If the ICC so desires, it may send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:
During the joint meeting (Steering Committee of the Health Sector Strategy and the ICC) of the 11 May 2010, certain partners raised concerns on:
WHO:

- *was concerned about the continuous drop in the EPI performance indicators in 2009 and during the first quarter of 2010 despite the fact that the deadline for the interruption of the wild poliovirus circulation had been sent at the 30 June 2010: the Cameroon being a country with a high risk of importation.*
- *also indicated that, in order to avoid any confusion between the demographic projections from the census of 1987 used in this report and the 2005 census data which had just been published in 2010, they wanted GAVI to be informed that the data from the last census would only be taken into consideration from January 2010.*

The Coopération Française (French Cooperation)

- *drew the attention of the Committee to the discrepancies which exist between the rate of attendance of the PNC (33.7%) and the immunization coverage rate with TT 2+ among pregnant women (80.6%). They were informed that this involved the full PNC, in other words women who had attended 4 prenatal consultations as recommended by WHO. It should be noted that the rate of attendance for the PNC 1 is of 80% according to the MICS 2006; Moreover, several pregnant women are vaccinated outside of the PNC during the various campaigns and in particular the SASNIM (Action Week for Infant and Maternal Health and Nutrition).*
- *Insisted on the importance of conducting the 2009 external audit although the EPI had not received GAVI funds in 2009; the Committee recommended that the process to recruit an external audit firm be launched again.*

Comments from the Regional Working Group:

.....
The immunization section in the Annual Progress Report should be completely reviewed as the 2009 JRF data need to be revised (incorrect data at district level).
Further to this comment, a meeting was held on the 30 April 2010 with the CTG (Central Technical Group) / EPI, the EPI Focal Point WHO / Country and a member from the Higher Technological Institute of Central Africa / WHO (HTI/CA/WHO) in charge of M&E to remedy the weaknesses noted.

SC-HSecS Signatures Page

If the country is reporting on HSS support

We, the undersigned members of the National Health Sector Coordinating Committee (SC-HSecS) [Steering Committee of the Health Sector Strategy] endorse this report on the Health Systems Strengthening Program. 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 the purposes stated within the approved application and have been managed in a transparent manner, in accordance with government rules and regulations regarding financial management. Furthermore, the HSCC confirms that the content of this report is based upon accurate and verifiable financial data.

Name/Title	Agency/Organization	Signature	Date
Mr. André MAMA FOUDA Minister for Public Health Chairman	Minister for Public Health		
Dr Charlotte Faty NDIAYE (Member) WHO Representative Representative of the multilateral partners	WHO	[signature]	
Mr. IHONG III Research manager in the Prime Minister's departments (Member)	Prime Minister's departments	[signature]	
Mrs. Francisca MONEBENIMP Head of the Monitoring and Dialog Unit at the Ministry for Higher Education (Member)	Ministry for Higher Education	[signature]	
Mrs. Isabelle OBOUNOU Inspector General of the Administrative Services at the Ministry for Territorial Administration and Decentralization (Member)	Ministry for Territorial Administration and Decentralization	[signature]	
Mr. Blaise ESSOMBA NGOULA Managing Director of Economic and Technical Cooperation at the Ministry for Economy, Planning and Town and Country Planning (Member)	Ministry for Economy, Planning and Town and Country Planning	[signature]	
Mrs Jane ALOBWEDE (née ESAMBE) Research Manager at the Cooperation Division in the Ministry for Energy and Water (Member)	Ministry for Energy and Water	[signature]	
Dr Catherine MBENA Assistant Director of School Health at the Ministry for Secondary Education (Member)	Ministry for Secondary Education	[signature]	
Mr. André Marcel DJOCKOUA Head of the Monitoring Unit at the Ministry for Basic Education (Member)	Ministry for Basic Education	[signature]	
Mr. Luc André BAYOMOCK Technical Advisor at the Ministry for Social Affairs (Member)	Ministry for Social Affairs	[signature]	
Pr ANGWAFO III FRU Secretary General for the Ministry for Public Health (Member)	Ministry for Public Health	[signature]	

Name/Title	Agency/Organization	Signature	Date
Mr Ibrahima MODIBO HALIDOU Traditional practitioner (Member)	National Organization of Traditional Practitioners		
Dr Gerd EPPEL Head Technical Advisor of the German and Cameroon AIDS Health Project Representative of the bilateral partners (Member)	GTZ	[signature]	
Mrs. Damaris MOUNLOM Chairwoman of the FESADE NGO (Women Health Development NGO) Representative of the Civil Society Organizations (Member)	FESADE NGO (Women Health Development)		
Mr. Marcel Félix NKOUM Chairman of the PESSAF NGO (Drinking Water and Healthcare without Borders Promoters) Representative of the Civil Society Organizations (Member)	PESSAF NGO (Drinking Water and Healthcare without Borders Promoters)	[signature]	
Dr Yves TABI OMGA Coordinator of the Catholic Organization for Health in Cameroon Representative of the private, denominational and secular sub-sectors (Member)	Catholic Organization for Health in Cameroon (OCASC)	[signature]	
Dr René OWONA ESSOMBA Head of the Technical Secretariat of the Steering Committee of the Health Sector Strategy	Technical Secretariat of the Steering Committee of the Health Sector Strategy (TS/SC-HSecS)	[signature]	

If the SC-HSecS so desires, it may send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:
To be completed after the draft from the peer review workshop has been circulated.
The document was prepared in line with a participating process involving the key partners and in particular WHO and UNICEF (See page 4 of this report).

Comments from the Regional Working Group:
.....
To be completed after the peer review workshop.
……..

If the SC-HSecS so desires, it may send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:
After the peer review workshop which was held in Douala from the 6 to the 9 April 2010 and after inclusion of the recommendations from the said workshop, the document was sent to all the Technical and Financial Partners on the 26 April 2010. No comments were received by the TS/SC-HSecS. During the joint meeting of the ST-HSecS and the ICC which was held on the 11 May 2010, the report was adopted without any particular comments concerning the HSS section.

Comments from the Regional Working Group:
.....
A few things I noticed:
Table 11: Total expenditures during the calendar year are different than the amount recorded in the 2008 APR (attached)
Table 12 & 13: Activities # do not match the activity listed, just a bit confusing.

I do not have the approved finished budget for Cameroon but the amounts listed in the 2009 APR have been calculated correctly. Something to get clarification from the country is why the approved budget amount in the decision letter is not the amount that has been listed on the 2008 and 2009 APR forms? I have attached the decision letter for you to look over (sorry I only have the English version).

Further to this remark, the TC/SC-HSecS and Country/WHO made the requisite corrections. As far as the budgets are concerned, the error was confirmed (total difference of US $ 429 over the years 2007, 2008 and 2009); however the corrections for 2007, 2008 and 2009 can no longer be made as they would impact the financial statements for those years which have already been submitted and taken into consideration by the external audits. However, this has no impact on the cash flow over the last three years or on the overall approved amount. The 2011 application should correct this error.

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

NA; the activities in preparation for the census are in progress

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

Name: ……..

Post: ……..

Organization: ……...

Date: ……..……

Signature: ……

This report has been prepared in consultation with the CSO representatives who participate 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 the name of the committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date

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

Annual Progress Report 2009: Table of Contents

This Annual Progress Report reports on activities between January - December 2009 and specifies requests for the period from January - December 2011

List of Tables in the 2009 Annual Progress Report

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

List of supporting documents attached to this Annual Progress Report

1. *Expand the list where required;*
2. *List the documents in a sequential number;*
3. *Copy the document number in the relevant section of the Annual Progress Report*

Document N°	Title	APR Section
1	Calculation of the ISS-NVS support awarded to Cameroon for 2011 *(Annex 1)*	1.1; 2.4; 3.7
2	Comparative diagram of the outcomes of the Health Districts (HDs) at intervals of coverage with Penta 3 since 2002	1.2
3	Minutes of all the ICC meetings held in 2009	1.5
NA	Financial statement concerning the use of ISS funds during the 2009 calendar year	2.3
NA	External audit report on ISS funds during the most recent fiscal year (if available)	2.3
NA	Financial statement on the use of New Vaccines Introduction Grant funds during the 2009 calendar year	3.2.3
NA	Report on the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
NA	Minutes of the ICC meeting which endorsed the change of vaccine presentation (if not included in the above listed minutes)	3.5
4	New cMYP for the years 2007-2011 which was revised in September 2008	3.6
NA	Minutes of the ICC meeting which endorsed the country's request for an extension of the new vaccine support for the years..... (if not included in the above listed minutes)	3.6
5	Minutes of the peer review which was held in Douala from the 5 to the 9 April 2010 (PowerPoint)	5.1.5
6	Remarks made by the partners and Higher Technological Institute (HTI)	5.1.6
7	2010 EPI Action plan	5.1.6
8	2010 Action plan of the TS/SP-HSecS	5.1.6
9	Minutes of the SC-HSecS meeting held in 2009, including those during which this report was reviewed/endorsed	5.1.8
10	Latest Health Sector Review Report (General report from the central and Decentralized departments conference held in January 2010)	5.1.8
11	Health Development Plan of the Health District 2009-2012	5.5.1
12	2010 Annual Health District Annual Work Plan	5.5.1
13	Regional Consolidated Health Development Plan 2009-2012	5.5.1
14	Annual Regional Consolidated Work Plan 2010	5.5.1
15	User manual of the SWAp Health application, Cameroon	5.5.1
16	Financial statement on the use of HSS funds during the 2009 calendar year (Annex 3)	8
17	HSS expenditures table for the financial year from January to April 2010	5.7
18	External audit report on HSS funds during the most recent fiscal year (2007 and 2008 audit)	5.7
NA	CSO mapping report	6.1.1
NA	Financial statement on the use of CSO 'Type B' funds during the 2009 calendar year	6.2.4
NA	External audit report on CSO 'Type B' funds during the most recent fiscal year (if available)	6.2.4

1. General Program Management Component

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

The figures for 2009 in Table 1 must be consistent with those that the country sent in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The figures for 2010-15 in Table 1 should be consistent with those that the country transmitted to GAVI in previous Annual Progress Reports or in a new application for GAVI support or even in the cMYP.

In the space below, please account for the differences between the figures given in this Annual Progress Report and those in the reference documents:

*Provide justification for any changes **in births**:* **Nothing to report**

*Provide justification for any changes **in surviving infants**:* **Nothing to report**

*Provide justification for any changes **in Targets per vaccine**:* **Nothing to report**

*Provide justification for any changes **in Wastage per vaccine**:* **Nothing to report**

1.2 *Immunization achievements in 2009*

Please comment on the achievements of the immunization program compared with targets (as stated in last year's Annual Progress Report), the key activities conducted and the challenges met in 2009 and how the latter were addressed:

The enlarged program on immunization recorded poor results during the year 2009 (**document no. 2**). The objects set were consequently not reached:

- Penta 3: 80.10% instead of the expected 88% with 4 points lost compared with 2008 (**83.9%**);
- BCG: 78.64% instead of the expected 87%, with 8 points lost compared with 2008 (**86.1%**);
- The wastage per vaccine was 8% instead of the expected 5%.

Despite the holding of two Action Weeks for Infant and Maternal Health and Nutrition (SASNIM) and catch-up actions for children who had not been vaccinated in four regions (Center, Littoral, West and North-west) the outcomes remained low.

The main reasons (see box below)

The key activities conducted:

- Development of a 2009 EPI Action plan, endorsed by the ICC
- Evaluation of the EPI activities for the year 2008 and presentation of the outcomes to the ICC;
- Six (06) ICC meetings were held in 2009 and were personally chaired by the Minister for Public Health;

- Organization of two editions of the Action Weeks for Infant and Maternal Health and Nutrition (SASNIM) in July and December 2009;
- Organization of the immunization campaign against Yellow Fever (YF) in 65 health districts (4 to the 11 May 2009);
- Response to the measles epidemic which occurred in the Far North region in January;
- Campaign to monitor measles during the 1st SASNIM (from the 30 June to the 5 July 2009);
- A round of Polio National Immunization Day combined with the Yellow Fever campaign from the 4 to the 11 May 2009 followed by 2 rounds of the immunization campaign in response against Polio in the 4 regions (Adamawa, East, Far North and North) the first of which was conducted from the 16 to the 18 October 2009 and the second round which was combined with the 3rd round of the National Immunization Days, which was itself included in the SASNIM 2 (from the 4 to the 6 December 2009);
- 3rd round of the campaign against MNT in 50 high-risk health districts (from the 3 to the 8 November 2009);
- Immunization campaign in response against Yellow Fever in 2 health districts from the 20 to the 25 October 2009;
- Introduction of the vaccine against *Haemophilus influenzae b* infections in February 2009;
- A round of integrated central formative supervision at central level and two rounds of specific supervisions on epidemiological surveillance in the 10 regions were carried out; support for supervision of the regions towards the districts and of the districts towards the health areas;
- Receipt and release of vaccine batches to the central level and distribution in the regions;
- Training of the vaccine warehouse managers of the 10 regions and of 65 Health Office Managers on vaccine management and cold chain;
- Development and implementation of plans to reduce the number of children who have not been vaccinated in the regions of the Littoral, West and North-west;
- Supply to the regions of cold chain equipment procured by the Government.

Difficulties encountered:

- Conflicts of priority and schedule between the routine EPI activities and the multiple immunization campaigns and other integrated activities;
- Insufficient funds to pursue the EPI management courses (MLM – mid-level management) in the regions of the South-west and Far North and the extension of specific support to the districts which record poor outcomes;
- Cumbersome procedures regarding the mobilization of funds allocated for the procurement of the vaccine leading to delays in the procurement of vaccines

If the targets were not reached, please explain why:

- Insufficient implementation of the RED approach
- Insufficient funding to implement certain activities of the program (Supervision of the operational level …)
- Stock shortages of certain traditional vaccines (OPV, BCG and Measles)
- Non-compliance with the EPI fundamentals in certain districts (daily immunization, tally sheet …)

Actions to be conducted to improve outcomes:

- Strengthen integrated formative supervisions at all levels;
- Comply with the specific formative supervision schedule;
- Hold a monthly coordination meeting on vaccine management at all levels;
- Financial and technical support from WHO and UNICEF to certain regions which have the greatest number of children who have not been vaccinated (Catch-up plans developed);
- Maintain the accelerated immunization activities;

Pay the support personnel salaries from Government counterpart funds, monitor the contractualization file at the Ministry for the Civil Service.

1.3 *Data assessments*

1.3.1 Please comment on any discrepancies between immunization 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 Immunization Coverage and the official country estimate are different)[1].

The only data source is the 2009 JRF which is consistent with the official national estimate and the administrative data system.

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

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

NA

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

The data quality self-assessment (DQS) was introduced in 2008. However, it use is still not widespread.
The country has conducted a review / validation of data at central level on a monthly basis before the data is shared. The main purpose of the latter is to obtain a better quality of data and more specifically:

- To monitor the completeness, validity, consistency, promptness and appropriateness of the immunization and surveillance data at all levels;
- To identify problems using the cleansing process;
- To harmonize the laboratory and surveillance databases on a case by case basis;
- To set the actions which need to be taken in the event of inconsistency;
- To share the cleansed and updated data with the HTIs and regions in time.

As far as routine EPI is concerned, the following actions were conducted: verification and manual cleansing of the data recorded in the DVDMT from the regions / districts; regions were contacted to remind them to send the missing data and corrections on the errors noted; the feedback was sent to the regions by e-mail.

Moreover, the Monthly activities report (MAR) data are entered at central level into the Info EPI tool and compared with the DVDMT.

1.3.4 Please describe the plans that have been implemented or which will be implemented to make further improvements to administrative data systems.

- Strengthen the holding of meetings between the laboratory, EPI and WHO on a regular basis,
- Revise and adapt the current data management tools by including the missing information;
- Focus the data review by using the MDB
- Extend the monthly review / data validation exercise to all the levels before forwarding them to the upper level.
- Instruct each region to conduct the DQS exercise on a monthly basis in at least two Health Districts and monitor them.
- Strengthen the use of tally sheets, immunization registers, immunization schedules.

1.4 *Overall Expenditures and Immunization Financing*

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

The purpose of Table 2 is to help GAVI understand the broad trends in immunization program expenditures and financial flows. Please fill in the table using US $.

Table 2: Overall Expenditures and Immunization Financing from all sources (Government and donors) in US $.

Expenditures per Category	**Expenditures Year 2009 US $**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional Vaccines[2] (BCG, OPV, Measles and TT)	1 246 413*	910 041	941 420
New Vaccines (Yellow Fever, DTP-HepB+Hib and PCV from 2010)	6 238 000	24 481 500**	30 627 652
Injection supplies with AD syringes (including Dilution syringes and Safety Boxes)	168 733	854 720	1 019 069
Injection supplies with syringes other than AD syringes			
Cold Chain equipment	4 444 444*	976 014	903 976
Operational costs (other program expenditures excluding the procurement of vaccines, cold chain and means of transportation)	3 509 384*	16 664 571	9 080 902
Other (please specify)	-	-	-
Total EPI	15 606 974*	43 886 846	42 573 019
Total Government Health Expenditures (EPI)	1 720 501	6 976 042	7 555 301

* Financing converted into dollars (the other amounts were given initially in dollars and were consequently not converted)
** Amount revised by GAVI on 21/12/2009 (Letter no. GAVI/09/305/ir/rl)

Exchange rate used	450

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; indicate 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.

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

The analysis of the funding shows that the planned total amount for immunization in the cMYP which was revised in 2008 was US $ 32,585,924 with US $ 25,192,292 of assured funding including the shared costs of US $ 8,921,671, in other words US $ 16,270,621 of assured financing without shared costs. At the end of the year 2009, the program had mobilized and disbursed US $ 15,606,974. There is a gap of US $ 663,647 compared with the assured funding without shared costs, in other words a percentage of 4%.
The area which was the most affected by this deficit was operations. A large number of activities which were listed on the C2D (Debt-reduction and development contract) funding were not carried out due to timetable conflicts and the late activation of the procedures (cumbersome) to mobilize funds. However the said funding is nevertheless assured.

It should also be noted that the operational level (Health District) has not received the financial support it needed since 2007 due to the non-availability of immunization service support funds.
The country has undertaken actions which are intended to reduce certain recurrent operational expenditures once and for all such as support personnel salaries with our own means. Exchanges continue between the country and GAVI for the harmonization of GAVIN funds management procedures for Immunization Service Support.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? (06), six ICC meetings were held but the sixth meeting of the 14 December 2009 does not have a report as it related to the feedback of the Financial Management Assessment (FMA) for which the memorandum is expected.
Please attach the minutes **(documents no 3)** of all the ICC meetings held in 2009, including those of the meeting during which this report was endorsed.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4 (please refer to the ICC meeting which approved the 2009 GAVI Annual Progress Report.

ICC of the 06/03/2009

- Establish fund management mechanisms together with criteria for the allocation of GAVI funds per level and ensure that the largest shares is intended for the operational level
- Based on the annual action plan, the EPI in collaboration with the partners must prepare a budgeted work plan to be implemented each quarter before endorsement by the ICC
- Describe the positions for which personnel is required in order to reduce the workforce and make savings on GAVI funds and allocate them to the activities
- Find a long-term solution for the payment of the salaries of the relevant positions

ICC of the 14/04/2009

- Conduct advocacy so that the Government accepts to cover the costs of the support personnel (Recruitment at the Civil Service);
- Conduct advocacy with the Minister for Finance and the Minister for Planning and the Economy to simplify the disbursement procedures of funds which are intended for the procurement of vaccines.

ICC of the 06/10/2009

- Request the Ministry for Finance once again to pay for the Government's share in the procurement of vaccines
- Inform GAVI on the postponement of the introduction of the vaccine against the pneumococcus
- Create a work group to evaluate the immunization system including surveillance in order to pinpoint the causes of the poor results and to find solutions.

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

List the CSO members of the ICC:

- Catholic Public Health Organization of Cameroon OCASC)
- Protestant Church Councils of Cameroon (CEPCA)
- Women, Health and Development (FESADE)
- Islamic Cultural Association of Cameroon

1.6 *Priority actions in 2010-2011*

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

Main objectives (which have been revised in light of the 2009 outcomes; to be taken into account when the cMYP is updated in the very near future):

- Increase immunization coverage: at least 88% of all the antigens at national level and at least 80% in at least 80% (143) of the Health Districts by 2011;
- Attain the status of MNT elimination in 2011; less than one case for 1,000 live births;
- Attain the pre-certification of the elimination of poliomyelitis: at least two cases of annualized non-polio AFP for 100,000 children under the age of 15: at least 80% of adequate faeces;
- Maintain measles under control: at least 80% of the HDs should report at least one suspect case per year;
- Pursue the efforts to control YF: at least 80% of the HDs should report at least one suspect case per year.

Priority actions:

- Strengthening of the implementation of the five components of the RED approach in all the health districts;
- Introduction of the vaccine against pneumococcal infections;
- Application to GAVI for the introduction of the vaccine against rotavirus in 2012;
- Termination of the training of the EPI managers in all the regions;
- Training of service providers on the EPI Norms and Standards in Cameroon;
- Use of the DQS tool in all the regions to ensure the quality of the system and the accuracy of the data.

2. Immunization Services Support (ISS)

2.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US $ zero
Balance (carried forward) from 2008: US $ zero
Balance carried forward to 2010: US $ zero

N.B. The last ISS funds which were used by Cameroon date back to 2007 for the 2006 reward. Those for 2007 and 2008 which represent respectively US $ 615,000 and US $ 578,500 have still not been received.

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

As the funds were not received, no activity benefited from this support.

2.2 *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 the progress accomplished compared with the requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as the conditions that were not met in the management of ISS funds.

The Aide Memoire further to the GAVI financial management assessment which was conducted in December 2009 has still not been received. **Nevertheless**, following the joint GAVI / WHO / SRWG assignment which was conducted in March 2009, the following progress has been accomplished:

- A document on human resources management for the final positions has been prepared and sent to those concerned;
- A management procedures document is currently being prepared;
- The quarterly budgeted plans, based on an annual action plan, are now prepared and validated during ICC meetings;
- Advocacy is in progress with the Government for it to pay for the salaries of the support personnel;
- The terms of reference for the personnel defining the relevant positions are available:
- The document on the fund management mechanism together with the allocation criteria of GAVI funds per level is available;
- A GAVI funds (ISS) financial statement and a program financial statement have been prepared for the year. The clarifications requested by GAVI as a result of the inconsistencies highlighted in these documents will be sent to it at the end of the work conducted by the work group designated by the Minister for Public Health and after validation by the ICC;
- An annual internal audit on GAVI funds management will apply.

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channeled 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.

NA

2.3 *Detailed expenditures of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement on the use of the ISS funds during the 2009 calendar year **(document no.** NA as the 2009 ISS funds were not received**).** *(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 at the Ministry of Health (to be validated by the financial unit at the Ministry's cabinet/Permanent Secretary).

External audit reports for ISS, HSS, CSO Type B support programs should be sent 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 program during your government's most recent fiscal year, this must also be attached **(Document no. …….....)**.

2.4 *Request for ISS reward*

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the year which recorded the best outcome); and

b) if the reported administrative coverage of DTP3 (which is given in the joint reporting form) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for an ISS reward based on DTP3 achievements during the 2009 immunization program, estimate the amount in US $ by filling in Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the Annual Progress Report after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new or under-used vaccines for the 2009 immunization program*

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

	[A]		[B]
Vaccine Type	**Total doses for 2009 in the decision letter**	**Date of the decision letter**	**Total doses which had been received by the end of 2009 ***
DTP-HepB+Hib (Penta)	2,406,300	18 December 2007	2,674,400
Yellow Fever	625,300	22 December 2008	615,200

* *Please also include any deliveries from the previous year which were received according to the said decision letter.*

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

What are the main problems encountered? *(Lower vaccine utilization than anticipated? Delays in shipments/dispatches? Stock shortages? Problems with the cold chain?...)*	• DTP-HepB+Hib: Excess of 268,100 doses received as the vaccines were delivered on 2 separate occasions: 1,270,800 doses in 2008 and 1,403,600 doses in 2009 • Yellow Fever: Gap of 10,100 doses. This situation did not represent a particular problem for the country as the said gap for the yellow fever vaccine is practically insignificant compared with the safety stock. The country received 8,260,600 doses of the yellow fever vaccine for the 2009 campaign.
What actions have you taken to improve vaccine management, e.g. such as adjusting the plan for vaccine shipments/dispatches? (in the country and with UNICEF Supply Division)	• Strengthening of the logisticians' capacities • Signature of a MOU with UNICEF for the supply of traditional and new vaccines • Use of the Computerized Vaccine Stock Management software in all the health districts.

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 approved proposal and report on your achievements.

Vaccine introduced:	Anti-pneumococcal vaccine
Phased introduction? [YES / NO]:	Introduction date
Nationwide introduction? [YES / NO]	Introduction date: 1 January 2011
Was the timescale of the introduction that which was planned in the proposal? If not, why?	• No, the introduction was postponed because of: ○ The non-availability of the anti-pneumococcal vaccine worldwide ○ The implementation of the cold chain which was delayed due to public procurement procedures

3.2.2 Use of the new vaccine introduction grant (also known as the "lump sum")

Funds received in respect of the Vaccine Introduction Grant: Anti-pneumococcal vaccine	US $ **273,500**	Date received: 30/06/2009

Please report on major activities that have been undertaken in relation to the introduction of new vaccines using the GAVI New Vaccine Introduction Grant.

The GAVI Vaccine Introduction Grant for the anti-pneumococcal vaccine has not been touched. It is still in the account due to the postponed introduction which led to the revision of the introduction timescale.

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

NA

Is there a balance of the introduction grant which will be carried forward? [YES] [NO]
If YES, how much? US $ 273,500

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

All the activities planned in the introduction plan of the anti-pneumococcal vaccine in line with the new timescale.

3.2.3 Detailed expenditures of the New Vaccine Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement on the use of the New Vaccine Introduction Grant funds in the 2009 calendar year **(document no. NA).** *(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 at the Ministry for Health.

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

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

Q. 1: Were there differences between the proposed payment schedule and the actual schedule during the reporting year? YES			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify) Yellow Fever vaccine	30 September 2009	8 October 2009	30 September 2009
2nd Awarded Vaccine (specify) DTP-HepB+Hib	30 September 2009	8 October 2009	30 September 2009
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US $	Total Amount in Doses
1st Awarded Vaccine (specify) Yellow Fever vaccine	286,159.20	321,200
2nd Awarded Vaccine (specify) DTP-HepB+Hib	265,500	90,000
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?
1. Government YES
2. Donor (specify)
3. Other (specify)
N.B.: The Government bought 321,200 doses of the Yellow Fever vaccine instead of 269,500 to pre-position 51,700 doses for 2010. Similarly, 29,800 doses were pre-positioned for the DTP-HepB+Hib.
Q. 4: What factors have accelerated, slowed or hindered the mobilization of resources for vaccine co-financing? Factors which slowed down the mobilization
1. Cumbersome process to release the Government's counterpart funds;
2.

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

Co-financing is normally provided by the Government of Cameroon.

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[April 2006]*

If conducted in 2008/2009, please attach the report. (**Document N°** (not carried out))
An EVSM/VMA report must be attached from those countries which have introduced a new or underused vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? *[YES]* in 2006

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

Further to the assessment of the vaccine supply system in 2006, the following recommendations were formulated. The current status of implementation is as follows:

- **Systematize the accreditation of vaccines irrespective of the manner in which they were procured**: Done
- **Prepare/adapt the procedures to call back batches**: Done by the Directorate for Pharmacies and Drugs
- **Distribute the accreditation vaccine updates in Cameroon:** Done by the Directorate for Pharmacies and Drugs
- **Prepare/adapt the terms of reference of the technical specifications of the EPI vaccines:** Done with the assistance of WHO
- **Prepare/adapt a joint vaccine supply procedure (EPI and UNICEF):** draft available currently being validated
- **Carry out the monitoring and feedback of vaccine use:** Implemented of the vaccine management/immunization data collection and use of vaccine tools (Computerized Vaccine Management and DVDMT) at central, regional and district level; Data review at central level with feedback
- **Implement a cold chain equipment maintenance system:** The study on the outsourcing of equipment maintenance is in progress. The funds are available for the finalization of the EPI cold chain equipment maintenance plan
- **Train the personnel involved in vaccine management and cold chain management:** Training in 2009 of all the regional logisticians and of 65 Health Office Heads (HOHs) in cold chain and vaccine management
- **Make the funds which are intended for the procurement of vaccines available when needed:** Efforts made in this domain in accordance with the Government's budget implementation procedures (support from the Sabin Vaccine Institute through advocacy conducted with MPs, the Ministry for Finance and the Ministry for the Economy, Planning and Town and Country Planning, designation of a health focal point at the Ministry for Finance.

When is the next EVSM/VMA* planned? *[September 2010]*

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

3.5 *Change in vaccine presentation*

If during 2011 you would prefer to receive a vaccine presentation which differs from that which you currently receive (for instance, the number of doses per vial; from one form (liquid/lyophilized) to the other; ...), please provide the vaccine specifications and append the minutes of the ICC meeting which recommended the change in vaccine presentation. If the vaccine is supplied through the UNICEF, planning for a switch in presentation should be initiated after receipt of the Decision Letter for the following year, taking into account the country activities which are required in order to change the presentation and the availability of supplies.

Please specify below the new vaccine presentation:

No change for the time being: we intend to change from PCV 7 to PCV 10 after approval from the ICC.

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccine support for those countries whose current support ends in 2010*

If 2010 is the last year of approved multiyear support for a certain vaccine and if 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 the .....*[vaccine type(s)]* vaccine for the years 2011-.....*[end year].* At the same time, it commits itself to co-finance the procurement of the .....*[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels which are summarized in Annex 1.

The multi-year extension of the .....*[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ..... *[1st and last years]* which is attached to this Annual Progress Report **(document no. ……).**

The country ICC has endorsed this request for extended support of the .....*[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this Annual Progress Report. **(document N°.....).**

3.7 *Request for continued support for vaccines for the 2011 immunization program*

In order to request new or under-used vaccine support (NVS) for immunization in 2011, please carry out the following steps:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines for which you are requesting GAVI support in 2011 (e.g. Table 4.1 HepB & Hib; Table 4.2 Yellow Fever etc)
3. Fill in the specifications of the vaccines requested in the first table at the top of the sheet (e.g. Table 4.1.1 Specifications of the HepB & Hib; Table 4.2.1 Specifications of the Yellow Fever vaccine etc)
4. Verify the support that will 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 the Yellow Fever vaccine etc)
5. Confirm here below that your request for 2011 vaccine support complies with Annex 1:

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

If you don't confirm, please explain why: We confirm

4. Injection Safety Support (INS)

In this section the country should report on the three-year GAVI support for the safety of injection supplies within the scope of routine immunization. In this section the country should not report on the injection safety supplies that are received in the batches with the new vaccines which are funded by GAVI.

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

Do you receive injection safety support in cash *[YES / NO]* or supplies *[YES / NO]*? *NA*

If you have received INS supplies, please report on the receipt of the injection safety support provided by the GAVI Alliance during 2009 (add more rows where required).

Table 7: Injection Safety Supplies received in 2009

Injection Safety Supplies	Quantity	Date received

Please report on any problems encountered:

4.2 *Progress of the transition plan for safe injections and a risk-free management of sharp or pointed waste*

Even if you have not received injection safety support in 2009, please report on the progress of the transition plan for safe injections and a risk-free management of sharp or pointed waste.

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

Table 8: Funding sources of injection safety supplies in 2009

Vaccine	Types of syringes used in routine EPI in 2009	Funding sources for 2009
BCG	AD syringes 0.05 ml and Dilution syringes 2 ml	GOVERNMENT (Funds allocated for the procurement of vaccines 2009)
Measles	Dilution syringes 5 ml AD syringes 0.5 ml	GOVERNMENT (Funds allocated for the procurement of vaccines 2009)
TT	AD syringes 0.5 ml	GOVERNMENT (Funds allocated for the procurement of vaccines 2009)
DTP-containing vaccine	AD syringes 0.5 ml	GOVERNMENT (Funds allocated for the procurement of vaccines 2009)

Please indicate how sharp or pointed waste is disposed of:

Waste is collected in safety boxes and then burnt and buried or incinerated by the Health Districts which have an incinerator.

Does the country have an injection safety policy/plan? [YES / NO]
If YES: Have you encountered any problems during the implementation of the transitional plan for safe injections and management of sharp or pointed waste? (Please answer in the box below)
IF NO: Do you plan to adopt one? (Please answer in the box below)

- There is a **National Biomedical Waste Management Strategy paper (including injection safety) by the health centers at various levels**;
- Means are insufficient to build incinerators as planned in the EPI multi-year plan although the country benefited from funding to build 80 incinerators;
- Insufficient dry storage space of immunization inputs at central and intermediate levels.

4.3 *Statement on the use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution) (This section terminated in 2005)*

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

GAVI funds received in 2009 (US $): .....
Amount spent in 2009 (US $):.....
Balance to be carried forward to 2010 (US $):.....

Table 9: Expenditures for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditures in US $
Total	

If there is a balance, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

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

5. Health Systems Strengthening Support (HSS)

Instructions for reporting on the 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**. Countries which received HSS funds during the last 3 months of the reported year may use this section as an inception report to report on the progress achieved and in order to enable a timely release of HSS funds for the following year.
2. All countries are expected to report on GAVI HSS covering the period from January to December of the calendar year. Countries which received funds towards the end of 2009 or experienced other types of delays that limited implementation in 2009 are encouraged to provide an interim report on HSS activities during the period from 1 January to 30 April 2010. This additional report should be provided in Table 13.
3. HSS reports should be received at the latest by 15 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 the validity of the facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reports 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 the next tranche.
5. Please use additional space than that provided in this reporting template where required.
6. Please attach all required supporting documents (see the list of supporting documents on page 8 of this APR form).

Background on the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, by the 2009 mid-term HSS evaluation and by the HSS tracking study[4] that the monitoring of HSS investments is one of the weakest parts of this support arrangement.

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 the agreed indicators, as outlined in the approved Monitoring & Evaluation framework which was laid down in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between the activities, outputs, outcomes 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 monitor GAVI HSS investment in the coming year;
- Annual health sector reviews or Swap reports, where applicable and relevant;
- Audit report of the account to which the GAVI HSS funds are transferred;
- Financial statement of expenditures during the reporting year (2009).

[4] All these documents are available at http://www.gavialliance.org/performance/evaluation/index.php

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from the month of January to the month of December.
5.1.2 This GAVI HSS report covers the 2009 calendar year from January to December.
5.1.3 The duration of the current National Health Plan runs from January 2009 to December 2012.
5.1.4 The duration of the current immunization cMYP runs from 2007 (month/year) to 2011 (month/year)

5.1.5 The person(s) who are 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 the main stages and key 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 the UNICEF and WHO country offices for the necessary verifications of sources and for review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or to the ICC or equivalent) for final review and approval. The report was endorsed during the HSCC meeting which was held on 10 March 2008. The minutes of the said meeting have been included as annex XX in this report.*']

This report was jointly compiled by the Central Technical Group of the Enlarged Program on Immunization (CTG/EPI) of Cameroon, the Technical Secretariat of the Steering and Monitoring Committee of the implementation of the Health Sector Strategy (TS/SC-HSecS), the Health System/WHO focal points and EPI/WHO and UNICEF.
It was then submitted to the Peer review during the Central African inter-country workshop which was organized by WHO and held in Douala (Cameroon) from the 6 to the 9 April 2010. The suggestions to improve the report made during the said workshop (document 5: Minutes of the peer review, Douala from the 5 to the 9 April 2010 (PowerPoint)) were incorporated into the corresponding sections.
The modified document was then sent to the WHO inter-country team and their comments (document annex 6) were taken into account in the final version.

The said version was sent to all the members of the ICC and to all the members of the Steering and Monitoring Committee of the implementation of the Health Sector Strategy (SC-HSecS) to be discussed during the joint validation session (ICC and SC-HSecS) which was held on the 11 May 2010.

Name	Organization	Role played in the submission of the report	Contact email and telephone number
Government focal point to be contacted for clarifications:			
Dr René OWONA ESSOMBA	Ministry for Public Health	Coordination	Tel: Mobile (237) 99 98 98 10 Office: (237) 22 22 60 78 Fax: (237) 22 22 60 72 E-mail: orevinc2009@yahoo.com setesss@yahoo.fr
Focal point for any accounting or financial management clarifications:			
Mr. Achille Félicien GWET	Ministry for Public Health	Financial expert	Tel: Mobile (237) 99 65 23 31 Office: (237) 22 22 60 78 Fax: (237) 22 22 60 72 E-mail: achillo23@yahoo.fr setesss@yahoo.fr
Other partners and contacts who took part in putting this report together:			
Dr Françoise Marcelle NISSACK	WHO	NPO/WHO Health System	Tel: Mobile (237) 77 75 06 42 Office: (237) 22 21 20 80 Fax: (237) 22 21 10 77 WHO mobile: (237) 96 29 71 57 E-mail: nissackf@cm.afro.who.int

Dr Blanche ANYA	WHO	Focal Point EPI/WHO	Tel: Mobile (237) 99 91 19 41 WHO: (237) 22 21 20 80 Fax: (237) 22 21 10 77 WHO mobile: (237) 96 29 71 57 E-mail: anyab@cm.afro.who.int
Dr Belyse NGUM	UNICEF	Focal Point EPI/UNICEF	Tel: Mobile (237) 77 70 14 92 UNICEF: (237) 22 22 31 81 Fax: (237) 22 23 16 53 E-mail: bhngum@unicef.org
Dr Clément Djumo	UNICEF	Child Survival specialist UNICEF	Tel: Mobile (237) 75 29 48 33 UNICEF: (237) 22 22 31 81 Fax: (237) 22 23 16 53 E-mail: cdjumoç@unicef.or

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

[This issue should be addressed in each section of the report as the various sections may use different sources. This section however should mention the MAIN sources of information and the IMPORTANT questions raised in terms of the validity, reliability, etc of the 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 compared and cross checked with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z".*]

The main sources of information used were:

- 2010 Action plan of the TC/SC-HSecS (document 8)
- HSS 2009 financial statements (document 16)
- 2 external audit reports on the section GAVI HSS (document 18)
- 2010 EPI Action plan (document 7)
- General report from the central and external departments conference 2010 from the Ministry for Public Health (document 10)
- Findings of the SC-HSecS meetings in 2009 (document 9)
- Findings of the validation meeting of the 2009 APR by the SC-HSecS (document 9)
- Minutes of the peer review, Douala from the 5 to the 9 April 2010 (document 5)
- Remarks made by the partners and Higher Technological Institute (HTI) (document 6).

The validation of the information and the questions on the funds were collected after submission to WHO, UNICEF and the members of the SC-HSecS and ICC committees. The remarks were incorporated in the corresponding sections and the reports relating thereto are appended as document 6 (annex 6).

5.1.7 During the preparation of 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 Annual Progress Report? Are there any ways for HSS reporting to be more harmonized with existing country reporting systems in your country?

The Financial Management Assessment (FMA) was carried out from the 27 November to the 15 December 2009. During the preparation of the 2009 APR, the report of the said FMA and the corresponding Aide Memoire had still not been received.

At the beginning the EPI based the number of HDs on the number of HDs which forwarded their monthly report, in other words 173 HDs. In 2007, this is the figure which was used as the denominator in table 15 of the indicators given in the approved original HSS application. In 2007, when the TS/SC-HSecS launched the

integrated health planning activities, the country then had 175 HDs one of which was not operational. Further to new creations, the country now has 178 HDs.

To improve the section on HSS in the annual progress report, we suggest that the GAVI Alliance Secretariat should recommend the dollar rate that the countries should use in the preparation of the APR.
Moreover, to harmonize figures relating to the number of HDs used by HSS and EPI, we agreed to use the figure from the integrated health planning at national level as the latter is updated by the regions each time a new HD is created and made operational. The EPI should in the future accompany its outcomes with the rate of completeness compared with the number of existing HDs.

Yes, it is possible to harmonize the HSS report better with information transmission systems which exist in Cameroon, and in particular the sector reviews from July 2010; Further to the outcomes obtained thanks to the use of GAVI HSS funds to improve the national integrated monitoring & evaluation system (Integrated M&E).

When Cameroon submitted its application in 2006, the exchange rate used was 1 US $ = 500 CFA francs. During the preparation of the 2009 APR, the team did not whether it should use, as in previous APRs, the current exchange rate or the exchange rate used in the 2006 application. We opted for the exchange rate used for the 2006 GAVI HSS application whereas the section which is devoted to ISS used the current exchange rate, in other words 1 US $ = 450 CFA francs.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the SC-HSecS meet in 2009? 2 meetings: the first meeting was held on the 21 April 2009 and the second on the 13 January 2010 (postponed due to timetable problems)
Please attach the minutes of all the SC-HSecS meetings held in 2009, including the minutes of the meeting which discussed/endorsed this report **(document no. 9)**. The latest Health Sector Review report **(Report from the Meeting of the managers of the central and Decentralized departments of the Ministry for Public Health)** is also attached **(document no. 10).**

Summary of the main findings of the two sessions of the SC-HSecS in 2009

The SC-HSecS formulated a certain number of recommendations which are, amongst others:

1. Integrated monitoring and evaluation
   - Organize ourselves to be able to meet the challenge to collect and transmit information from the periphery to the superior levels and thereby complete implementation indicators of the HSecS 2001-2015;
2. TS/SC-HSecS financial report
   - The TS/SC-HSecS report evaluated the various commitments of the Health SWAp interested parties and their achievements within the scope of the implementation of the action plan which was adopted in February 2007. The TS/SC-HSecS financial reports presented the sources, uses and assets for the financial year.
   - After some exchanges, the said TS/SC-HSecS report was adopted by the members of the Committee.
3. 2008 GAVI Annual Progress Report (activities)
   - This document restated the various grants awarded by GAVI HSS and their uses. Satisfactory replies were given to the various questions posed by the members of the committee.
   - The 2008 Annual Progress Report of the activities funded by the GAVI Alliance and the GAVI application for funding for the year 2010 were adopted as is.
   - The Steering Committee requested the Ministry for the Economy, Planning and Town and Country Planning to update their data which was published throughout the world (for example EPI data) in order to ensure consistency between the various documents produced by Cameroon. The representative from the aforementioned Ministry was entrusted with transmitting this message. Moreover, the Head of the TS/SC-HSecS should initiate a letter from the Minister for Public Health to the said Ministry in this respect.

4. 2009 TS/SC-HSecS Action Plan
   - The 2009 action plan was adopted subject to:
     - The opinion of the bilateral partners' representative on the activities which fall within the scope of the Annual Work Plan in 2009 the said year being already well advanced and on the SQI;
     - Precise details on the terms of reference of the consultant in charge of preparing the 2009-2012 Joint Heath-SWAp Program and the analysis of alternative approaches to complete this work.
   - The committee recommended that the Head of the TS/SC-HSecS should accelerate the preparation activities of the joint Program and in particular improvements by the other partners of the terms of reference for the recruitment of a consultant.
   - Moreover, the Head of the TS/SC-HSecS wanted to bring to the attention of the members of the Steering Committee that the activities for which the various partners (UNICEF, C2D, etc.) are responsible cannot be called into question as they were taken from their 2009 work plan. With regard to GAVI funding activities, they are consistent with the initial application of the Cameroon to this institution.
   - The Committee instructed the Head of the TS/SC-HSecS to send the said action plan to the various health sector partners without delay.

Summary of the Annual Conference of the Managers of the Central and Decentralized Departments at the Ministry for Public Health

The Annual Conference of the Managers of the Central and Decentralized Departments at the Ministry for Public Health was held in January 2010. The central theme was **"Means of implementation of the Health Sector Strategy in a context of decentralization"** and a certain number of recommendations were formulated including:

- Acceleration of the preparation of the 2010 central-level action plan to enable it to be linked in a timely and relevant manner to the action plans of the decentralized departments.
- Systematic organization in favor of the implementation of action plans through formative supervision, vertical and horizontal coordination and integrated monitoring & evaluation.
- Moreover, the content of the sector reviews must be defined by the central level before June 2010.

5.2 *Receipt and expenditures of HSS funds during the 2009 calendar year*

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

In US $	2007	2008	2009	2010	2011	Total
Original annual budget (as per the originally approved HSS proposal)	1 857 943	1 911 823	1 967 305	2 024 315	2 083020	9 844 365
Approved funds	1 858 000	1 912 000	1 967 500	2 024 500	2 084 000	9 846 000
Revised annual budget (if revised by previous Annual Progress Reviews)	1 634 942	3 045 741	3 264 322			
Total funds received from GAVI during the calendar year	1 634 942	3 045 741	3 264 322			5 205 053
Total expenditure during the calendar year	170 721	1 770 010	1 217 951			3 158 682
Balance carried forward to the next calendar year	1 464 221	1 275 731	2 046 371			
Amount of funding requested for future calendar year(s)				2 024 315	2 083 020	
Annual utilization rate of the revised budget	10%	58%	37%			
Total utilization rate						61%

The amount received in CFA francs is significantly lower to the amount which had been calculated at the time of the submission of the 2006 application (US dollar exchange rate at 500 CFA francs) and approved and released by GAVI; this situation is likely to compromise the performance of the activities planned in the application. By way of example, the table below gives the situation of the GAVI Alliance approved funds (US dollar exchange rate in 2006) and the amounts that were effectively received with the same US dollar exchange rate.

We can see that the total utilization rate is 61% over the first 3 years which actually corresponds to the expenditures for the 2008 and 2009 activities; the majority of the 2007 activities were carried out in 2008. Indeed, the funds for the first year (2007) were only received in November 2007.

HSS RESOURCES	Year			
EXCHANGE RATE (US $ 1 = 500 CFA francs)	2007	2008	2009	TOTAL
APPROVED AMOUNT (US $)	1 858 000	1 912 000	1 967 500	5 737 500
AMOUNT RECEIVED (US $)	1 634 942	1 581 520	1 988 591	5 205 053
EXCHANGE RATE LOSS IN US $	**-223 058**	**-330 480**	**21 091**	**-532 447**

Please note that the figures for funds carried forward from 2008, the income received in 2009, expenditures in 2009 and the balance to be carried forward to 2010 should match the figures presented in the financial statement for HSS that should be attached to this APR.
Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS funds *(For example, has the country had to delay key areas of its health program due to delays in payments or have other budget lines been used whilst waiting for GAVI HSS disbursement?)*:

The Cameroon proposal for GAVI HSS funds, which was submitted in October 2006, was approved on the 8 August 2007 by the GAVI Alliance board and the funds for the first year were disbursed on the **8 November 2007; the said late disbursement compared with the initial implementation plan** led to the postponement of the activities programmed. Year 2008 consequently corresponds to implementation year 1 of the program. This consequently resulted not only in the postponement of activities but also to the postponement of the utilization of the funds.
It is thus obvious that the 5-year implementation period for the GAVI HSS program for Cameroon will correspond to the period from 2008 to 2012 and not to the period from 2007 to 2011 which had been initially planned.

5.3 *Report on HSS activities during the 2009 reporting year*

Note on Table 12 below: *The information given in this section should correspond to the activities which were initially included in the HSS support application. It is very important to be precise about the extent of progress, so please allocate a completion percentage for each activity line, from 0% to 100%. Use the right hand side of the table to provide an explanation on the progress accomplished and to bring to the reviewers' attention 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 detailed information based on the M& E framework in the original application and approval letter.*

Please mention, where appropriate, the **SOURCES** of information used for the report on each activity.

Table 12: HSS activities during the 2009 reporting year

Major activities	Activities planned for 2009	% of completion]	Explanation on the differences in the activities and expenditures compared with the initial proposal or with previously-approved changes, and details of achievements
Objective 1:	**Health planning**		
Activity 1:	Provincial training and harmonization workshops	100%	The health planning process was pursued leading to the production of 178 2009 – 2012 District Health Development Plans (DHDPs) and 10 2009 – 2012 Regional Health Development Consolidated Plans (RHDCPs) in 2009. All the workshops which had been planned in 2009 for the preparation of the Annual Work Plans (AWPs) were held with the production of 178 2010 Health District AWPs and 10 2010 Regional AWPs. With a view to preparing the joint 2010 Health SWAp program, all the said plans are in the process of being consolidated at central level and the 2011 AWPs will be prepared for each level as early as August 2010 in order for them to be taken into account in the 2011 Government budget.
Activity 5:	Workshops to prepare the AWPs (Annual Work Plans) of the HDs (90) from year 2	100%	
Activity 7:	Provincial harmonization workshops of the AWPs from year 2	100%	
Activity 8:	Preparation of the 2008 provincial AWPs	100%	
New activity:	Data quality audit (SQI), planning and organization in the HDs	0%	Activity planned in 2008 and reprogrammed in 2009. Not completed. To be reprogrammed in 2010 in accordance with the scheduling program of the SQI in Cameroon.
Objective 2:	**Integrated monitoring**		
Activity 9:	National training workshop for trainers on the use of integrated monitoring tools	100%	Not completed in 2008 as initially programmed but in 2009.
Activity 10:	Finance the training of players at provincial and health district levels on the use of integrated monitoring tools (representative from the community, District Health Management Team (DHMT)and the Integrated Health Centre (IHC) team)	15%	Activity planned in 2008 but reprogrammed in 2009 with 15% completion for the finalization of the tools produced by the consultant. The remainder, which was reprogrammed for 2010 is in the process of being completed.
Objective 3:	**Integrated supervision**		
Activity 12:	Finance the supervision of the District Health Department Heads (DHDHs) and Integrated Health Center Heads (IHCHs) (175 HDs)[5]	(100%)	The consultant recruitment process for the preparation of the formative supervision integrated tools was relaunched, but while we wait for the process to the completed and for the consultant to present their report, a formative supervision session in favor of EPI was organized nationwide.
Objective 4:	**Integrated coordination**		
Activity 14:	Finance the coordination / monitoring meetings per level (central level: 2, provincial level: 2, HD level: 4)	0%	In order to draw lessons with a view to improving the integrated monitoring tool and the organization of six-monthly monitoring sessions in all the HDs together with the monthly monitoring of the IHCs in HDs with a low coverage level, a central feedback session of the outcomes for activities 14 and 15 was planned in 2009 coordinated by the Secretary General at the Ministry for Public Health. Unfortunately the experience gained in the field did not give the expected outcomes. Moreover, the international documentary review shows that the six-monthly monitoring tool of health centers is very limited. Consequently, from the year 2010 we suggest organizing the six-monthly and annual sector review instead of the six-monthly integrated monitoring. They are programmed in July of year y and in January of year y+1 respectively

5 At the beginning the EPI based the number of HDs which was indicated in their monthly report, i.e. 173 HDs. In 2007, this figure was used as the denominator in table 15 of the indicators stipulated in the approved original application. In 2007, when the TS/SC-HSecS launched the integrated health planning activities the country then had 175 HDs, one of which was not operational. Further to new creations, the country now has 178 HDs.

Major activities	Activities planned for 2009	% of completion]	Explanation on the differences in the activities and expenditures compared with the initial proposal or with previously-approved changes, and details of achievements
Objective 5:	**Support activities**		
Activity 16:	Procurement of means of transportation and their maintenance year 1	262%	In 2009, only the maintenance side was carried out. The actual procurement had been performed in 2008. The forecasts made in the application, in other words 11,534,900 CFA francs are greatly inferior to actual maintenance needs taking into account the poor state of the roads, the non-receipt of counterpart funds in 2009 and the non-implementation of the operational budget granted to the TS/SC-HSecS in 2009 due to the fact that they were not programmed in the quarterly quotas of the Ministry for Public Health.
New activity:	Program management costs	Not planned initially	The implementation of the GAVI HSS section showed that there were program management costs which could not be avoided and which had not been taken into account in the initial programming as GAVI now recommends. This involves the sections relating to the co-financing of the operations of the TS/SC-HSecS and to financial costs (bank charges, account commissions etc.) This activity became necessary in 2009 following the increase in the workload of the TS/SC-HSecS, which manages the GAVI HSS section.

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 are M&E activities integrated in 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 during the reporting year and indicate any changes in the management processes in the coming year:

The procurement of integrated management software for multiple financing programs (such as the SWAp) which takes into account budget, accounting, financial and analytical management has enable us in 2009 to better comprehend the management of the funds from the differing funding sources including GAVI and to present financial documents which comply with the international standards required for this type of program to the various auditors (internal and external).

This software is also able to guarantee the monitoring of the management of the funds granted to the various structures of the Ministry for Public Health (Central departments, Regional delegations and Health Districts). In 2010, this section will be integrated into the financial statements produced by the TS/SC-HSecS.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that are required to support the M&E activities during the reporting year and also any support that may be required the following year to strengthen the country's capacity to monitor GAVI HSS investments:

In 2010, we suggest procuring integrated monitoring and evaluation software called TECPRO, which is developed by the company TOMATE in France. This will enable us to support the said activities.
Indeed, TECPRO is a software program which allows users to plan and monitor and evaluate development projects which are financed by several donors. It provides an interactive system which allows the development project teams and coordinators to have direct access to the most significant indicators. This system will enable us to follow in particular:

- The technical indicators (performance and impact indicators)
- The temporal indicators (detailed planning up to the week of the tasks)
- The financial indicators (disbursement rates and budget implementation rates)

This software offers several advantages, in particular:

- **Improvements in productivity**: data entry and processing, automation of the creation of activity reports, quick access to information
- **Standardization of information within the scope of a reference framework**: entry of elements from the annual work program (AWP) of the project
- **Quick search for information**: offers requests which allows users to explore all the information concerning the program
- **Quick decision-making**: multi-dimensional system which allows users to exploit and analyze information by zooming
- **Great capacity of development**: development of processing modules and of specific statements linked to the program

5.4.3 Technical Support

Outline what technical support needs may be required to support either the implementation of the programs or Monitoring & Evaluation activities. This information should emphasize the use of partners as well as sustainable options which use national institutes:

Within the scope of the implementation of the GAVI HSS section, Cameroon has developed a computer application which allows the country to develop DHDPs for each region and to develop the regional AWP from the itemization of the 2001-2015 HSecS. The application which has been developed enables the country to have a database from the analysis of the situation in year 0 (2007/2008) which is updated each year during the development process of the AWP.

We suggest implementing a national system in support of the ITCs which will enable the various health sector players to share the information contained in the said tools (DHDPs, AWPs, etc.). The same ITC system should also enable us to facilitate and strengthen the monitoring and evaluation activities for the implementation of the DHDPs and AWPs and consequently the implementation of the HSecS. With this objective in mind, technical assistance will be required for:

- the integration of a Web interface for the computerized application in question;
- the development of the framework of six-monthly and annual sector reviews;
- the creation of an interface between the application developed and the other monitoring and evaluation software (services and management);
- the implementation of the Integrated Monitoring and Evaluation Plan (IMEP) for the implementation of the 2001 – 2015 HSecS and the consequent updating of the SWAp database.

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 (in other words 2010).

The column on "planned expenditure in the coming year" should match the estimates provided in the Annual Progress Report of the previous year (Table 4.6 of last year´s report) or – if this is your first HSS report – should match the initial application for HSS support. Any significant differences (15% or higher) between previous and present "planned expenditures" 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 Activities for 2010	Original budget for 2010 (as approved in the HSS proposal or as amended during previous Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets compared with the initially-approved application or previously-approved amendments
Objective 1:	**Health planning**				
Activity 4:	Conference of the parties concerned by the DHSP	288 900	577 800	81 444	Balance from 2009 (288 900) plus the 2010 approved application (288 900)
Activity 5:	Workshops to prepare the AWPs (Annual Work Plans) of the HDs	360 000	444 982	16 295	Balance from 2009 (84 982) plus the 2010 approved application (360 000)
Activity 7:	Provincial harmonization workshops of the AWPs	120 000	120 000	-	
Activity 8:	Preparation of the 2008 regional AWPs	54 000	101 550	-	Balance from 2009 (47 550) plus the 2010 approved application (54 000)
New activity:	Data quality audit (SQI)	220 000	220 000	-	
Objective 2:	**Integrated monitoring**				
Activity 10:	Finance the training of players at provincial and health district levels	0	261 526	259 879	Activity not completed in 2009 but programmed for 2010 and completed in February and March 2010
Objective 3:	**Integrated supervision**				
Activity 12:	Finance the integrated formative supervision of the District Health Department Heads (DHDHs) and Integrated Health Center Heads (IHCHs) (175 HDs)	120 000	873 081	15 981	Balance from the 2009 budget (US $ 753 081) plus the 2010 budget (US $ 120 000) which we suggest using in 2010 as this activity has become the priority of the Ministry for Public Health (as per the general report of the conference of central and decentralized health department managers) further to the submission of the consultants' work which were recruited to develop the integrated formative supervision tools.
Objective 4:	**Integrated coordination**				
Activity 14:	Finance the coordination / monitoring meetings per level	426 215	855 657	7 868	Balance from the 2009 budget (US $ 429 442) plus the 2010 budget (US $ 426 215) The consultant recruit process was delayed by cumbersome national procurement award procedures which had an impact on the beginning of this activity.

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activities for 2010	Original budget for 2010 (as approved in the HSS proposal or as amended during previous Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets compared with the initially-approved application or previously-approved amendments
					As the consultants have started their work and as this activity has become a priority (as per the general report of the conference of central and decentralized health department managers), the organization of integrated coordinating meetings will be launched in 2010 and their funding will be effective. It should be noted that from 2010, monitoring will be replaced by the sector review; consequently the name of the activity will become Financing coordination / sector review meetings.
Activity 15:	Finance the monthly monitoring sessions of the IHCs with a poor coverage level	60 000	222 669	-	Balance from 2009 (US $ 162 669) plus the 2010 application (US $ 60 000) (see comments above)
Objective 5:	**Support activities**			-	
	Support costs			-	
New activity	Management costs	62 400	65 956	8 200	Balance from 2009 (US $ 3 556) plus 2010 budget (US $ 62 400)
New activity	Support costs for monitoring and evaluation	150 175	150 175	40 986	
New activity	Technical support	162 800	177 465	98 997	Balance from 2009 (US $ 14 665) plus 2010 budget (US $ 162 800)
TOTAL COSTS		**2 024 500**	**4 070 861**	**529 649**	

Table 14: Planned HSS Activities for the following year (in other words for the 2011 fiscal year). *This information will help GAVI to plan its financial commitments.*

Major activities	Planned activities for 2011	Original budget for 2011 (approved in the HSS proposal or as amended during previous annual reports)	Revised budget for 2011 (proposed) With the balance of 2010	Explanation on the differences in the activities and budgets compared with the initially-approved application or the previously-approved amendments
Objective 1:	**Health planning**	0		
Activity 1:	Briefing the District and Regional planning teams	178 808	178 808	The initially-planned activity *(Training and harmonization workshop on the planning process)* was necessary at the beginning of the planning process; the planning tools are currently known and used by the various players, only the briefing sessions on certain updates will be carried out from 2011.
Activity 2:	Workshops to prepare the 2013 – 2015 DHDP (178 HDs)	520 200	520 200	The existing DHDPs cover the 2009 – 2012 period. This activity concerns the preparation of the DHDPs for 2013 – 2015 in respect of the Sector Strategy.
Activity 3:	Regional workshops to bring the 2008 – 2011 DHDP projects into line	70 980	70 980	Within the scope of the decentralization in progress in Cameroon, the Provinces have become Regions. In this respect, all the activities which were initially planned for the provincial level will now refer to the regional level (Activities 1.3, 1.6, 1.7 and 1.8).
Activity 4:	Conference of the parties involved in the DHDP (90 HDs)	288 890	288 890	
Activity 5:	Workshops to prepare the AWPs (Annual Work Plans) of the HDs	200 000	200 000	The initial activity was entitled *"Workshops to prepare the AWPs (Annual Work Plans) of the HDs (90)"*. From 2010, GAVI funding to prepare the AWPs will be used in particular to make up for the gaps for this activity as other sources of funding are now available for this activity.
Activity 6:	Regional workshops to validate the draft of the Regional health development consolidated plan (RHDCP)	100 540	100 540	
Activity 7:	Provincial harmonization workshops of the AWPs from year 2	-	-	This activity is incorporated in activity 1.1 *"Briefing the District and Regional planning teams"*
Activity 8:	Preparation of the 2008 regional AWPs	40 400	40 400	The initial activity was entitled *"Preparation of the 2008 regional AWPs"*.
Objective 2:	Integrated monitoring	Nothing to report	Nothing to report	

Major activities	Planned activities for 2011	Original budget for 2011 (approved in the HSS proposal or as amended during previous annual reports)	Revised budget for 2011 (proposed) With the balance of 2010	Explanation on the differences in the activities and budgets compared with the initially-approved application or the previously-approved amendments
Objective 3:	**Integrated supervision**	0		
Activity 12:	Finance the supervision of the District Health Department Heads (DHDHs) and Integrated Health Center Heads (IHCHs)	100 000	100 000	
Objective 4:	**Integrated coordination**			
Activity 14:	Finance the six-monthly and annual coordination / sector review meetings	280 074	280 074	The activity which was initially entitled *"Finance the coordination / monitoring meetings per level (central level: 2, provincial level: 2, HD level: 4)"* will now be replaced by six-monthly and annual sector reviews. (Please refer to the explanation in table 12, activity 14).
Activity 15:	Finance the monthly monitoring sessions of the IHCs in the HDs with a poor coverage level	-	-	
Objective 5:	**Support activities**			
Activity 16:	Vehicle maintenance	40 000	40 000	
New activity	Management costs	183 128	183 128	
New activity	Technical assistance	80 980	80 980	See 5.4.3. Technical assistance. It should be noted here that GAVI financing falls within the scope of the co-financing for this activity (other sources: Government, World Bank, C2D, German Cooperation, BAD)
New activity	Support for monitoring and evaluation activities	See Technical assistance	See Technical assistance	This activity is included in the activity 4.3: *"Technical assistance".*
TOTAL COSTS		**2 084 000**	**2 084 000**	

[7] Non-revised because the 2010 balances are not know yet.

5.5 *Implementation of the program during the 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs and in particular the immunization program), the problems encountered and solutions found or proposed and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This section should be based on the original proposal that was approved and explain any significant differences – it should also clarify the connections 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 draw the reviewers' attention to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

The 2005 EPI review highlighted four main weaknesses concerning health system strengthening in Cameroon which were included in the GAVI HSS application in 2006. The implementation of the approved program is thus centered on the strengthening and scaling of: - - integrated health planning;

- integrated monitoring and evaluation;
- integrated formative supervision;
- integrated coordination based on the integrated monitoring outcomes of the health centers.

With regard to the implementation of the approved program and in particular concerning health planning and within the scope of the implementation of the 2001-2015 Health Sector Strategy using the sector approach (SWAp), we were required to carry out certain prerequisites, namely the drafting of the:

- preparation guide of a District Health Development Plan (DHDP);
- the consolidation framework of the DHDPs at regional level into a Regional Health Development Consolidated Plan (RHDCP);
- the basic outline for the preparation of an Annual Work Plan (AWP) from a DHDP;
- the basic outline for the preparation of an Annual Regional Consolidated Work Plan (ARCWP);
- the preparation guide of the Health Development Multiyear Plan (HDMP) at national level from the RHDCP and DHDP.

During the year 2009, the implementation of this program was marked by the finalization of the strategic and operational planning process for all the decentralized service structures of the Ministry for Public Health. The outcomes obtained were the following:

- For the situation analysis, a performance-based evaluation using the Systemic Quality Improvement (SQI) Approach was carried out throughout the country; this enabled us to have a significant database which is used as the planning database (baseline date) 2007-2008;
- 172 HDs each currently have their 2009-2012 DHDP;
- The 10 regions each have their 2009-2012 RHDCP;
- 178 HDs each have their 2010 AWP which was prepared from their 2009-2012 DHDP;
- The 10 public health delegations each have their 2010 ARCWP which was prepared from their 2009-2012 RHDCP;
- To obtain this result, we had to develop the SWAp IT application which is the IT equivalent of the various aforementioned outlines and which enables us to produce budgeted action plans;
- All the 178 health district management teams and 10 regional management teams, after their training on the use of the SWAp IT application, currently use this tool;
- The same SWAp application enables us to complete the Health Sector Medium-Term Expenditure Framework (MTEF) in compliance with the implementation of the 2001-2015 HSecS;
- Thanks to this SWAp IT application, the Ministry for Public Health is now able to prepare its annual budged based on the AWPs and the ARCWPs;

We have appended a soft copy of each Action Plan template and the SWAp application user manual in annex 11, 12, 13, 14 and 15.

The integrated formative supervision activity, which was programmed in 2008, was not completed due to cumbersome public procurement procedures for the recruitment of the consultant who was to finalize the integrated formative supervision session tools and organization arrangements. In the meantime, all agreed (WHO, UNICEF, CTG-EPI, TS/SC-HSecS) to start the activity with the partially integrated tools (maternal and infant health) which had been developed by the Directorate for Family Health, the EPI and the TS/SC-HSecS. Consequently an integrated formative supervision session was organized nationwide in August 2009.

As far as integrated six-monthly coordination / monitoring is concerned, the lessons learned from the integrated monitoring sessions which were organized in October and November 2008 led us to review our strategies and to opt for the sector coordination / review in order to improve the quality, completeness and promptness of the information produced by the national M&E system, including the data relating to the EPI.

The command of integrated planning, integrated formative supervision and sector coordination / review by all the national health system players will allow for:

- The effective implementation of the 2001-2015 HSecS;
- A better integration of the activities from the various programs including the EPI;
- Optimum use of the resources allocated to the health sector;
- The implementation of Results-based Management (RBM).

5.5.2 Are any Civil Society Organizations 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, however the Steering Committee (SP-HSecS), which is comprised of civil society organizations (the NGOs / Associations, denominational organizations and traditional practitioners) and partners, the Ministry for Health and association sectors, is in charge of steering and monitoring the implementation of the updated 2001-2015 Health Sector Strategy. The said committee meets twice a year in regular sittings; in March for the validation of the action plan and in September for evaluation with a view to preparing the operational plan for the following year. When required, extraordinary meetings may also be organized.
At central level, four Civil Society Organizations, which are health care service providers / promoters, currently represent their peers in the Steering Committee of the Sector Strategy. They are:
- FESADE: Woman Health Development represented by Mrs Damaris MOUNLOM
- OCASC: Catholic Organization for Health in Cameroon represented by Dr Yves TABI OMGA
- PESSAF: Drinking Water and Healthcare without Borders Promoters represented by Mr Marcel Félix NKOUM
- Association of Traditional Practitioners which is represented by Ibrahima MODIBO HALIDOU.
At the decentralized department level, the CSOs take part as members of the integrated planning teams which were set up by the Ministry for Public Health.

In order to organize CSO coordination better and improve their level of representation in the SC/HSecS, a Type A application for CSO mapping was sent by the Ministry for Public Health to the GAVI Alliance Secretariat. The said application was approved in March 2009 and the mapping exercise, which is currently being prepared, will be carried out in 2010.

5.6 *Management of HSS funds*

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

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

The FMA report, which was drawn up in December 2009, as well as the Aide Memoire relating thereto are still to be issued by the Ministry for Public Health.

Part B: briefly describe the financial management arrangements and procedures used for your HSS funds. Indicate whether the HSS funds have been included in the national health sector plans and budgets. Also report on any problems that have been encountered involving the use of HSS funds such as delays in the availability of the funds for the program to be completed.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channeled 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.

5.7 *Detailed expenditures of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement on the use of HSS funds during the 2009 calendar year **(document no. 16 : Financial statement on HSS fund expenditures during the calendar year 2009).** *(The 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 at the Ministry of Health.

If any expenditures for the period between January and April 2010 have been included in Table 16, a separate, detailed financial statement on the use of these HSS funds must also be attached **(document no. 17: HSS expenditures table for the period from January to April 2010).**

External audit reports for HSS, ISS and CSO-b programs must be sent 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 program during your government's most recent fiscal year, this should also be attached **(document no. 18: 2 audit reports on the HSS accounts by the INSIGHT GESTION company relating to the 2007 and 2008 budget years).**

5.8 *General overview of the 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 given in the original approved application

Name of the objective or indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data source**	**Baseline value and date**	**Baseline value source**	**2009 Target**
Objective 1: 100% of the HDs have a coverage level ≥ 80% with DTP Hep 3 in 2011						
1.1. % of the HDs with a Pentavalent coverage level ≥ 80%	All the districts with a Pentavalent coverage level ≥ 80%	All the country's districts	EPI (Administrative data)	34% (2005)	cMYP revised in 2008	77% (137 HDs)
1.2. New indicator: the rate of completeness by the HDs which send the Monthly Activity Reports (MARs)	All the districts which sent complete MARs	All the country's districts				100% (173 HDs)
Objective 2: Attain a national immunization coverage of at least 90% with Penta 3 in 2011						
2.1. National coverage with Penta 3	749 887	833 208	EPI (Administrative data)	79.7% (2005)	cMYP revised in 2008	88%
2.2. New indicator: The rate of completeness by the HDs which send Monthly Activity Reports (see 1.2.)						
Objective 3: Impact on the Democratic Republic of the Congo health system						
3.1. Mortality rate of children under the age of 5 (for 1,000 live births)			DHS; MICS, Countdown to 2015	144 (2004)	DHS 3	120

In the space below, please justify and explain why certain indicators are different in this annual report compared with the original approved report:

Provide justification for any changes in the **definition of the indicators:**
It should be pointed out that at the time of the 2006 Cameroon GAVI HSS proposal, the EPI used 171 HDs (2006) and then 173 HDs from 2008 to 2009 as the denominator. In 2007 when the TS/SC-HSecS launched the integrated health planning activities, the country then had 175 HDs, one of which was not operational. As a result of new creations, the country now has 178 HDs. This difference in the denominators in the ISS and HSS sections is due to the fact that certain newly-created HDs had not been officially delimited and were not in charge of a clearly-defined population. The EPI continues to use the 173 HD denominator whilst we wait for the official HD map to be updated (in collaboration with EPI Map) which should occur in 2010; the creation of new HDs continues in line with national health system requirements but the EPI can only integrate them in the denominator when its database has been updated and when its HD map has been updated with EPI Map.

The new wording of the immunization coverage indicators refers to the Pentavalent instead of the DTP 3; this takes into account the anti-HepB and anti-Hib vaccines which were added to the DTP in 2005 and 2009 respectively.
A new indicator “The rate of completeness by the HDs which send Monthly Activity Reports” was added to enable us to assess the completeness of information.

Provide justification for any changes in the **denominator:**
As far as objective 2 is concerned, the denominators used comply with the estimates of surviving children born and with GAVI funding (Estimate of the funding award) in the approved application covering the period from 2007 to 2011.

Provide justification for any changes in **data source:**
There were no changes in data but another source was added: Countdown to 2015.

Table 16: Trend in the values achieved (in light of the updating of the number of HDs)

Name of the Indicator *(insert indicators as listed in the above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for the non-achievement of targets**
1.1. % of the HDs with a Pentavalent coverage level ≥ 80%	52% (89 HDs out of 171)	60% (103 HDs out of 173)	51% (89 HDs out of 173)	Insufficient implementation of the Reach Every District (RED) approach in particular with regard to reaching all the targets and conducting regular formative supervisions which are dependent on additional resources; Personnel's lack of motivation; Stock shortages in traditional vaccines due to cumbersome mobilization procedures of the counterpart funds granted for the procurement of the vaccines. Non-compliance with EPI fundamentals (use of immunization registers and tally sheets).
1.2. National coverage with Penta 3	82.49%	83.97%	80.10% [8]	
2.1. Mortality rate of children under the age of 5 (for 1,000 live births)	144	144	144	As the immunization objectives were not attained, the resurgence of epidemics (30 measles, 8 yellow fever and 3 wild poliovirus imported from a neighboring country) may contribute to the non-improvement of this indicator. Immunization alone as a strategy does not suffice to reduce the mortality of children under the age of 5 in a significant manner. Poor coverage in Integrated Management of Childhood Diseases.

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

The integration of activities at operational level and health system strengthening only really began in 2008 with integrated health planning. It is only since 2009 that the other sections of the program (Integrated monitoring, integrated supervision and integrated coordination) have begun to be implemented; this is why it is too early to establish links between the indicators for inputs, outputs and outcomes.

[8] This figure is from the integration of data received after the sending of the 2009 JRF.

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

Donor	Amount in US $ and £		Duration of the support	For which objective[9] of the GAVI HSS proposal does this support contribute
	From July 2007 to 31 December 2008	From 1 January to 31 December 2009		**Integrated health planning**
WHO	53 476			* Health planning and implementation of the steering committee and its technical secretariat
		19 022		* Updating of the HSecS
UNICEF	90 330			* Updating of the MTEF, funding of the technical experts
GTZ-SFF	460 000			* Updating of the HSecS, health planning, study trips and studies; implementation of the SC and its TS
GTZ-PGCSS	165 800			* SWAp impregnation workshop; HSecS mid-term evaluation; HSecS updating, implementation of the SC and its TS
KFW	146 400			* Health SWAp impregnantion workshop, HSecS mid-term evaluation
AFD	10 000			* Health SWAp impregnation workshop
		84 000		* HSecS updating
Cameroon Plan	2 600			* Health SWAp impregnation workshop
C2D		60 000		* Printing of the HSecS
UNFPA	26 964	27 648		* Health planning
		3 200		* Finalization of the HSecS
Counterpart funds	900 000			* Health planning, study trips, implementation of the SC and its TS; construction in progress of the TS/SC-HSecS building
Budget credits	70 000	130 000		
World Bank	50 200			**Integrated monitoring** * preparation of the Integrated Monitoring and Evaluation Plan (IMEP) of the HSecS
Total	**2 020 767**			

[9] the contributions from the other partners concerned 2 objectives of the initial application

6. Strengthened Involvement of Civil Society Organizations (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[5]

Please fill text directly into the boxes below, which can be expanded where required.

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

6.1.1 Mapping exercise

Please describe the progress accomplished with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunization. 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 no. …….)**

The funds awarded by GAVI Alliance were received in the middle of 2009. The information given in the application provided for a completion of the activity during the first quarter of 2009. However due to disbursement delays it was not possible to reprogram the activity. This activity will thus be carried out during the second quarter of 2010 (May to June).

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

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

6.1.2 Nomination process

Please describe the progress accomplished in the 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 (% of 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 these points. 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 the CSOs interact with the Ministry for Health. Is there now a specific team at the Ministry of Health which is responsible for liaising 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 the 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[6]

Please fill in text directly into the boxes below, which can be expanded where required.

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

6.2.1 Program implementation

Briefly describe the progress accomplished 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 during this period of GAVI Alliance support to CSOs.

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

[6] 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 for 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 immunization and health systems strengthening (give the current number of CSOs involved and the initial number).

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

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

For each CSO, please indicate the major activities that have been undertaken and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of the CSO (and type of organization)	Previous involvement in immunization / in HSS	Activities undertaken in 2009 with GAVI support	Outcomes achieved

These CSOs work with the Ministry for Health.

Please list the CSOs that have not yet been funded but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if these CSOs are currently involved in immunization and / or health systems strengthening.

Please also indicate the new activities to be undertaken by th CSOs which already receive funding.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of the CSO (and type of organization)	Current involvement in immunization / in HSS	Activities supported by GAVI which should be undertaken in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditures of CSO Type B funds

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

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

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 the progress compared with the 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 the conditions which were not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and processes 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 the 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 channeled 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 on the use of CSO Type B funds during the 2009 calendar year **(document No. …….).** *(The Terms of reference for this financial statement are attached in Annex 2).* The financial statements should be signed by the Chief Accountant or by the Permanent Secretary at the Ministry for Health.

External audit reports for CSO Type B, ISS, HSS programs should be forwarded 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 program during your government's most recent fiscal year, this should also be attached **(document no. ……)**.

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 the implementation of CSO projects

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

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

7. Checklist

Table 21: Checklist of a completed APR form

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

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

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 IMMUNIZATION 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 programs 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 the activities which were carried out during the 2009 calendar year, which should include points (a) through to (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 expenditures 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 summarize total annual expenditures 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 expenditures 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 should be sent to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

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

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programs 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 the activities which were carried out during the 2009 calendar year, which should include points (a) through to (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 expenditures 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 summarize total annual expenditures 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 expenditures 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 should be sent to the GAVI Secretariat 6 months following the close of each country's financial year. 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.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

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

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANIZATION (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 programs 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 the activities which were carried out during the 2009 calendar year, which should include points (a) through to (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 expenditures 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 summarize total annual expenditures 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 expenditures 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 should be sent to the GAVI Secretariat 6 months following the close of each country's financial year. 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.

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)
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830
Summary of income received during 2009	
Income received from GAVI	57,493,200
Income from interest	7,665,760
Other income (fees)	179,666
Total Income	65,338,626
Total expenditure during 2009	30,592,132
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'				
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**
CSO 1: CARITAS				
Salary expenditure				
Wages & salaries	2,000,000	4,174	0	0
Per-diem payments	9,000,000	18,785	6,150,000	12,836
Non-salary expenditure				
Training	13,000,000	27,134	12,650,000	26,403
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**
CSO 2: SAVE THE CHILDREN				
Salary expenditure				
Per-diem payments	2,500,000	5,218	1,000,000	2,087
Non-salary expenditure				
Training	3,000,000	6,262	4,000,000	8,349
Other expenditure				
Capital works	12,500,000	26,090	6,792,132	14,177
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,613**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,852**

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

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide stater CSO 'Type B' proposal and system for economic classification.