



Annual Progress Report 2008

presented by

The Government of

THE CENTRAL AFRICAN REPUBLIC

Reporting on year: 2008

Requesting support for year: 2010/2011

Date of the presentation: 14/05/2009

Closing date of the presentation: 15 May, 2009

Please send an electronic copy of the annual progress report as well as its attachments to the following e-mail address: apr@gavialliance.org

A printed copy may be sent to:

**Secretariat de GAVI Alliance,
2, chemin des Mines
CH- 1202 Genève,
Switzerland**

For any further information, please contact: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be made available to GAVI partners, collaborators and to the general public.

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

Please note that the annual progress report will be neither reviewed nor approved by the Independent Review Committee if it is not signed by the Minister of Health, the Minister of Finance or by their delegated authority.

By signing this page, the whole report is endorsed and the Government confirms that the funding has been used in accordance with the terms and conditions of GAVI Alliance as defined in section 9 of the application form.

On behalf of the Government of the **Central African Republic**

Minister of Health:

Name: [André NALKE DOROGO](#)
Title: [Minister for Public Health, the Population and AIDS Control](#)

Signature:

Date: [14/05/2009](#)

Minister of Finance:

Name: [Abdalla Kadre ASSANE](#)
Title: [Minister delegate for Finance in charge of Resource Mobilisation](#)

Signature:

Date: [14/05/2009](#)

This report was compiled by:

1. For the ISS section

Full name: [Dr Rock OUAMBITA-MABO](#)

Position: [EPI Director for the Ministry of Public Health, the Population and AIDS Control](#)

Telephone: [\(00236\) 70.40.78.08 / 72.75.40.78](#)

Email: ouambita_mr@yahoo.fr

2. For the HSS section

Full name: [Dr Philémon MBESSAN](#)

Position: [Director for Research and Planning for the Ministry of Public Health, the Population and AIDS Control](#)

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ICC Signatures Page

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

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

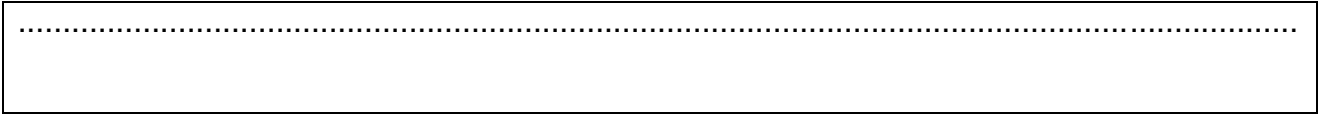
The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organization	Signature	Date
Dr Zakaria MAIGA, WHO Representative	WORLD HEALTH ORGANIZATION		
Mr MAHIMBO MDOE, UNICEF Representative	UNICEF		
Dr Jacques NDEMANGA KAMOUNE, Rotary International Representative	ROTARY		
Mr Antoine MBAO BOGO, President	Central African Red Cross		
Dr Armand GADENGA, Director	SOS Children's Villages		
Mr Antoine MBAGA, Cabinet Director	Ministry for the Family, Social Affairs and National Solidarity		
Mr Lucien YALIKI, In charge of Democratic Culture Assignment	Ministry for Communication, National Reconciliation and Peace Culture		
Dr Louis NAMBOUA, General Manager for Public Health.	MSPPLS (Ministry for Public Health, the Population and AIDS Control)		
Mr Germain WAMOUSTOYO, Director for the Budget	Ministry for the Budget		
Mrs. Irène POUNEBINGUI, Head of Department	Ministry of the Economy, Planning and International Cooperation		

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially.

Has this report been reviewed by the GAVI regional working group?: Yes



HSCC Signature Page

If the country is reporting on HSS and CSO support

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **HIV/AIDS sector health implementation committee, Monitoring and Evaluation of the Poverty Reduction Strategic Document (PRSD)**¹ (insert the names) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organization Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organization	Signature	Date
Mr André NALKE DOROGO, Ministry for Public Health, the Population and AIDS Control, President	Ministry for Public Health, the Population and AIDS Control (MSPPLS)		
Cabinet Director			
Mrs. SAYO Bernadette, Ministry of Social Affairs, the Family and National Solidarity, 1 st Vice President	Ministry of Social Affairs, the Family and National Solidarity		
2 nd Vice President	Coordinator of the National Coordination National Committee for AIDS Control (CN/CNLS)		
Dr Philémon MBESSAN, Director of Research and Planning, 1 st Reporter	Ministry for Public Health, the Population and AIDS Control MSPPLS		
Epidemiology Advisor for CN/CNLS	National Coordination National Committee for AIDS Control CN/CNLS		
Dr Zakaria MAIGA, WHO Representative, Partner Leader	WORLD HEALTH ORGANISATION		
MEMBERS			
	Ministry for Communication, National Reconciliation and Peace Culture		
General Manager of Public Health.	MSPPLS (Ministry for Public Health, the Population and AIDS Control)		

¹ When the CAR (Central African Republic) proposal was submitted in October 2007, the body representing the HSCC was the National Health System Reform Steering Committee. After the Poverty Reduction Strategic Document for the CAR was approved for the period 2008-2010, by a decree by the Prime Minister, he requested that all the Sectorial Divisions set up sectorial committees in order to coordinate the PRSD interventions. At the Ministry of Health, this committee is called: HIV/AIDS Health Sector Committee for implementation of Monitoring and Evaluation of the Poverty Reduction Strategic Document. It, thereby, replaces the first body with the same authority.

Mr Jean-Pierre WABOE, The project coordinator responsible for the Legal and Litigation Counselling	MSPPLS		
Dr Jean Pierre BANGAMINGO, Project Coordinator responsible for Monitoring the PNDS (<i>National Health Development Plan</i>)	MSPPLS		
Mr BONDA, Inspector of Administration and Financial Services	MSPPLS		
DR Antoine DOUI DOUMGBA, The General Manager of Central Services and Hospitals	MSPPLS		
The General Manager for the Population, the Combat against Sexually Transmitted Infections, AIDS and Tuberculosis	MSPPLS		
Dr Rock OUAMBITA, The Director of the Expanded Programme on Immunisation	MSPPLS		
Public Health Advisor	National Coordination National Committee for AIDS Control CN/CNLS		
Monitoring and Evaluation Advisor	CN/CNLS		
Global Management Advisor	CN/CNLS		
Mr Germain WAMOUSTOYO, General Manager of the Budget	Ministry of Finance and the Budget		
Mrs. Irène POUNEBINGUI, Head of Department	Ministry of Economy, Planning and International Cooperation		
	Ministry of National Education, Higher Education, Literacy and Research		
	Ministry for the Family, Social Affairs and National Solidarity		
Rural Community representative	Ministry in Charge of Rural Development and Farming		
Farming representative	Ministry in Charge of Rural Development and Farming		
	Ministry in Charge of Water, Forestry and the Environment		
Mr NZILAVO	Ministry in Charge of Mines, Energy and Hydraulics		
Mr MAHIMBO MDOE, UNICEF representative	UNICEF		
UNFPA representative	UNFPA		
Health Manager for the European Union	European Union		
Dr KOCH KOMBA	ASSOMESCA		

UNAIDS representative;	UNAIDS		
World Bank Group representative;	World Bank Group		
	French Development Agency		
Mr Antoine MBAO BOGO, President	Central African Red Cross		
Dr Armand GADENGA, Director	SOS Children's Villages		
National Assembly representative	National Assembly		
Economic and Social Council representative	Economic and Social Council		
CIONCA representative	CIONCA (Central African Inter NGO Council)		
Central African Employers/GICA representative	Central African Employers/GICA		
Council of the Order of General Practitioners, Pharmacists and Dental Surgeons representative	Council of the Order of General Practitioners, Pharmacists and Dental Surgeons		

Comments from partners:
 You may wish to send informal comments to: apr@gavialliance.org
 All comments will be treated confidentially

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

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

Name:

Position:

Organization:

Date:

Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the CSO census (for Type A funding), and one of those receiving support for obtaining GAVI Alliance funds with a view to setting up support for the HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:

Position:

Organization:.....

Date:

Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert names) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organizations with the expertise and management capacity to complete the work described successfully.

Name/Titre	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Outcomes as per Joint Reporting Form of immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	150 583	153 650	156 780	159 978	163 231			
Infants' deaths								
Surviving infants	130 792	133 456	136 175	138 952	141 777			
Pregnant women	172 094	175 600	179 178	182 832	186 549			
Target population vaccinated with BCG	104623	141358	147373	151979	155069			
BCG coverage*	69,53	92%	94%	95%	95%			
Target population vaccinated with OPV3	73161	122780	128005	132004	134688			
OPV3 coverage**	55,98	92%	94%	95%	95%			
Target population vaccinated with DTP3***	66388	NA	NA	NA	NA			
DTP3 coverage** (DTP+Hep+Hib)	44,09	NA	NA	NA	NA			
Target population vaccinated with DTP1***	113606	NA	NA	NA	NA			
Wastage ² rate in baseline year and planned thereafter	26	10	5	5	5			
Duplicate these columns as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of Pentavalent	10 862	122 780	128 065	132 004	134 688			
Pentavalent coverage**	10%	92%	94%	95%	95%			
Target population vaccinated with 1 st dose of the Pentavalent	48 444	133 456	136 175	138 952	141 777			
Wastage ² rate in baseline year and planned thereafter	10%	10%	10%	10%	10%			
Target population vaccinated with 1 st dose of measles vaccine	79201	122780	128005	132004	134688			
Target population vaccinated with 2 nd dose of measles vaccine	NA							
Measles coverage**	52,60	92%	94%	95%	95%			
Pregnant women vaccinated with TT+	93037	130 792	133 456	136 175	138 952			
TT+ coverage****	61,78	85%	90%	92%	92%			
Vit. A supplementation	Mothers (<6 weeks from delivery)	15802						
	Infants (>6 months)	52661						
Annual DTP Drop out rate [(DTP1 - DTP3)/DTP1] x 100	41.6							
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)								

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines, see table α following Table 7.1.

- * Number of infants vaccinated out of total births
- ** Number of infants vaccinated out of surviving infants
- *** Indicate total number of children vaccinated with either DTP alone or combined
- **** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline data and annual targets

Number of	Outcomes as per Joint Reporting Form of immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	150 583	153 650	156 780	159 978	163 231			
Infants' deaths								
Surviving infants	130 792	133 456	136 175	138 952	141 777			
Pregnant women	172 094	175 600	179 178	182 832	186 549			
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OPV3 coverage**	55,98	92%	94%	95%	95%			
Target population vaccinated with DTP3***	66388	NA	NA	NA	NA			
DTP3 coverage** (DTP+Hep+Hib)	44,09	NA	NA	NA	NA			
Target population vaccinated with DTP1***	113606	NA	NA	NA	NA			
Wastage ³ rate in baseline year and planned thereafter	26	10	5	5	5			
Duplicate these columns as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of the Pentavalent vaccine	10 862	122 780	128 065	132 004	134 688			
Pentavalent coverage**	10%	92%	94%	95%	95%			
Target population vaccinated with 1 st dose of the Pentavalent vaccine	48 444	133 456	136 175	138 952	141 777			
Wastage ³ rate in baseline year and planned thereafter	10	10%	10%	10%	10%			
Target population vaccinated with 1 st dose of Measles	79201	122780	128005	132004	134688			
Target population vaccinated with 2 nd dose of measles vaccine	NA							
Measles coverage**	52,60	92%	94%	95%	95%			
Pregnant women vaccinated with TT+	93037	130 792	133 456	136 175	138 952			
TT+ coverage****	61,78	85%	90%	92%	92%			
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- * Number of infants vaccinated out of total births
- ** Number of infants vaccinated out of surviving infants
- *** Indicate total number of children vaccinated with either DTP alone or combined
- **** Number of pregnant women vaccinated with TT+ out of total pregnant women

2. 1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (were they reflected in Ministry of Health and/or Ministry of Finance budget): **No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether it is anticipated that the funding will be on-budget in the near future?

NO, the ISS funds received are not reflected in the State budget 2008 because the amount was not yet disclosed when the Finance Law was adopted. Nevertheless, a budget line was used for the joint financing. However, since the cMYP 2008-2012 was drawn up, it is clearly shown in the EPI strategic plan for Government and partner funds.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Interagency Coordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The funds management mechanism is recorded in the GAVI funds usage guidelines (**ATTACHMENT I**). The main lines used in managing these funds are as follows:

- Existence of a GAVI account N°371 603 164 01-87 at Eco Bank;
- The chequebook is held by the EPI Manager;
- A journal is kept by the EPI manager at senior management level to record the receipt and expenditure of the funds;
- The expenses are the subject of a pre-numbered handwritten request from the National EPI Manager;
- A three-person committee is set-up to receive the purchases and to draw-up the related report.
- The cheque needs two compulsory signatures (A, B)
 - A: Minister of Public Health, the Population and AIDS control
 - B: The WHO RepresentativeDeputies are provided for the case where one or both of the two main signatories are missing.
- An internal audit organised by the IACC is being carried out by the Ministry of Health's health services inspection for monitoring the use of GAVI funds. The audit report will be presented for validation later on at an IACC meeting.

The main functions and responsibilities of the IACC: (Ministerial decree N°0044 MSPP/CAB/SG/DGSP/SPEV dated February 7, 2002) **ATTACHMENT II**

1. Co-ordinate the partner activities;
2. Contribute to examining and approving the routine EPI plans, National/Local Vaccination Days and the integrated epidemiological monitoring of diseases;
3. Mobilise the internal and external resources necessary for carrying out activities;
4. Ensure that resource management is transparent and responsible by carrying out regular verification of programme resource usage with the EPI team;

5. Encourage and support information exchange at both national and foreign operational level;
6. Ensure that the programme is run correctly;
7. Look for ways and means of solving problems that are likely to hinder the correct running of the programme.

Problems encountered

- *Payment of VAT at 19% on local purchases;*
- *Long procedures for exoneration requests and for payment of handling costs;*
- *Demand by the shipping company for the payment of storage costs before local delivery of syringes and other vaccination consumables.*

Proposed solutions

- *Steps have been taken with the Ministry of Finance and the Budget in the view to exonerating local purchases using GAVI funds.*
- *As the Ministry of Finance and the Budget has awarded exonerations for syringes and other vaccination consumables on a case-by-case basis, steps are being taken to obtain a permanent exemption.*
- *The Ministry of Health, in collaboration with the Ministry of Finance and the Budget is currently discussing the option of immediate removal of the material with the shipping agent.*

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: 1.244.153,75 \$

Remaining funds (carry over) from 2007: 251,26 \$

Balance to be carried over to 2009: 156.796,21 \$

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines		-	-	-	
Injection supplies		-	-	-	
Staff	47 804	14 650		33 153,75	
Transportation	33 847	11 626,51		22 220,58	
Maintenance and overheads	107 835	65 916,61	9 856,18	32 062,58	
Training	109 853	28 192,25		81 660,29	
IEC / social mobilization	49 325	6 518,75	22 615,17	20 190,85	
Outreach to hard-to-reach groups		-	-	-	-
Supervision	12 652	-	-	12 651,90	
Monitoring and evaluation	98 022	4 869,47		93 152,41	
Epidemiological surveillance		-	-	-	
Vehicles (inc. motorbikes)	269 887	269 886,50	-	-	
Cold chain equipment	255 524	-	-	255 524,06	
Other(specify)	102 824	54 040,29	-	48 784,05	
Total:	1 087 518	455 700,39	32 417,35	599 400,5	
Balance of funds for the next year:	156.796,21				

Source: Rapport financier PEV 2008./ EPI Financial Report 2008

1.1.3 ICC meetings

How many times did the ICC meet in 2008? *2 times.*

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008, particularly the minutes from the meeting in which the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: *Yes*

If yes, which ones?

List the CSOs that are ICC members

ROTARY Club, Central African Red Cross, SOS Children's Villages (See Attachment II).

Please report on primary activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

a) Main achievements:

- 59.676 litres of oil received from the UNICEF were delivered to 354 EPI centres, which allowed Polio NVDs, the vaccination follow-up campaign for measles and routine vaccination to be organised;*
- The regular provisioning of vaccination units with routine vaccines including injection equipment (self-blocking syringes, dilution syringes and safety boxes) and other consumables;*
- The training of 1,228 health agents during a measles follow-up vaccination scheme regarding injection safety, waste management, data gathering and processing and the correct care for AEFI cases;*
- The training of 720 health agents in the 354 EPI centres during the introduction of Pentavalent regarding vaccine administration, injection safety, waste management, data gathering and processing and the correct care for AEFI cases;*
- The financial support for communication and social mobilisation during the mass treatment scheme against measles and the Polio NVDs;*
- The partial logistical inventory of the cold chain;*
- The development of micro plans for districts following the "Reach Each District" approach;*
- The regular provisioning of health districts with cold chain equipment, vaccines and other consumables;*
- The organisation of quarterly and annual reviews of the EPI activities regrouping the district and regional management teams and the EPI senior management at central level;*
- The continuation of the extension of the injection safety policy in all the vaccination centres;*
- The development of the Plan for introducing new vaccines (pneumococcal vaccine).*

b) Major issues:

- Problems coordinating activities at all levels with the other programmes leading to the delay in carrying out activities;*
- Deficiency regarding the implementation of the RED strategy on perimeter level;*
- Insecurity that limited access to certain zones of the country;*
- Insufficient staff motivation.*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) The minutes (DOCUMENT No. ____) from the ICC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting in which the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT No. ____) (e.g. – the Auditor General’s Report or equivalent) from the **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement (DOCUMENT No. ____) of funds spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller from the Ministry of Health and/or Ministry of Finance and by the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

Give the main DQA recommendations:

The programme underwent an external audit of the data quality in 2004 with a satisfactory verification factor (82,6%).

After this audit, the following was recommended:

- The strengthening and the autonomy of EPI senior management in terms of data processing, monitoring and evaluation, supervision and feedback at all scales;
- The uniformity of clocking in tools and the regular use of recording and stock management tools;
- The monitoring of the HC and district reports regarding on-time and complete delivery;
- The regular organisation of data quality control.

The next data quality control is planned for 2009. However, the country opted for organising the self-assessment of data quality (DQS) at health district level in 2009 with the support of the AIT/Central Africa (*Advanced Institute of Technology*).

Has a plan of action been prepared to improve the reporting system based on the recommendations from the last DQA?

YES

NO

If yes, please indicate how much progress has been made in its implementation and attach the plan.

Please indicate the ICC meeting in which the action plan for the last DQA was reviewed and adopted by the ICC. [month/year]?

Please describe the studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys (DHS), household surveys, etc).

Indicate the studies conducted: NA

Indicate the problems encountered while collecting and reporting administrative data: NA

1.2. New and Underused Vaccines Support (NVS)

1.2.1. Receipt of new and underused vaccines during 2008

When was the new or underused vaccine introduced? Please include change in doses per vial and change in vaccine presentation, (e.g.– DTP + Hep B mono to DTP-Hep B)

YELLOW FEVER VACCINE: *introduced in 1979*

PENTAVALENT: *DTC-Hep B + Hib introduced in the immunisation calendar on September 1, 2008.*

PENTAVALENT: *Two dose vial.*

Dates vaccine shipments were received in 2008.

Vaccine	Vial size	Number of doses	Date introduced	Date received (2008)
<i>Yellow fever vaccine</i>	<i>10 doses</i>	<i>111.600</i>	<i>1979</i>	<i>08 MAY and 07 August 2008</i>
<i>Pentavalent</i>	<i>2 doses</i>	<i>140.000</i>	<i>1st September 2008</i>	<i>13 July 2008</i>

Where appropriate, please report any problems encountered.

No particular problems have been encountered.

1.2.2. Primary activities

Please provide an overview of the primary activities that have been or will be undertaken with respect to introduction, phasing-in, service strengthening, etc. and describe any problems encountered.

The main activities undertaken in introducing the new Pentavalent vaccine are:

- Strengthening the EPI logistics system: assessment of the cold chain, identification of needs, order and receipt of vaccines since July 2008;*
- Strengthening staff capacities: revision of the training modules and the management tools, trainer training with the support of the AIT/CA, the training of management teams on a regional and provincial level as well as health agents;*
- Distribution of vaccines and injection equipment in the Prefecture health bases;*
- Communication: development and production of communication supports, holding a briefing workshop for media consultants regarding introducing new vaccines, distribution of micro-programmes on the radio airwaves and local television.*
- Effective introduction of the Pentavalent vaccine in the immunisation calendar since September 1, 2008 via the official ceremony presided over by Mrs. Monique BOZIZE, 1st Lady of the CAR.*

The problems encountered

- Insufficient geographical coverage of the EPI centres (only 47.95% of the 734 health training sessions integrated the EPI activities);*
- Insufficient and out-of-date vehicles;*
- Lack of staff motivation (irregular payment of salaries);*
- Payment of 19% VAT on local purchases encumbers the budget allocated by GAVI to the EPI department;*

- Instability of health agents trained in EPI at their positions;
- Geographical inaccessibility of certain zones in the rainy season (Vakaga);
- Insecurity due to the military political unsettlement (armed groups) and the 'road cutters'/bandits in some areas of the country.

1.2.3. Use of GAVI funding entity support (\$100,000 USD) for the introduction of the new vaccine

These funds were received on: [July 2008](#)

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in USD	Date received	Balance remaining in USD	Activities	List of problems
2008	100.000	July 2008	0	See 1.2.2	

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [July and December 2008 in two health regions: HRN° 2 and 4](#)

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

The main recommendations:

- ✓ Purchase the IT tools to be installed in the Prefecture health bases,
- ✓ Implantation of files "Register_stocks_integral and DVD_MT" for the computerised management of vaccines, injection safety equipment and other inputs,
- ✓ Training of vaccine managers regarding the efficient management of the vaccine storage and the manipulation of the files mentioned above.

Was an action plan prepared following the EVSM/VMA?: [Yes \(draft not yet finalised\)](#)

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

A draft vaccine wastage reduction plan has been prepared and covers the following activities:

- Purchase IT tools for the central level;
- Purchase the IT tools for the health prefectures and regions;
- Equip the provincial health bases with IT tools and accessories;
- Train the EPI managers and the vaccine store managers in terms of computerised management of vaccines and efficient store management;
- Train the Management Teams in the computerised management of EPI data;
- Train the EPI, regional and provincial managers in maintenance and repair of cold chain equipment;

- Organise training supervision in the area of the cold chain and follow-up on vaccine wastage;
- Evaluate the activities of the plan annually.

When will the next EVSM/VMA* be conducted? [June 2009](#)

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

Table 1.2:

Vaccine 1: Yellow Fever Vaccine	
Anticipated stock on January 1, 2010	340 438 doses
Vaccine 2: Pentavalent	
Anticipated stock on January 1, 2010	566 828 doses
Vaccine 3: Anti-pneumococcal	
Anticipated stock on January 1, 2010	536 189 doses

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving injection safety support in cash or in kind? **Yes**

Please report on the receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as needed).

Injection safety equipment	Quantity	Date received
SBS (self-blocking syringe) 0.05 ml		
SBS 0.5 ml	344 500	
ADS (auto destruct syringe) 5 ml	12 400	
ADS 2 ml	146 900	
Safety boxes	77 750	

Please report on any problems encountered.

The demands of the shipping agents concerning the storage costs and container hire often lead to late delivery.

1.3.2. Even if you have not received injection safety support in 2008, please report on progress of the transition plan for safe injections and safe management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

In the area of the CAR/UNICEF Bilateral Cooperation, the UNICEF ensures, according to its action plan, the provisioning of the Central African Republic with vaccines and consumables.

Please report the methods of disposing of sharps waste.

The SBS and security boxes are used in 100% of the health facilities that vaccinate since 2003.

The waste coming from the vaccination is burned at the health centre in the open air and then buried.

The Health Prefectures do not have incinerators yet.

Please report problems encountered during the implementation of the transition plan for safe injections and safe management of sharps waste.

N.C.

1.3.2. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

See GAVI financial activities table (Injection safety section)

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditure and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI's understanding of the broad trends in immunization programme expenditures and financial flows.

Please note, the following table should be filled in using USD.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted expenditures	Budgeted expenditures
<i>Expenditure by category</i>			
Traditional vaccines	515 580,00 \$	154 016 \$	157 382 \$
New vaccines	2 447 571 \$	3 599 009 \$	3 311 122 \$
Injection equipment	18 581,23 \$	209 030 \$	219 326 \$
Cold chain equipment	110 313,56 \$	617 231 \$	674 046 \$
Operational costs	10 315,25 \$		
Other (please specify)	33 150,89 \$		
Total EPI	2 963 151,00 \$		
<i>Total public expenditures for health</i>			

Exchange rate used	
---------------------------	--

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditure, 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; 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.

Approximately 55% of expenditure is carried out for Health Prefectures, 42% at central level and approximately 3% at regional level in 2008.
 The financing of traditional vaccines is carried out by the UNICEF through the protocol agreement with the Central African Republic.
 The financing of Under-used and new vaccines is carried out using GAVI funds.
 The difficulty lies mainly in the disbursement of funds procedure at public finance level. All those involved at all levels need to be made aware of these issues in order to simplify the procedure.

Future Country Co-Financing (in USD)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by GAVI (and cost estimate, USD)

<i>1st vaccine: yellow Fever (YFV)</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per vaccine dose		0,15\$	0,20\$	0,20\$			
Number of vaccine doses	#	52 200					
Number of SB syringes	#	34 800					
Number of re-constitution syringes	#	5 800					
Number of safety boxes	#	450					
Total value to be co-financed by the country	\$	51 500					

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, USD)

<i>2nd vaccine: DTP-HepB + Hib</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per vaccine dose		0,15\$	0,20\$	0,20\$			
Number of vaccine doses	#	25 400					
Number of SB syringes	#	26 000					
Number of re-constitution syringes	#	14 100					
Number of safety boxes	#	450					
Total value to be co-financed by the country	\$	\$ 85 500					

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, USD)

<i>3rd vaccine: Anti-Pneumococcal</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per vaccine dose		0,15\$	0,20\$	0,20\$			
Number of vaccine doses	#	25 800	29 300	29 000			
Number of SB syringes	#	27 500	29 800	30 400			
Number of re-constitution syringes	#						
Number of safety boxes	#	325	350	350			
Total value to be co-financed by the country	\$	80 500	88 000	90 000			

Table 2.3: Co Country Co-Financing in the Reporting Year (2008)

Q.1: Were there differences between the proposed payment schedule and the actual schedule in the reporting year? Yes			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1 st vaccine awarded: YFV	N.C.	16/04/2009	2010
2 nd vaccine awarded: Pentavalent	N.C.	16/04/2009	2010
3 rd vaccine awarded (identify)			

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total amount in USD	Total number of doses
1 st vaccine awarded: YFV	12 500	13 100
2 nd vaccine awarded: Pentavalent	41 500	11 400
3 rd vaccine awarded (identify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. Lengthy fund commitment procedures at the Ministry of Health
2. Treasury constraints at the Ministry of Finance and the Budget

If the country is in default, please describe and explain the steps the country is planning to take to discharge its obligations.

- [Disbursement of funds requests introduced on time.](#)
- [Monitoring of disbursement files at the Ministry of Finance and Budget and informing the competent authorities.](#)
- [Regular meetings between the Minister of Public Health, the Population and AIDS Control and his homologue at the Ministry of Finance and the Budget as well as the Prime Minister in order to mobilise the national part.](#)

[NB:](#) The country has carried out a first payment of 20,000,000 CFA as the 1st part of the 2008 co-financing.

3. 3. Request for new and under-used vaccines for year 2010

Part 3 relates to the request for new and under-used vaccines and injection safety supplies for 2010.

3.1. Updated immunization targets

Please provide justification and reasons for changes to baselines, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form for Immunization Activities** in the space provided below.

Are there differences between table A and B? **No**

If there are differences, please describe the reasons and justification for those differences below:

Provide justification for any changes **in births**:

N.C.

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

Provide justification for any changes **in the targets by vaccine**:

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

Vaccine 1: Yellow Fever

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarize the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#	128 065	132 004	134 688			
Target immunization coverage with the third dose	<i>Table B</i>	#	94,0%	95,0%	95,0%			
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	136 175	138 952	141 777			
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	2	2	2			
Country co-financing per vaccine dose *	<i>Excel sheet Table D - Tab 4</i>	\$	0,10 \$	0,15 \$	0,15 \$			

* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate in USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	288 400	223 000	228 700			
Number of SB syringes	#	192 100	124 400	127 600			
Number of re-constitution syringes	#	32 100	24 800	25 400			
Number of safety boxes	#	2 500	1 675	1 700			
Total value to be co-financed by GAVI	\$	\$283 000	\$221 000	\$231 500			

Vaccine 2: Pentavelent (DTC-HepB-Hib)

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#	128 065	132 004	134 688			
Target immunization coverage with the third dose	<i>Table B</i>	#	94,0%	95,0%	95,0%			
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	136 175	138 952	141 777			
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	1.11	1.11	1.11			
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$	0,15 \$	0,20 \$	0,20 \$			

* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate in USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	541 500	435 500	442 300			
Number of SB syringes	#	553 400	435 700	442 500			
Number of re-constitution syringes	#	300 500	241 700	245 500			
Number of safety boxes	#	9 500	7 525	7 650			
Total value to be co-financed by GAVI	\$	\$1 813 500	\$1 370 000	\$1 302 000			

Vaccine 3: Anti pneumocoque VPC10
Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#	128 065	132 004	134 688			
Target immunization coverage with the third dose	<i>Table B</i>	#	94,0%	95,0%	95,0%			
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	136 175	138 952	141 777			
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	1.05	1.05	1.05			
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$	\$80 500	\$88 000	\$90 000			

* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	510 500	411 800	420 100			
Number of SB syringes	#	545 100	435 400	444 200			
Number of re-constitution syringes	#						
Number of safety boxes	#	6 050	4 850	4 950			
Total value to be co-financed by GAVI	\$	\$1 594 500	\$1 286 000	\$1 312 000			

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a results-based organization, the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR– process since the launch of the GAVI Alliance. Recognizing that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions, the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by May 15th of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and have received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
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** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all Annual Progress Reports. In this case, the report may be returned to the country, which could cause delays in the disbursement of additional HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of any new HSS funds.
5. If needed, please use additional space beyond what is provided in this form.

4.1 Information relating to this report:

- a) Fiscal year runs from the month of **January** to the month of **December**.
- b) This HSS report covers the period from **April 2008** to **April 2009** (month/year)⁴
- c) Duration of current National Health Plan is from **January 2006** to **December 2015**
- d) Duration of the cMYP: **January 2008-December 2012**
- e) What is the name of the individual responsible for compiling this HSS report to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?
It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *“This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for the necessary verification of sources and for review. Once their feedback had been acted upon, the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on March 10, 2008. Minutes of said meeting have been included as annex XX to this report.”*

Name	Organization	Role played in report submission	Contact e-mail and telephone number
Government focal point to contact for any clarifications			
Dr Philémon MBESSAN	Director of Research and Planning, Ministry of Health	Compiling the report	mbessanp@yahoo.fr tel 00 236 75 04 71 90
Other partners and contacts who took part in putting this report together			
Dr Philémon NAMKONA	MPN (National Management Professional)/WHO	Compilation and validation of the report	namkonap@cf.afro.who.int > 00 236 75 50 12 24
Dr Casimir MANENGU	EPI WHO Focal Point	Compilation and validation of the report	manenguc@cf.afro.who.int 00 236 70 17 15 20
Dr Léon KAPENGA	EPI UNICEF Focal Point	Compilation and validation of the report	00 236 72 29 92 68

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

This issue should be addressed in each section of the report, as different sections may use different sources. However, this section should mention the MAIN sources of information

⁴ The CAR submitted its HSS proposition in October 2007. After it was approved by the GAVI Alliance proceedings, the country was informed by letter of the decision on February 18, 2008. In the same letter, information regarding the bank details were requested and sent to the Executive Secretariat of GAVI. After the transfer of funds to the country on April 29, 2008 into the account opened for the HSS support, the Department was not informed (communication problem after the transfer of funds between GAVI Geneva and the CAR). It was only on July 4, 2008, on checking the account that the country received the information regarding the account provisioning from the bank statement. The Account Manager was appointed on September 30, 2008. The first meeting of the HIV/AIDS Health Sector Committee for implementing Monitoring and Evaluation of the PRSD was held on November 3, 2008. Finally, the action plan for 2008 was signed by the Minister of Health and the WHO representative on December 10, 2008. Considering all the above, the activities actually started at the beginning of 2009.

were and any SIGNIFICANT issues raised in terms of the validity, reliability, etc. of the information shown. 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 figures were compared and crosschecked 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 information sources used are: the 2008 action plan, the planned activities reports, the agreement protocols signed in the area of the HSS, the documents of the support project for the CAR Health System Strengthening Strategy, the letter giving the decision on the HSS proposition on February 18, 2008, joint report (JRF) WHO UNICEF MSPPLS 2008.

- a) In compiling 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? Do you have any suggestions for improving the HSS section of the APR report? Is it possible to improve harmonization between HSS reporting and existing reporting systems in your country?

The difficulties encountered during the compilation of this report can be resumed as follows:

- (i) The time difference between the time chart of the activities contained in the document of the approved agreement (start in January 2008), and when the application was accepted;
- (ii) Difficulty to report for a period without funds,
- (iii) Difficulty in understanding certain questions (wording and translation).

4.2 Overall support financial breakdown

Period for which support approved and new requests. For this Annual Progress Report, the measurement period is the calendar year, but in future it is desirable for fiscal year reporting to be used:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved in \$		1 893 000	591 000	359 000	320 000				
Date the funds were received		29 April 2008							
Amounts spent in \$		798429,71							
Balance \$		1 096 330							
Amount requested		1 892 760	591 000	359 000					

Amount spent in 2008: **\$ 1 893 000**

Remaining balance from total: **\$ 1 096 330** on May 4, 2009

The CAR's application for GAVI support for HSS has one goal and just one objective:

GAVI support goals for HSS

The GAVI-HSS proposition by the CAR comes under the area of the implementation of the National Plan for Health Development, with the goal of contributing to improving the health status of the Central African populations, in particular the poorest and most vulnerable layers.

GAVI support objectives for HSS

Just one specific objective is maintained by the GAVI-HSS proposition for the CAR:

- Contribute to reducing the maternal and infant mortality rate in the Central African Republic by increasing the offer and the use of quality health care in the Health Regions 2 & 4 between now and 2011

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, monitoring and evaluation, 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 the management and evaluation of HSS funds, and to what extent is this management and evaluation integrated into 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?

In the following matrices, we replace the objectives with the field of intervention.

Table 4.3 HSS activities in reporting year (i.e.–2008)						
Main activities by field of intervention	Planned activities for reporting year	Rapport sur l'accomplissement des progrès (Progress Report) (% completed)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Field of intervention 1	Support for the operational capacity of the health districts					
Activity 1.1:	Build and/or rehabilitate the HS or HP	0%	210000	0	210000	Activities 1.1 and 1.2 will be implemented after the inventory [2] (initial assessments) currently in progress. A call for tender file will be prepared for recruiting companies for work or equipment supply.
Activity 1.2:	Equip the HC or HP with medical and cold chain equipment	0%	180 000	0	180 000	A list of priority health centres and out-posts will be drawn-up after the current inventory to be sent to UNICEF, that is maintained in the proposition for the equipment purchases procedures
Activity 1.3:	Provision the HC and/or the HP with essential medicines and specific inputs	100%	80 000	80 000	0	An agreement protocol has been signed between the Ministry of Health and the Medicine transfer unit, that is maintained in the application document as a structure responsible for purchasing medicines (UCM). The funding is transferred to the UCM account for the acquisition

						procedure and its delivery to the priority HC and HP targeted.
Activity 1.4:	Organise/retraining of the health staff in the health centres	0%	28 000	0	28000	The training will be organised after the needs are expressed at the end of the inventory and planned in the action plan for the targeted districts
Activity 1.5:	Train the senior management of the HDs in HD management	4%	90 000	3624,07	86375,92	Activity being prepared (module revision, purchasing of audio-visual equipment ...)
Activity 1.6:	Organise the training/retraining of ECD (<i>District Management Team</i>) in the pilot HDs.	0%	30 000	0	30000	We are currently in the process of identifying and recruiting an international consultant to support this activity.
Activity 1.7:	Organise the training/retraining of the HDS (<i>Health District Hospitals</i>) staff	0%	42 000	0	42 000	
Activity 1.8:	Provision the HDs in vehicles (all terrain vehicle)	100%	150 000	150 000	0	5 health districts equipped with vehicles
Activity 1.9:	Provision the HDs with IT equipment	0%	15 000	0	15000	
Activity 1.10:	Recruit and pay the agents under contract in favour of the HCs and HPs.	0%	60 000	0	60000	As above
Activity 1.11:	Supervise the HC and HP activities.	0%	48 000	0	48000	As above

Activity 1.12:	Provision the 5 HDHs with essential medicines	100%	240 000	240000	0	same as activity 1.3
Activity 1.13:	Provision the HDHs with medical equipment	53%	300 000	158354	141 646	5 HDHs should benefit from biomedical equipment in the area of the HSS. Three HDHs out of the 5 were planned based on financing by the World Bank Group to have biomedical equipment. Part of the amount that was originally planned for the equipment was reoriented towards the purchase of two vehicles for the regional senior management N°1 and 2 who had no logistical means of supporting the targeted health districts. The other priority HDHs will be equipped after the inventory. The equipment list will be sent to UNICEF, which is maintained in the proposition for equipment purchase procedures.
Activity 1.14:	Payment of performance bonus to on-site staff	0%	45 000	0	45000	
Field of intervention II	Strengthening the standardisation and technical support function to the HD					
Activity 2.1:	Perform an inventory of the sector in the regions in question	80%	50 000	23398,34	26 602	The on-site survey is complete. The consultants are writing up their report that will be submitted to the HIV/AIDS

						health sector committee for validation.
Activity 2.2:	Draw-up the RHS (<i>Health Human Resources</i>) development plan	45%	20 000	9090,9	10 909	A team of experts is currently up-dating the situation analysis
Activity 2.3:	Up-date/develop the national health card	52%	20 000	10350,4	9 650	The data is currently being processed. The WHO will finance the data gathering in the other districts.
Activity 2.4:	Develop the operational and organisational standards for each level of the health system	0%	20 000	0	20 000	A draft standards document is available but is focused on the operational structures. A team is expanding on the document content before the planned series of workshops is organised
Activity 2.5:	Organise the CNP (<i>National Employers' Council</i>) meetings of the sector strategy	100%	2000	2000	0	
Activity 2.6:	Organise ECR (<i>Regional Management Team</i>) training in Planning; Monitoring, Evaluation & Supervision	0%	20 000	0	20 000	
Activity 2.7:	Support for HD supervision	0%	20 000	0	20 000	
Activity 2.8:	Organise the annual reviews of the health sector	13%	25 000	3 173	21 827	In order to facilitate the involvement of stakeholders and select the partners for the co-management of accounts on an intermediary and peripheral level, meetings have been organised in the 2 regions and the 5 districts that are targeted.

Field of intervention III	Rationalisation of health financing					
Activity 3.1:	Set-up 'basket funds' in the targeted regions	0%				The identification and the recruitment of an international consultant to support the country for this activity are currently in process.
Activity 3.2:	Management cost	75%	147760	111297,6	36702	The central structure has two 4x4 vehicles and one motorbike
Support functions					0	The central structure has IT and office technology equipment
						The management unit is rehabilitated and equipped in office equipment
						The Research and Planning management is connected to the internet
Technical support 3.3	Technical assistance	0%	52000	0	52000	The activities that require technical assistance support have not been implemented, their recruitment is being prepared

Table 4.4 note: This table should provide updated information on the work underway in the first part of the year at which time this report is being submitted (e.g.– between January and April 2009 for reports submitted in May 2009).

The column on “planned expenditure in the coming year” should correspond to the estimates provided in the Annual Progress Report from last year (Table 4.6 of last year’s report) or –in the case of first-time HSS reporters- should correspond to the data given in the HSS proposal. Any significant differences (15% or higher) between previous and present “planned expenditures” should be explained in the last column on the right.

Table 4.4: HSS Activities planned for current year (i.e.–January through December 2009) with emphasis placed on those activities that were carried out between January and April 2009

Primary activities by field of intervention	Planned Activity for current year (2009)	Planned expenditure in the coming year (2009)	Balance available (2008)	Requests for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
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Field intervention 1 of	Support for the operational capacity of the health districts				
Activity 1.1:	Build and/or rehabilitate the HS or HP	140 000	210000	140 000	The current inventory will give us the requirements in terms of construction/rehabilitation in the targeted districts. The data will allow us to programme the financing for the two years (2008 and 2009) for the work in view of the huge need in the targeted zones.
Activity 1.2:	Equip the HC or HP with medical and cold chain equipment	120 000	180 000	120 000	As above
Activity 1.3:	Provision the HC and/or the HP with essential medicines and specific inputs	40 000	0	40 000	The continuation of the medicine acquisition programme is currently underway with the UCM (Medication Transfer Unit).
Activity 1.4:	Organise/retraining of the health staff in the health centres	14 000	28 000	14 000	The programme originally planned for 2008 will be carried out in 2009 as well as the one planned for 2009.
Activity 1.5:	Train the senior management of the HDs in HD management		86 376		As above
Activity 1.6:	Organise the training/retraining of ECD (DMT) in the pilot HDs.		29 508		As above
Activity 1.7:	Organise the training/retraining of the HDS (HDH) staff		42 000		As above
Activity 1.8:	Provision the HDs in vehicles (all terrain vehicle)		0		
Activity 1.9:	Provision the HDs with IT equipment		15 000		As above

Activity 1.10:	Recruit and pay the agents under contract in favour of the HCs and HPs.	60 000	60 000	60 000	
Activity 1.11:	Supervise the HC and HP activities.	48 000	46 410	48 000	
Activity 1.12:	Provision the 5 HDHs with essential medicines		0		
Activity 1.13:	Provision the HDHs with medical equipment		141 646		
Activity 1.14:	Payment of performance bonus to on-site staff	45 000	45 000	45 000	
	Sub total 1	467 000	883 940	467 000	
Field of intervention II:	Strengthening the standardisation and technical support function to the HD				
Activity 2.1:	Perform an inventory of the sector in the regions in question		26 602		
Activity 2.2:	Draw-up the RHS (HRH) development plan		10 909		
Activity 2.3:	Up-date/develop the national health card		9 660		

Activity 2.4:	Develop the operational and organisational standards for each level of the health system		20 000		
Activity 2.5:	Organise the CNP (<i>National Employers' Council</i>) meetings of the sector strategy	2 000	0	2000	
Activity 2.6:	Organise ECR (<i>RMT</i>) training in Planning; Monitoring, Evaluation & Supervision		20 000		
Activity 2.7:	Support for HD supervision	20 000	20 000	20 000	
Activity 2.8:	Organise the annual reviews of the health sector	25 000	21 827	25 000	
	Sub total 2		126567		
		47 000		51 000	
Field of intervention III	Rationalisation of health financing				
Activity 3.1:	Set-up 'basket funds' in the targeted regions				
Activity 3.2:	Management cost	30 720	33331,7	30 720	
	Support cost				
	Evaluation				
	Monitoring				
	External audit	20 000		20 000	

Technical support	Technical assistance	26 000	52000	26 000	
	Sub total	76 720	85331,7	76 720	
		590 720	1.096.331	590 720	
Total					

Table 4.5: HSS Activities planned for next year (i.e.–2010). This information will help GAVI to plan its financial commitments

Primary activities	Planned activities for current year (2009)	Planned expenditure in the coming year (2010)	Balance available (we take into account here the balance in 2008 and the amount requested in 2009) (To be automatically filled in from previous table)	Requests for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Field of intervention 1	Support for the operational capacity of the health districts				
Activity 1.1:	Build and/or rehabilitate the HS or HP	70 000	350 000	70 000	
Activity 1.2:	Equip the HC or HP with medical and cold chain equipment	60 000	300 000	60 000	
Activity 1.3:	Provision the HC and/or the HP with essential medicines and specific inputs		40 000		
Activity 1.4:	Organise/retraining of the health staff in the health centres	28 000	42 000	28 000	
Activity 1.5:	Train the senior management of the HDs in HD management		86 376		
Activity 1.6:	Organise the training/retraining of ECD (DMT) in the pilot HDs.		30000		
Activity 1.7:	Organise the training/retraining of the HDS (HDH) staff		42 000		

Activity 1.8:	Provision the HDs in vehicles (all terrain vehicle)		0		
Activity 1.9:	Provision the HDs with IT equipment		15 000		
Activity 1.10:	Recruit and pay the agents under contract in favour of the HCs and HPs.	60 000	120 000	60 000	
Activity 1.11:	Supervise the HC and HP activities.	48 000	94 410	48 000	
Activity 1.12:	Provision the 5 HDHs with essential medicines		0		
Activity 1.13:	Provision the HDHs with medical equipment		141 646		
Activity 1.14:	Payment of performance bonus to on-site staff	45 000	90 000	45 000	
	Sub total 1	311 000	1351432	311 000	
Field of intervention II:	Strengthening the standardisation and technical support function to the HD				
Activity 2.1:	Perform an inventory of the sector in the regions in question		25631		
Activity 2.2:	Draw-up the RHS (HRH) development plan		9951		
	Up-date/develop the national health card		9 660		

	Develop the operational and organisational standards for each level of the health system		20 000		
	Organise the CNP (<i>National Employers' Council</i>) meetings of the sector strategy	2 000	2000	2 000	
	Organise ECR (<i>RMT</i>) training in Planning; Monitoring, Evaluation & Supervision		16336		
	Support for HD supervision	20 000	40 000	20 000	
	Organise the annual reviews of the health sector	25 000	50 000	25 000	
	Sub total 2	47 000	173568	47 000	
Field of intervention III	Rationalisation of health financing				
Activity 3.1:	Set-up 'basket funds' in the targeted regions				
Activity 3.2:	Management cost	44 800	64052	44 800	
Monitoring and evaluation	Support cost				
	Evaluation				
	Monitoring				
	External audit	20 000	20000	20 000	
Technical support	Technical assistance	6 000	78 000	6 000	
	Sub total 3	70 800	162052	70 800	
Total		428 800	1687052	428 800	

4.6 Programme implementation for reporting year:

- a) *Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.*

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

The implementation of the GAVI support for HSS in the CAR is below average in view of the activity indicators presented hereafter:

The implementation of support in the CAR has known many difficulties since its beginning. Regarding the transfer of funding onto the account at country level, the information was not given to the Central African authorities⁵. This formed a first reason for delay.

The appointment of the account manager by the department did not happen immediately after the information was received regarding the availability of the funds. It was signed in September 2008.

The signature of the plan for the first year drawn-up at central level came into effect on December 10, 2008. Activities only really started in 2009.

Peripheral level support suffered delays due to the complexity of implementing HSS support. The targeted regions and districts do not have any action plan that could facilitate the disbursement in order to carry out their activities. There is an insufficiency in the banking loop in the country. In the implementation mechanism, the targeted health districts and regions must have their bank account. This account must be co-managed between a manager from the United Nations System at a decentralised level or people from the community participation (CSO etc...) and the regional or health district doctor. We need to highlight the fact that in certain districts the representation of development partners is non-existent (reported during awareness and identification meetings of the stakeholders in the 5 districts of the 2 targeted regions). The measures are being taken in order to correct this problem of account co-management.

An accountancy software package is currently being installed at management unit level in order to facilitate the management of resources and the compilation of financial reports. This will be extended to the 5 districts of the 2 regions in order to improve accounting.

The implementation of the HSS programme comes into effect in 2009; this is why the disbursement of planned funding is requested in addition to the available balance in order to allow the 2008 programming activities to be carried out at the same time.

⁵ The transfer to the account was done on April 29, 2008 and the country was informed of this in July 2008 on checking the account.

b) Are any civil society organizations involved in the implementation of the HSS proposal? If so, please describe their participation. For those pilot countries that have received CSO funding there is a separate questionnaire at the end of the HSS section focusing exclusively on the CSO support.

The Civil Society Organizations (CSO) are involved in the implementation of the proposition. The awareness meeting of the stakeholders at targeted regional and health district level have listed the CSOs (see annex) that will be involved in the co-management of accounts to be opened for these structures. In addition, a contractualization is planned with the CSOs for implementing the support in the target zones.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the Ministry of Health budget and add value to it. As such, they should not be considered or shown as separate “project” funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget)? No. If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

The funds received for HSS are not reflected in the State budget 2008 because the amount was not yet disclosed when the Finance Law was adopted. The process for sector consultation for the development of the 2008 finance law begins in the month of June and ends in December 2007, after the draft law has been presented to the National Assembly and received its promulgation by the Head of State. Furthermore, a funding agreement or a decision letter from the partner was needed in order to be considered in the State budget. Our proposition was sent to the Executive Secretariat of GAVI in October 2007 and the funding agreement was notified to the country in February 2008, at the time when the finance law was being implemented.

For 2009, the amount of the GAVI HSS support is reflected in the finance law.

b) Have auditors or any other participating parties raised any issues relating to financial management and audit of HSS funds or their linked bank accounts? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

HSS funds are lodged to an account opened for this purpose.

The audit for the management of the funding for the first year was not planned in the application. It is programmed for the second year.

a. General overview of targets achieved

4.8.1 Event and result indicators

Strategy	Indicator	Numerator	Denominator	Data source	Baseline value	Source	Date of Baseline	Objective	Date for Target	Current status	Explanation of any reasons for non achievement of targets
	1. National coverage with the DTP3 (%)	Number of children that have received their 3 rd dose of DTP	Population of target children (Surviving infants)	JRF 2008	45.6%	EPI annual report	2005	90%	31/12/2008	44,09%	Health staff strike, non systematisation of the implementation of the RED approach,
	Coverage with PENTAVALENT (introduced in September 2008)	Number of children that have received their 3 rd dose of Pentavalent	Population of target children (Surviving infants)	JRF 2008	S.O.	EPI annual report	-	90%	31/12/2008	10%	The coverage only corresponds to three months activity
	2. Number / % of districts reaching ≥80% of coverage with the DTP3	Number of districts having reached at least 80% of DTP3		JRF 2008	5	EPI annual report	2005	80%	31/12/2008	8%	Health staff strike, non systematisation of the implementation of the RED approach,
	3. Mortality rate of children under the age of five (for 1000)	Number of deaths of children under five during the period	Number of children under five during the period	Multi-indicator survey (MICS3)	176	Multi-indicator survey (MICS3)	March 2007	176	Not given since 2007	Not given since 2007	
	4. Rate of childbirths assisted by qualified personnel	Number of childbirths assisted by qualified personnel during the	Number of assisted childbirths during the period	Multi-indicator survey (MICS3)	53.4%	Multi-indicator survey (MICS3)	March 2007	53.4%	Not given since 2007	Not given since 2007	

		period									
	5. Number of HDs where at least 70% of the population has access to quality healthcare within a radius of 5 Km.	Number of HDs where the population has access to quality healthcare within a radius of 5 Km.	Number of HDs within a radius of 5Km.	Inventory of the sector in the targeted HDs.	Not available	Inventory of the sector in the targeted HDs.	2008	Not available	Not given		
	6. Rate of maternal mortality for 100,000 live births			General census of the population and housing.	Not available	General census of the population and housing.	December 2003	Not available	Not given since 2003	Not given since 2003	

4.8.2 Activity indicators

Strategy	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
	1. % of health centres rehabilitated or built	Number of HCs an HPs built and/or rehabilitated,	Total number of HCs an HPs built and/or rehabilitated,	Annual report for implementation of the proposition				Not available			Procedure in process for carrying out the activity: Inventory being finalised; then preparation of the call for tender file for the building companies.
	2. Number of trained staff in the health centres	Number of trained staff in the health centres	Number of staff to be trained in the health centres	Annual report for implementation of the proposition				Not available			After finalising of the action plan and the disbursement of funding at regional and district level.
	3. Number of executive staff in the HDs trained in managing primary health care	Number of executive staff in the HDs trained in managing primary health care	Number of executive staff in the HDs to be trained in managing primary health care	Annual report for implementation of the proposition				Not available			

	4. % of districts that have a vehicle	Number of districts that have a vehicle	Number of districts targeted	Annual report for implementation of the proposition		100%			
	3. % of regions equipped with motorised transport	Number of regional management with a vehicle	Number of health regions targeted	Annual report for implementation of the proposition		100%			
	4. % of the central structure involved in the HSS support equipped with motorised transport	% of the central structure involved in the HSS support equipped with motorised transport	% of the central structure involved in the HSS support equipped with motorised transport	Annual report for implementation of the proposition		100%			
	5. Proportion of health centres that have been the object of at least 6 visits during the past year, during which a quantified control list was used	Number of health centres that have been the object of at least 6 visits during the past year, during which a quantified control list was used	Total number of health centres	Annual report for implementation of the proposition		Not available			Activity to be implemented after compilation of the action plan for districts

	6. % of people to recruit as agents for the HCs and HPs	Number of people to recruit as agents for the HCs and HPs	Number of people to recruit	Annual report for implementation of the proposition		Not available			Activities to be implemented after the results of the initial assessment
	7. % of Health District Hospitals (HDH) with regular provisions of essential medicines	Number of HDHs planned to have regular provisions of essential medicines	Number of HDHs that have regular provisions of essential medicines	Annual report for implementation of the proposition		Not available			The funding is transferred to the account of the Medicine Transfer Unit for the purchase and distribution of medicines to the targeted priority health facilities after the inventory.

4.9 Attachments

Five attachments are required for any further disbursement or future vaccine allocation.

- a. Signed minutes of the HSCC meeting endorsing this reporting form.
- b. Latest health sector review report.
- c. Audit report of the account to which GAVI HSS funds are transferred.
- d. Financial statement of funds spent during the reporting year (2008).
- e. This sheet needs to be signed by the government official in charge of the accounts to which HSS funds have been transferred, as mentioned below.

**For the Financial Controller from the
Ministry of Health:**

Name: [Arthur BONDA](#)

Title/Post: [Administration and finance
services inspector](#)

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

1.1 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 support⁶

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

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

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunization. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁶ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying 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.

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds in USD			Total funds due in 2009
		Funds received	Funds used	Balance	
Mapping exercise					
Nomination process					

Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and how this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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 support⁷

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

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

5.2.1 Programme implementation

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

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

⁷ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

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

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

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

Name of CSO (and type of organization)	Previous involvement in immunization / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved
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Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunization and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organization)	Previous involvement in immunization / HSS	GAVI supported activities due to be carried out in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds USD (in thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Balance remaining		
Management costs (of all CSOs)						
Management costs (of HSCC / Regional Working Group)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility. Please indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs.

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in the availability of funds.

5.2.4 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.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date target met

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.

6. Checklist

Checklist of completed form:

Form Requirement:	Compl	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunization Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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.

~ End ~

