training	13,000,000	27,134	12,650,000	26,403	350,000	731	
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

⁷ An average rate of CFA 479.11 = USD 1 applied.

⁸ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD⁹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

⁹ An average rate of CFA 479.11 = USD 1 applied.

¹⁰ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

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

GAVI ANNUAL PROGRESS REPORT ANNEX 4

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD ¹¹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification ¹² – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

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

¹² Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811