



# Annual Progress Report 2009

Submitted by

## The Government of

REPUBLIC OF ARMENIA

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 14 May, 2010

**Deadline for submission: 15 May 2010**

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

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 of Health, Chair of ICC

Signature: ...../H. Kushkyan/

Date: .....

**Minister of Finance (or delegated authority):**

Title: Deputy Minister of Finance

Signature: ...../P. Safaryan/

Date: .....

*This report has been compiled by:*

<p>Full name . Sahakyan Gayane</p> <p>Position</p> <p>Manager of the National Immunization</p> <p>Program</p> <p>Telephone. ....(37410)650553</p> <p>E-mail <a href="mailto:epid@ph.am">.epid@ph.am</a>,</p> <p><a href="mailto:gayane63@yahoo.com">gayane63@yahoo.com</a></p>	<p>Full name .....</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>
<p>Full name .....</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>	<p>Full name .....</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>

## 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
H. Kushkryan / Minister, Chair of ICC	Ministry of Health		
P. Safaryan / Deputy Minister	Ministry of Finance		
H. Darbinyan / Deputy Minister	Ministry of Health		
S. Barseghyan / Deputy Minister	Ministry of Territorial Management and Substructures		
Al Ghukasyan / Deputy Minister	Ministry of Health		
G. Badalyan / Deputy Minister	Ministry of Economics		
M. Mkrtchyan / Deputy Minister	Ministry of Education and Science		
J. Baghdasaryan / Deputy Minister	Ministry of Labour and Social Affairs		
G. Qaryan / Head of the Department of Custom Clearance	Committee of State Incomes of the Government		
S. Krmoyan / Legal Adviser to the Minister of Health	Ministry of Health		
G. Gevorgyan / Member of State Statistic Committee	National Statistic Service		
A. Vanyan / Chief of State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health		
V. Poghosyan / Head of Health Care Department	Ministry of Health		
J. Harutyunyan / Head of Department of Disaster Medicine	Ministry of Emergency Situations		
S. Arakelyan / Deputy Head of Food Safety and Veterinary Inspectorate	Ministry of Agriculture		

A.Avoyan/Head of Epidemiology Department of Hygiene and Anti-Epidemic Service	Ministry of Defense		
A.Sargsyan/Epidemiologist of the Department of military medicine	National Security Service		
N.Karapetyan/Epidemiologist of Hygiene and Anti-Epidemic Center of Medical Department	National Police		
G. Sahakyan / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and Anti-Epidemic Inspectorate		
E. Danielyan / Head of WHO Country office	WHO Country Office		
L. Hovakimyan / Manager of Health and Nutrition programmes	UNICEF		
R. Gyurjyan / Executive Manager	VRF		
S. Hayrapetyan / Representative of WB	World Bank/ Yerevan		
R. Jamalyan / Program Management Specialist	USAID /Armenia		
N.Aslyan /Chair of NGO	"Center of protection of patients rights" NGO		
A.Poghosyan / Coordinator of Reproductive Health	"Women Resource Center" NGO		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

Page 15, ICC, Section 1.5 <Fill the box the box, reflecting key recommendations from the ICC meeting held in 2009> **Accepted** .

Page 16, ISS, section 1.1: <It is understood that ISS funds that was carried over from 2008 was not spent in 2009 and same amount carried over to 2010. Please clearly state that "therefore no financial statement filled for ISS funds"> **Accepted** .

Page 19, NVI, section 3.2.2: \$100.000 introduction grant was received in 26.12.2008. I assume that there was no expenditure in 2008. \$100.000=30,163,500 AMD carried over to 2009. And most of it spent in 2009. And \$1.918.6 carried over to 2010. Please indicate the amount in AMD, as funds are kept in AMD account. You are required to fill a financial statement for introduction grant. For that purpose, please use the form provided in annex 2. Please first fill it in AMD and then convert the figures to USD in the next column.

**Accepted**

Page 21, EVSM, section 3.4: As communicated at CPH workshop, please indicated that an EVSM assessment is being planned for either last quarter of 2010 or first quarter of 2011, to report its findings and recommendation in 2011 APR. Besides that provide information on available cold storage capacity at national and marz levels indicating that the country has enough capacity to accommodate the new vaccine. For that purpose, just provide brief information with estimated figures on available cold chain capacity and used capacity for storage of the new vaccine. Objective for that is to assure IRC members that the country is not facing storage capacity problems due to newly introduced vaccine. **Accepted partially.**

Page 23, INS, section 4.2, table 8: Please provide full list of all EPI vaccines and status of safe injection supplies used for them. DT is missing. **Accepted**

## HSCC Signatures Page

*If the country is reporting on HSS*

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

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

Name/Title	Agency/Organisation	Signature	Date
H. Kushkyan	MOH/ Minister		
H. Darbinyan	MOH/First Deputy Minister		
Ab.Manukyan	MOH/Deputy Minister		
T.Hakobyan	MOH/Deputy Minister		
Al.Gukasyan	MOH/Deputy Minister		
G.Sayadyan	MOH/ Head of Staff		
S.Krmoyan,	MOH, Legal Adviser to the Minister of Health		
Ar.Vanyan	MOH/Head of the State Hygienic and Antiepidemic Inspectorate		
S.Khachatryan	MOH/Head of the "Health Project Implementation" Unit		
Ara Ter-Grigoryan	MOH/Head of the State Health Agency		
V.Poghosyan	MOH/Head of the Division of Health Provision		
N.Beglaryan	MOH/ Head of the International Relations Department		

M. Harutyunyan	Head of Department of Pharmaceutical Activity Organisation, Drug and Technology Provision		
T.Sahakyan	MOH/ Head of the Education Department		
Ar.Karapetyan	MOH/Head of the Economy Department		
Iz. Abgaryan	MOH/ Head of Legal Division		
As. Hovakimyan	MOH/Head of the Licensing Division		
Z. Asatryan	Ministry of Finance / Head of Financial programming of budget expenditure Division		
El.Danielyan,	WHO Country Office for Armenia		
R.Jamalyan,	USAID		
L.Hovakimyan	UNICEF		
S.Hayrapetyan,	WB		
R Gjurdjyan	Vishnevskaya-Rostropovich Foundation		



HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

**1. Section 5.1.5**

Comment 1. <You need to say something about what is planned instead of HSCC for next year ? Ministry should discuss – how they will endorse this report next year – or at least that this is being considered and discussed>. **Accepted.**

**2. Section 5.2**

Comment 1. <As per our discussion in the regional meeting earlier – GAVI will allow carry over beyond 2010 to compensate for delays occurred by late transfer of funds>. **Accepted.**

**3. Section 5.2 Table 11:**

Comment 1. <Suggest to revise and divide over both 2010 and 2011 – and describe in line with the planned expenditure per year below>. **Accepted.**

Comment 2. <Is the financial statement attached ?> **Accepted.**

**4. Section 5.3 Table 12:**

Comment 1. < Does this mean that there are plans for another tender (under 1 million AMD) if so – please say so.> **Accepted.**

**5. Section 5.3 Table 14:**

Comment 1. <Should the total sum of \$148.250 for 2011 not be shown in table 11?> **Accepted.**

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

# **Annual Progress Report 2009: Table of Contents**

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

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- 1.1 Updated baseline and annual targets. Table 1 in Annex 1
- 1.2 Immunisation achievements in 2009
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- 1.4 Overall Expenditure and Financing for Immunisation
- 1.5 Interagency Coordinating Committee (ICC)
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## **7. Checklist**

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## **Annexes**

**Annex 1:** [Country]'s APR calculation of ISS-NVS for 2011 (Excel file attached)

**Annex 2:** TOR & Example of ISS Financial Statement

**Annex 3:** TOR & Example of HSS Financial Statement

**Annex 4:** TOR & Example of CSO Type B Financial Statement

## List of Tables in 2009 APR

APR Section	Table N°	Where-about	Title
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6.2.5	Table 20	APR form	Progress of project implementation
7.	Table 21	APR form	Checklist of a completed APR form

## List of supporting documents attached to this APR

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

Document N°	Title	APR Section
	Calculation of <b>[Country's]</b> ISS-NVS support for 2011 ( <i>Annex 1</i> )	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
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	New cMYP for the years .....	3.6
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	Latest Health Sector Review Report	5.1.8
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	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
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	External audit report for CSO 'Type B' funds during the most recent fiscal year (if available)	6.2.4

## 1. General Programme Management Component

### 1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-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**:*

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

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

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

### 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:

In 2009 the overall vaccination coverage improved comparing with 2008, particularly full vaccination coverage increased from 86% to 91%. Key major activities of the Immunization program were as follows:

1. Improvement of the monitoring system. It was conducted quarterly and results were discussed with the responsible authorities.
2. In September new vaccine (DTP+HepB+HIB) was introduced into National Immunization Schedule. This strategy will be helpful to achieve equal coverage rates by all antigens (DTP, HepB, HIB). The major challenge National Immunization Program faced during a new vaccine introduction was rumors among HCWs. The reason was high temperature reactions among infants vaccinated with pentavalent Zilbrix vaccine produced by GSK. Meanwhile in the private sector widely was used Tritanrix (another pentavalent vaccine by GSK). The situation was stressed with the spread of the information that production of the Zilbrix in Hungary was stopped due

to high reactogenicity. To overcome this problem Ministry of Health organized additional meetings with head specialists, pediatricians and discussed the situation and requested to work with parents more closely and explaining that all reactions are expected and common for the Zilbrix. Hopefully, rumors were stopped and vaccination was continued.

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

As pentavalent (DTP+HepB+HIB) vaccine was introduced only in September, 2009 it is early to evaluate whether targeted 95 % coverage was reached or not. Preliminary, according to the official reporting forms timely pentavalent coverage (by vaccination schedule) of infants is 93%.

### 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)<sup>1</sup>.

N/A

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

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

N/A

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

Quarterly monitoring is implemented to clarify the data accurateness reported by HCFs involved in immunization. Monitoring results are reported to the central level for decision makers.

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.

It is planned to develop electronic data management system in 2010 with the support of UNICEF. It will be put in place during the next year.

### 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\$.

<sup>1</sup> 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

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

<i>Expenditures by Category</i>	<b>Expenditure Year 2009</b>	<b>Budgeted Year 2010</b>	<b>Budgeted Year 2011</b>
Traditional Vaccines <sup>2</sup>	132.158	142.158	251.336
New and Underused Vaccines	557.273	577.273	691.652
Injection supplies with AD syringes	83.214	80.214	74.113
Injection supply with syringes other than ADs	0	0	0
Cold Chain equipment	0	0	0
Personnel	784.541	794.541	831.515
Transportation	508.500	528.500	533.925
Maintenance and overhead	258.599	258.599	263.771
Short-term training	55.436	55.000	42.000
IEC/social mobilization	67.020	8.000	8.000
Disease surveillance	32.860	30.000	25.000
Programme management	23.364	23.000	40.000
Other routine recurrent costs			51.000
Routine Capital Costs	<b>20.211</b>		0
Campaign Costs	<b>307.151</b>		0
<b>Total EPI</b>	2.830.326	2.497.285	<b>2.812.311</b>
<b>Total Government Health</b>			

<b>Exchange rate used</b>	1\$=378 AMD (January 1, 2010)
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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.

During the reporting year immunization actual expenditures and financing are more than planned due to additional quantities of MMR vaccine procurement. In 2009 Vishnevskaya-Rostropovich Foundation stopped its contribution to immunization program, particularly procurement of 25 % of MMR vaccine. To overcome these problem additional recourses were mobilized by the Government.

<sup>2</sup> Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> 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.



## 1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? ...1

Please attach the minutes (**Document N°1**) 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

Main concerns and recommendations are as followings:

1. To give more attention to social mobilization and advocacy activities regarding the pentavalent vaccine introduction in order to avoid of scare among the population by providing clear information on vaccine safety.
2. Due to inflation process it is impossible to undertake all activities by required volume and quality it was suggested to apply to GAVI Secretariat for allocation of additional resources.

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

List CSO member organisations:

"Rostropovich-Vishnevskaya Foundation" NGO

"Women resource center" NGO

"Protection of patients right" NGO

## 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?

All EPI main activities listed below will be implemented according to cMYP activities:

1. Development of new vaccine introduction proposal and submission to the GAVI secretariat.
2. Quarterly supportive supervisions to the regions with low performance indicators.
3. Workshops with regional (marz level) coordinators to discuss the problems and obstacles occurred during the National Immunization Program implementation process.
4. Immunization in Practice training course for nurses involved in immunization activities.
5. MLM training course for Immunization coordinators.

## 2. Immunisation Services Support (ISS)

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

Funds received during 2009: US\$.....NA.....

Remaining funds (carry over) from 2008: 19,314,100.0 AMD (USD \$ 63, 324.9 /1\$=305 AMD as at 1 January, 2009)

Balance carried over to 2010: 19,314,100.0 AMD (US \$ 51,095.5/1\$=378AMD as at 1 January, 2010)

***During the reporting year ISS funds were not spent. In 2009 pentavalent DTP+HepB+HIB vaccine was introduced into National Vaccination calendar. For this purpose the Ministry of Health of Armenia received cash support 100, 000 \$ USD. During the reporting year the mentioned support was used to strengthen immunization services. GAVI ISS cash supports were allocated in different years and transferred to the same account opened for ISSsupport. GAVI cash supports were exchanged into Armenian currency (AMD) automatically by high exchange rates. As regarding the exchange rate, it was very different by years even during the same year. Particularly, the last GAVI cash support \$19,860.0(ISS reward equal to 11,240,760.0AMD) was in 2004. As of 1 January, 2004 exchange rate was 1US=566.00AMD, at the end of 2004 the exchange rate was 1\$= 468.85AMD. If transfer into USD the mentioned cash support at end of 2004 was about \$23,975. GAVI cash supports were spent mainly starting from 2007 when exchange rate was less than the transfer rates. So, remained balance 56, 413, 100.0 AMD equal to \$182,000 (by exchange rate 1\$=310AMD as of 1 January, 2007) at the beginning of 2007 was higher than total received support (\$79,860). To date all expenditures were done by national currency (AMD), therefore expenditures in reports were calculated using various exchange rates existing at the beginning of the reporting year. However, letters in response to the Annual Progress Reports do not require to calculate expenditures by transfer rates which is very difficult as ISS investments and rewards were allocated in different years.***

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

Activities implemented in 2009 are presented in the section 3.2 Introduction of a New Vaccine in 2009.

### 1.2 Management of ISS 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:** 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.*

National Immunization Programme Manager develops the Annual Budget for the upcoming year and distributes to ICC members. An official ICC meeting discusses proposed Annual Budget. After the approval of ICC already endorsed by the Ministry of Health the Annual Budget is submitted to the Ministry of Finance for the final approval. Funds are allowed to use only after the confirmation by the Minister of Finance.

In order to implement the Approved Budget, EPI Manager prepares a bid that is submitted to the Financial Department of the Ministry of Health.

The Financial Department on the basis of bid prepares a separate form (if requested sum exceeds one million AMD) that is submitted to an independent agency entitled as State Procurement Agency. The last announces a tender, collects the bids and defines the winner of the tender. Duration of the tender from the day of announcement up to the date of decision making on the winner of the tender lasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance. Further, on a quarterly basis, the Ministry of Health reports to the Ministry of Finance on ICC used funds during the quarter and requires approval for the next quarter.

### 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°---**). (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.

#### **ISS funds were not spent during 2009 calendar year.**

- a) 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°.....**).

#### **Until now no external audit was conducted.**

### 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.<sup>3</sup>

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

### 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
<b>DTP+HepB+HIB lyophilized</b>	<b>81600</b>	<b>18.12.2008</b>	<b>81600</b>	<b>0</b>

\* 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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>

#### 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:	<b>DTP+HepB+HIB lyophilized</b>
Phased introduction [NO]	Date of introduction ..
Nationwide introduction [YES]	Date of introduction:..... SEPTEMBER, 2009
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> <li>The introduction was postponed from July to September in order to be better prepared.</li> </ul>

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

Funds of Vaccines Introduction Grant received:	30,163,500 AMD equivalent to US\$ 100,000.0 (by transfer rate 1US=301.635AMD at 26.12.2008)	Receipt date: 26.12.2008
--	--	--------------------------

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.

In 2009 pentavalent (DTP+HepB+HIB) vaccine was introduced into National Vaccination calendar. For this purpose the Ministry of Health of Armenia received cash support 30,163,500 AMD in December 26, 2008 equivalent to 100, 000 \$ USD carried over to 2009. There was no expenditures in 2009. Worth to mention that the mentioned lump sum was transferred to special account opened before for ISS support and automatically was exchanged into Armenian currency (AMD). During the reporting year all expenditures were done by AMD for the following activities:

Activities implemented in 2009 are as follows:

1. National workshop for decision makers, regional EPI coordinators etc.
2. Regional workshops for managers of HCFs, HCWs in hospitals and those not involved in immunization activities but influence on parents attitude to immunization.
3. Training of paediatricians, general practitioners, family doctors, neonatologists, epidemiologists, vaccine and cold chain managers, nurses etc involved in immunization activities.
4. Monitoring of Immunization activities pre and post introduction period.
5. Social mobilization and advocacy activities, particularly:
  - development of TV programs and broadcasting,
  - development of posters, flyers, printing and distribution,
  - revision of guidelines, reporting and recording forms, vaccination cards and printing, distribution.

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

The major challenges were rumors among HCWs. The reason was high temperature reactions among infants vaccinated with pentavalent Zilbrix vaccine produced by GSK. Meanwhile in the private sector widely was used Tritanrix (another pentavalent vaccine by GSK). The situation was stressed with the spread of the information that production of the Zilbrix in Hungary was stopped due to high reactions after administration. To overcome this problem Ministry of Health organized additional meetings with head specialists, pediatricians and discussed the situation and requested to work with parents more and closely explaining that all reactions are expected and common for the Zilbrix. Hopefully, rumors were stopped and vaccination was continued.

Is there a balance of the introduction grant that will be carried forward? YES

If YES, how much?

**388,700.0 AMD was carried over to 2010 which is equivalent to 1,274.4 USD (1US\$=305AMD as at 1January 2009). Considering the AMD inflation as at 1January 2010 (1US\$=378AMD) it will be US\$ 1,028.3.**

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

Monitoring of the vaccination coverage with DTP+HepB+HIB vaccine.

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year). (*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.

**See Document N°2**

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

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

<b>Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in 2009</b>	<b>Actual Payments Date in 2009</b>	<b>Proposed Payment Date for 2010</b>
	(month/year)	(day/month)	
1 <sup>st</sup> Awarded Vaccine (DTP/HepB/HIB lyoph)	March, 2009	March, 2009	February, 2010
2 <sup>nd</sup> Awarded Vaccine (specify)			
3 <sup>rd</sup> Awarded Vaccine (specify)			
<b>Q. 2: Actual co-financed amounts and doses?</b>			
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>	
1 <sup>st</sup> Awarded Vaccine (DTP/HepB/HIB lyoph)	24,500	6,800	
2 <sup>nd</sup> Awarded Vaccine (specify)			
3 <sup>rd</sup> Awarded Vaccine (specify)			
<b>Q. 3: Sources of funding for co-financing?</b>			
1. Government			
2.			
3.			
<b>Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?</b>			
1.			
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](http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf)

N/A

### 3.4 Effective Vaccine Store Management/Vaccine Management Assessment

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

**Last Effective Vaccine Store Management was conducted in November, 2008 . Report is attached (Document N3).**

If conducted in 2008/2009, please attach the report.

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? *NO*

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

Action plan was not prepared but distinct activities were implemented to address EVSM/VMA recommendations (procurement of automatic start up generator is in the process, arrival section was added in the distribution form, SOPs are revised etc.).

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

**EVSM/VMA assessment is planned to be conducted in November, 2010.**

\*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°.....**) 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 requests for an extension of GAVI support for *DTP+HepB+HIB lyophilized* vaccine for the years 2011-2015. At the same time it commits itself to co-finance the procurement of *DTP+HepB+HIB lyophilized* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of *DTP+HepB+HIB lyophilized* vaccine support is in line with the new cMYP for the years 2011-2015 which is attached to this APR (**See Document N° 4**).

The country ICC has endorsed this request for extended support of . *DTP+HepB+HIB lyophilized* vaccine at the ICC meeting whose minutes are attached to this APR. (**See Document N°5**)

### 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:



## 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?

**NO. Provided support is a part of NVS.**

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

Please report on any problems encountered:

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

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

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

**Table 8:** Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes (0,05)	Government
Measles	AD syringes (0,5)	Government
DTP-containing vaccine	AD syringes (0,5)	Government
DT	AD syringes (0,5)	Government
Hep B	AD syringes (0,5)	Government

Please report how sharps waste is being disposed of:

*Current method of disposal is burning of sharp waste collected in Safety Boxes. There is no difference in disposal of sharp waste between urban and rural facilities.*

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

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

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

*A national policy on safe disposal of waste is adopted in November 2008 and came in force in June 2009.*

**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\$): .....

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

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

**Table 9:** Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
<b>Total</b>	

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\$
<b>Total</b>	

## 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 15<sup>th</sup> 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 study<sup>4</sup> 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 2009 calendar year from January to December  
Duration of current National Health Plan is from .....(month/year) to .....(month/year).

**For explanations regarding National Health Plan please refer to ARM HSS application form section 2.2.**

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

5.1.3 Duration of the current immunisation cMYP is from January, 2011 to December, 2015.

5.1.4 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 10<sup>th</sup> 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 Gayane Sahakyan	Ministry of Health	Finalization of the report	<a href="mailto:epid@ph.am">epid@ph.am</a> ; +374 10 650305
<i>Focal point for any accounting of financial management clarifications:</i>			
Armen Karapetyan	Ministry of Health	Finalization of the report	<a href="mailto:akarapetyan@moh.am">akarapetyan@moh.am</a> +374 10 564121
<i>Other partners and contacts who took part in putting this report together:</i>			
Dr Tigran Avagyan	WHO Country Office for Armenia	Technical support for preparation of the report, facilitation of provision comments by the Regional Working Group	<a href="mailto:tavagyan@who.am">tavagyan@who.am</a> ; +374 10 512082

5.1.5 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.*]

<p>The main sources of information used in this HSS report are:</p> <ol style="list-style-type: none"> <li>1. National Immunization Programme monthly reports.</li> <li>2. WHO-UNICEF Joint Reporting Form 2009.</li> <li>3. National Statistic Service reports.</li> <li>4. Internal database of the State Health Agency of the MoH.</li> </ol> <p>It should be noted that as per decision of the Government of Armenia – Ministerial structures are being revised in all Ministries, including the Ministry of Health. This has implications for GAVI as the HSCC established to coordinate the GAVI HSS is cancelled. However for the practical purpose of reporting on the first year of expenditures (note one year delay in transfer of funds) in this report – an exceptional meeting of HSCC members has been called to endorse this report. It is planned to form new HSCC to coordinate the GAVI HSS in 2010.</p>
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5.1.6 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?

N/A

5.1.7 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? - 1.

Please attach the minutes (**See Document N°8**) 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 (**See Document N°9**).

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)		94 500	90 000	107 000					
Revised annual budgets (if revised by previous Annual Progress Reviews)		December, 2008	NA	NA					
Total funds received from GAVI during the calendar year		94 500	NA	NA					
Total expenditure during the calendar year			78 491						
Balance carried forward to next calendar year			16 009						
Amount of funding requested for future calendar year(s)				45.000	148,250				

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. See document N6.

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*):

Planned trainings were postponed due to fund delays – first tranche of \$94.500 only arrived in Dec 2008. Supportive supervisions and outreach activities planned were postponed for the same reason. Cars for outreach teams and refrigerated truck were procured in the reporting period but fewer at higher prices than was planned related to changes in prices over the period..

### 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

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>	<b>Component 1. Health Workforce Development</b>	
Activity 1.5:	Upgrade pre-service training according to the needs identified in Activity 1.1 (e.g., public health issues and patient counselling)	0% achievement. According to the approved proposal for this activity was planned 3,600 US\$ which is equivalent to 1,087,920 AMD by transfer rate 1US\$=302.2AMD (planned activity for 2008). It was postponed until 2010-2011 due to delays of the next transfers.
<b>Objective 2:</b>	<b>Component 2. Establishment of regular and high quality integrated supportive supervision for primary and public health services</b>	
Activity 2.2:	Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	0% achievement. According to the approved proposal this activity was planned for 2008. Planned budget is 6,000 US\$ which is equivalent to 1,813,200 AMD by transfer rate 1US\$=302.2 AMD. It was postponed until 2010-2011 due to delays of the next transfers
Activity 2.3:	Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3 <sup>rd</sup> year 50 % GAVI funded, conditioned that in the 3 <sup>rd</sup> year, the GoA provides 50% of total budget needs	0% achievement. According to the approved proposal for this activity was planned 1,700 US\$ which is equivalent to 513,740 AMD by transfer rate 1US\$=302.2. This activity was planned for 2008. It was postponed until 2010-2011 due to delays of the next transfers
<b>Objective 3:</b>	<b>Component 3. Improving access to PHC and PH services, including immunization, in remote, mountainous, and near boarder areas</b>	
Activity 3.1:	Establish outreach teams to deliver basic health services (maternal and child health services) in remote, mountainous, and near boarder areas) and procurement of 5 vehicles to support outreach activities in selected poor performing and remote districts	100% achievement. According to the approved proposal this activity was planned for 2008 for to spend 50 000 US\$ (equivalent 15 110 000 AMD by the transfer rate 1US\$=302.2 AMD). Actual expenditure is 15 090 000 AMD by national currency which is equivalent to 39 920.6 US\$ (1US\$=378AMD as 1 January, 2010). Instead of five vehicles, only three were procured in 2009. In 2009, the country was unable to fund delays, national currency inflation and higher prices in 2009. Proposal was developed in 2007 and vehicles were procured only in late 2009, therefore planned and actual expenditures are different.

Activity 3.2:	Provide operational support (per diems and fuel) for outreach teams	0% achievement. According to the approved proposal for this activity was planned to spend 4500 US\$ which is equivalent to 1359900AMD by transfer rate 1US\$=302.2 (planned activity for 2008). It was postponed until 2010-2011 due to delays of the next transfers.
Activity 3.5:	Procure a refrigerated-truck to be used for vaccine and supplies delivery to sub-national levels	100% achievement. According to the approved proposal for this activity was planned to spend 20 000 US\$ which is equivalent to 6 044 000 AMD by transfer rate 302.2AMD (planned activity for 2008). Actual expenditure is 7640000 AMD by national currency which is equivalent to 20212US\$ (1US\$=378AMD as 1 January, 2010). Due to fund delays, refrigerated truck was procured by higher prices than was planned. Proposal was developed in 2007 and refrigerated tuck was procured only at the late 2009, therefore planned and actual expenditures are different.
<b>Objective 4:</b>	<b>Component 4. Strengthening the surveillance systems for communicable diseases, including vaccine-preventable diseases (VPDs) and adverse events following immunization (AEFI)</b>	
Activity 4.3.	Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	50% achievement. According to the approved proposal for this activity was planned to spend 4500 US\$ in 2008, actual expenditure is 990 000 AMD by national currency which is equivalent to 2619 US\$ (1US\$=378 AMD as 1 January, 2010). Differences between planned and actual expenditures are due to cancel of tender for printing announced by MoF. Printing was implemented without announcing of another tender. According to functioning rules, it is possible to spend financial resources lower than 1 000 000 AMD without announcing a special tender.

#### 5.4 Support functions

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

##### 5.4.1 Management

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

It should be noted that as per decision of the Government of Armenia – Ministerial structures are being revised in all Ministries, including the Ministry of Health. This has implications for GAVI as the HSCC established to coordinate the GAVI HSS is cancelled. However for the practical purpose of reporting on the first year of expenditures (note one year delay in transfer of funds) in this report – an exceptional meeting of HSCC members has been called to endorse this report. In 2009 GAVI HSS was managed by Deputy Minister of Health, Head of Department of Economy (MoH) and officials from MoF. It is planned to establish new HSCC to coordinate GAVI HSS in 2010.

#### 5.4.2 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:

*Deputy Minister is responsible for extra-budget grants (ISS, HSS, Global Fund inputs) management and monitoring. During the reporting year monthly meetings were conducted by Deputy Minister to discuss HSS and ISS funds management and clarify all problems and obstacles occurred.*

#### 5.4.3 Technical Support

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

Pending approval of this fund Ministry may consider a support mission from WHO to support implementation. WHO gave support to the MoH in compiling the report.



*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
<b>Objective 1:</b>	<b>Component 1. Health Workforce Development</b>	<b>64750</b>			
Activity 1.1:	Activity 1.3. Training of district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM	12800	0	0	According to GAVI Decision Letter (21 December, 2009) the next transfer approved for 2010 will be US\$45000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.
Activity 1.2:	Activity 1.5. Upgrade pre-service training according to the needs identified in Activity 1.1 (e.g., public health issues and patient counselling skills)	400	0	0	According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.
Activity 1.3:	Activity 1.6. Train outreach staff during three-days trainings on maternal and child health using IMCI, Safe Motherhood, Immunization in Practice and Reach Every District, Patient Counselling skills	2100	0	0	According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.

	training modules				
Activity 1.4:	Activity 1.7. Conduct one-day trainings of staff at marz and district level responsible from supplies management and delivery	11800	11800	0	
Activity 1.5:	Activity 1.8. Train marz and district level programme staff during two-days trainings responsible for surveillance using WHO's integrated surveillance training module (20 trainings)	6400	0	0	According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.
Activity 1.6:	Activity 1.9. Train reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers (75 trainings, each training group -12 participants)	26550	0	0	According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.
Activity 1.7:	Activity 1.10. Train marz and district level public health managers during one-day trainings on supportive supervision with specific emphasis to programme management and reporting (20 trainings)	4700	4700	0	
<b>Objective 2:</b>	<b>Component 2. Establishment of regular and high quality</b>	<b>2950</b>		<b>0</b>	

	<b>integrated supportive supervision for primary and public health services</b>				
Activity 2.1:	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	500	500	NA	
Activity 2.2:	Activity 2.3. Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3 <sup>rd</sup> year 50 % GAVI funded, conditioned that in the 3 <sup>rd</sup> year, the GoA provides 50% of total budget needs	2450	2450	NA	
<b>Objective 3:</b>	<b>Component 3. Improving access to PHC and PH services, including immunization, in remote, mountainous, and near border areas</b>	<b>5400</b>			
Activity 3.1:	Activity 3.1. Establish outreach teams to deliver basic health services (maternal and child health services) in remote, mountainous, and near border areas) and procurement of 5 vehicles to support outreach activities in selected poor performing and remote districts	0	0		
Activity 3.2:	Activity 3.2. Provide operational support (per	5400	5400	NA	

	diems and fuel) for outreach teams				
Activity 3.3:	Activity 3.5. Procure a refrigerated-truck to be used for vaccine and supplies delivery to sub-national levels	0	0		
<b>Objective 4:</b>	<b>Component 4. Strengthening the surveillance systems for communicable diseases, including vaccine-preventable diseases (VPDs) and adverse events following immunization (AEFI)</b>	<b>28900</b>			
Activity 4.1	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	28900	28900	NA	
Management costs		3000	0		According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45,000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.

M&E support costs		2000	0		According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45,000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount.
<b>TOTAL COSTS</b>		<b>107,000</b>	<b>53,750</b>		According to GAVI DL (21 December, 2009) the next transfer approved for 2010 will be US\$45,000 which is equivalent to 50% of 2009. Therefore activities were adjusted to the mentioned amount plus the remained recourses from the first transfer.

**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
<b>Objective 1:</b>	<b>Component 1. Health Workforce Development</b>		<b>113400</b>	
Activity 1.1:	Activity 1.3. Training of district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM	NA	25600	Due to funds delay activities planned in 2008 and 2009 were postponed.
Activity 1.2:	Activity 1.5. Upgrade pre-service training according to the needs identified in Activity 1.1 (e.g., public health issues and patient counselling skills)	NA	13000	Due to funds delay activities planned in 2008 and 2009 were postponed.
Activity 1.3:	Activity 1.6. Train outreach staff during three-days trainings on maternal and child health using IMCI, Safe Motherhood, Immunization in Practice and Reach Every District, Patient Counselling skills training modules	NA	4200	Due to funds delay activities planned in 2008 and 2009 were postponed.

Activity 1.4:	Activity 1.7. Conduct one-day trainings of staff at marz and district level responsible from supplies management and delivery	NA	8850	Due to funds delay activities planned in 2008 and 2009 were postponed.
Activity 1.5:	Activity 1.8. Train marz and district level programme staff during two-days trainings responsible for surveillance using WHO's integrated surveillance training module (20 trainings)	NA	12800	Due to funds delay activities planned in 2008 and 2009 were postponed.
Activity 1.6:	Activity 1.9. Train reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers (75 trainings, each training group -12 participants)	NA	44250	Due to funds delay activities planned in 2008 and 2009 were postponed.
Activity 1.7:	Activity 1.10. Train marz and district level public health managers during one-day trainings on supportive supervision with specific emphasis to programme management and reporting (20 trainings)	NA	4700	Due to funds delay activities planned in 2008 and 2009 were postponed.

<b>Objective 2:</b>	<b>Component 2. Establishment of regular and high quality integrated supportive supervision for primary and public health services</b>		<b>11650</b>	
Activity 2.1:	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	NA	7500	Due to funds delay activities planned in 2008 and 2009 were postponed.
Activity 2.2:	Activity 2.3. Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3 <sup>rd</sup> year 50 % GAVI funded, conditioned that in the 3 <sup>rd</sup> year, the GoA provides 50% of total budget needs	NA	4150	Due to funds delay activities planned in 2008 and 2009 were postponed.



<b>Objective 3:</b>	<b>Component 3. Improving access to PHC and PH services, including immunization, in remote, mountainous, and near boarder areas</b>		<b>10200</b>	
Activity 3.1:	Activity 3.1. Establish outreach teams to deliver basic health services (maternal and child health services) in remote, mountainous, and near boarder areas) and procurement of 5 vehicles to support outreach activities in selected poor performing and remote districts	NA	0	
Activity 3.2:	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	NA	10200	Due to funds delay activities planned in 2008 and 2009 were postponed.

<b>Objective 4:</b>	<b>Component 4. Strengthening the surveillance systems for communicable diseases, including vaccine-preventable diseases (VPDs) and adverse events following immunization (AEFI)</b>		<b>13000</b>	
Activity 4.1	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	NA	13000	Due to funds delay activities planned in 2008 and 2009 were postponed.
Management costs			<b>2750</b>	
M&E support costs			<b>1000</b>	
<b>TOTAL COSTS</b>			<b>148,250</b>	

## 5.5 Programme implementation for 2009 reporting year

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

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

During the reporting year only very small part of activities planned for 2008 and 2009 were possible to implement due to fund delays (funds arrived with one year delay) and complicated financial mechanisms functioning in the country. It is worth noting that activities and budget lines in the proposal do not correspond to the budget lines approved by the Ministry of Finance of RA. Besides, to conduct activities which require more than million AMD (HSS funds automatically transferred into national currency and are used by AMD) government regulation requires agreement with procurement agency under Ministry of Finance. Such procedures have prolonged and complicated implementation. During the reporting year the Ministry of Finance in addition changed extra budget forms twice (HSS and ICC are considered as an extra budget resources) making use of HSS (ISS) even more complicated.

Due to fund delays GAVI HSS is reprogrammed and remained activities are divided into 2010 and 2011. Activities are presented in tables 13 and 14 considering the GAVI Decision Letter (21 December, 2009) and priorities.

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

NO.

## 5.6 Management of HSS funds

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

**[ IF YES ]** : please complete **Part A** below.

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

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

**Part B:** briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets.

Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

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

*HSS fund are managed by Health Economics Department of Ministry of Health and Ministry of Finance. HSS funds are included in national health sector plans and budgets. Annual Budget for the upcoming year is developed by HSS responsible accountant and shares to HSS counsel's key leaders (head of Health Economic Department, Deputy Minister and Head of Staff). Eendorsed Annual Budget by the Ministry of Health is submitted to the Ministry of Finance for the final approval. Funds are allowed to use only after the cofirmation by the Minister of Finance.*

*In order to implement the Approved Budget, responsible accountant prepares a bid that is submitted to the Financial Department of the Ministry of Health, which is not a specific procedure for procurement and capital expenses.*

*The Financial Department on the basis of bid prepare a separate form (if requested sum exceeds one million AMD) that is submitted to an independent agency entitled as State Procurement Agency. The last announces a tender, collects the bids and defines the winner of the tender.*

*Duration of the tender from the day of announcement up to the date of decision making on the winner of the tender lasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance.*

#### 5.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°6**). (*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.

#### **See Document 6.**

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

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

## 5.8 General overview of targets achieved

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

**Table 15:** Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
<b>National DTP3 coverage (%)</b>	32 882 x 100%	37 120	MOH, NIP	86,8%	MOH, NIP	93%
<b>% of districts achieving ≥80% DTP3 coverage</b>	50 x 100%	51	MOH, NIP	69%	MOH, NIP	98%
<b>BCG – DTP3 drop out rate at national level (%)</b>	(99%-93% ) x 100% (BCG coverage- DTP3 coverage)	99% (BCG coverage)	MOH, NIP	3.6	MOH, NIP	6.1%
<b>Under five mortality rate (per 1000)</b>			NSS	15.8	NSS	11.7
<b>Number of annual average PHC contact per person</b>			MOH, SHA	2.4	MOH, SHA	2.5

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

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

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

Provide justification for any changes in **data source**:

**Table 16:** Trend of values achieved

<b>Name of Indicator</b> (insert indicators as listed in above table, with one row dedicated to each indicator)	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Explanation of any reasons for non achievement of targets</b>
<b>National DTP3 coverage (%)</b>		89%	93%	
<b>% of districts achieving <math>\geq</math>80% DTP3 coverage</b>		94%	98%	
<b>BCG – DTP3 drop out rate at national level (%)</b>		9.2%	6.1%	
<b>Under five mortality rate (per 1000)</b>	15.5 /2007/	12.8	11.7	
<b>Number of annual average PHC contact per person</b>	2.4 /2007/	2.5	2.5	

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

N/A

### 5.9 Other sources of funding in pooled mechanism for HSS

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

**Table 17:** Sources of HSS funds in a pooled mechanism

<b>Donor</b>	<b>Amount in US\$</b>	<b>Duration of support</b>	<b>Contributing to which objective of GAVI HSS proposal</b>
WHO	20,000	2009	Objective 1
WHO	29,000	2009	Objective 3
WHO	32,860	2009	Objective 4
UNICEF	10,000	2009	Objective 1

## 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 support<sup>5</sup>

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.

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<sup>5</sup> 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 support<sup>6</sup>**

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).

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<sup>6</sup> 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.

<b>MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
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
<b>OTHER REQUIREMENTS</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
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*

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

<b>Detailed analysis of expenditure by economic classification<sup>8</sup> – GAVI ISS</b>							
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>	
<b>Salary expenditure</b>							
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	
<b>Non-salary expenditure</b>							
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	
<b>Other expenditure</b>							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
<b>TOTALS FOR 2009</b>	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

<sup>7</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>8</sup> 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*

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

<b>Detailed analysis of expenditure by economic classification<sup>10</sup> – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS</b>						
<b>ACTIVITY 1.1: TRAINING OF HEALTH WORKERS</b>						
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
<b>TOTAL FOR ACTIVITY 1.1</b>	<b>24,000,000</b>	<b>50,093</b>	<b>18,800,000</b>	<b>39,239</b>	<b>5,200,000</b>	<b>10,854</b>

<sup>9</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>10</sup> 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.

<b>ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES</b>							
<b>Non-salary expenditure</b>							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
<b>Other expenditure</b>							
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	
<b>TOTAL FOR ACTIVITY 1.2</b>	<b>18,000,000</b>	<b>37,570</b>	<b>11,792,132</b>	<b>24,613</b>	<b>6,207,868</b>	<b>12,957</b>	
<b>TOTALS FOR OBJECTIVE 1</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>	

## 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 <sup>11</sup>
Balance brought forward from 2008 ( <i>balance as of 31 December 2008</i> )	25,392,830	53,000
<b>Summary of income received during 2009</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>65,338,626</b>	<b>136,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
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 <sup>12</sup> – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>CSO 1: CARITAS</b>						
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
<b>TOTAL FOR CSO 1: CARITAS</b>	<b>24,000,000</b>	<b>50,093</b>	<b>18,800,000</b>	<b>39,239</b>	<b>5,200,000</b>	<b>10,854</b>
<b>CSO 2: SAVE THE CHILDREN</b>						
<b>Salary expenditure</b>						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

<sup>11</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>12</sup> 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.

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