



# Annual Progress Report 2008

Submitted by

The Government of

THE UNION OF THE COMOROS

Reporting on year: 2008

Requesting support for years: 2010/2015

Date of submission: 15 MAY 2009

**Deadline for submission: 15 May 2009**

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

and any hard copy can be sent to:

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

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

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

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

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*] **THE UNION OF THE COMOROS**

**Minister of Health:**

Title: [Minister of Health, Solidarity and Gender Promotion](#)

Signature: .....

Date: .....

**Minister of Finance:**

Title: [Vice-President in charge of the Ministry of Finance, Budget and Female Entrepreneurship](#)

Signature: .....

Date: .....

*This report has been compiled by:*

Full name: [Dr Sainda MOHAMED](#)

Position: [National Coordinator of the EPI](#)

Telephone: [00 \(269\) 773 80 70 / 332 04 48](#)

E-mail: [saindamoh@yahoo.fr](mailto:saindamoh@yahoo.fr) or [cnpev@comorestelecom.km](mailto:cnpev@comorestelecom.km)

## ICC Signatures Page

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

We, the undersigned members of the Inter Agency 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 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.

Full name / Title	Agency / Organization	Signature	Date
Dr Ikililou Dhoinine	Vice-president in charge of the Ministry of Finance, Budget and Female Entrepreneurship		
Mr. Hodhoaer Inzouddine	Ministry of Health, Solidarity and Gender Promotion		
Dr El Badaoui Mohamed	PNAC (National Independent Pharmacy of the Comoros)		
Dr Moussa Mohamed	National Director for Health		
Dr Abdou Ousseni	Directorate for the Fight against Diseases		
Mrs. Sett Fatima Tadjiddine	Family Health Directorate		
Dr Karima Abdérémane	Directorate for Health Promotion		
Dr Allaouia Cheikh Soilih	Ngazidja General Health Directorate		
Mr. Daniel Ali Ismaël	Comorian Red Crescent		
Dr Kassankogno Yao	WHO		
Mrs. Josefa Marrato	UNICEF		
Mr. Mamadou Boina Maécha	UNFPA		

### Comments from partners:

*If you want to, you may send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
All comments will be treated confidentially.*

.....

As this report been reviewed by the GAVI core regional work group: **NO**



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

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

Full Name: .....  
 Position: .....  
 Organization:.....  
 Date: .....  
 Signature: .....

This report has been prepared in consultation with the CSO representatives who take part in national level coordinating mechanisms (HSCC or equivalent and IACC) and those involved in the mapping of the CSOs (for Type A support), together with those who receive financial support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B support).

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:

Full Name: .....  
 Position: .....  
 Organization:.....  
 Date: .....  
 Signature: .....

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name), 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.

Full 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.

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

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

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	19 566	20 080	20 612	21 161	21 729	22 314	22 919	23 542
Infants' deaths	1 624	1 667	1 711	1 756	1 803	1 852	1 902	1 954
Surviving infants	17 942	18 413	18 901	19 405	19 925	20 462	21 016	21 588
Pregnant women	32 610	33 466	34 353	35 269	36 215	37 190	38 198	39 237
Target population vaccinated with the BCG	15 993	16 571	17 388	18 434				
BCG coverage*	81.74	90%	92%	95%				
Target population vaccinated with OPV 3	14 525	16 203	17 010	18 046				
OPV 3 coverage**	81.22	88%	90%	93%				
Target population vaccinated with DTP 3***	14 500	16 203	17 010	18 046				
DTP3 coverage**	81.08	88%	90%	93%				
Target population vaccinated with DTP1***	15 272	16 755	17 577	18 434				
Wastage <sup>1</sup> rate in base-year and planned thereafter	17,6%	5%	5%	5%				
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with the 3 <sup>rd</sup> dose of Hep B	14 500	16 203	17 010	18 046				
Hep B Coverage**	81.08	88%	90%	93%				
Target population vaccinated with the 1 <sup>st</sup> dose of Hep B	15 272	16 755	17 577	18 434				
Wastage <sup>1</sup> rate in base-year and planned thereafter	17.9%	5%	5%	5%				
Target population vaccinated with the 1 <sup>st</sup> dose of the measles vaccine	13 744	14 730	15 687	16 494				
Target population vaccinated with the 2 <sup>nd</sup> dose of the measles vaccine	Not Applicable							
Measles vaccine coverage**	76.86	80%	83%	85%				
Pregnant women vaccinated with tetanus toxoid (TT+)	12 305	19 075	20 955	22 924				
TT+ coverage****	37.73	57%	61%	65%				
Vitamin A supplement	Mothers (<6 weeks from delivery)	Not Applicable						

<sup>1</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Where: A = The number of doses distributed to be used according to the supply records and corrected to taken into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table  $\alpha$  after Table 7.1.

	Infants (>6 months)	10 411							
Annual DTP drop out rate $[(DTP1 - DTP3) / DTP1] \times 100$		5%	6%	6%	6%	6%	6%		
Annual measles vaccine drop out rate (for countries applying for the yellow fever vaccine)		Not Applicable							

\* Number of infants vaccinated out of the total number of births

\*\* Number of infants vaccinated out of the number of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

**Table B: Updated baseline data and annual targets**

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	19 566	20 080	20 612	21 161	21 729	22 314	22 919	23 542
Infants' deaths	1 683	1 726	1 772	1 819	1 867	1 917	1 969	2 024
Surviving infants	17 883	18 353	18 840	19 342	19 861	20 397	20 949	21 520
Pregnant women	32 610	33 466	34 353	35 269	36 215	37 190	38 198	39 237
Target population vaccinated with the BCG	15 993	17 670	18 551	19 468	20 643	21 198	21 773	22 365
BCG coverage*	81.74	88%	90%	92%	95%	95%	95%	95%
Target population vaccinated with OPV 3	14 525	16 151	16 956	17 988	18 471	18 969	19 483	20 013
OPV 3 coverage**	81.22	83%	85%	88%	90%	93%	93%	93%
Target population vaccinated with DTP 3***	14 500	16 151	16 956	17 988	18 471	18 969	19 483	20 013
DTP3 coverage**	81.08	83%	85%	88%	90%	93%	93%	93%
Target population vaccinated with DTP1***	15 272	15 600	16 579	17 408	18 471	19 377	19 902	20 444
Wastage <sup>2</sup> rate in base-year and planned thereafter	17.6%	5%	5%	5%	5%	5%	5%	5%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with the 3 <sup>rd</sup> dose of Hep B	14 500	16 151	16 956	17 988	18 471	18 969	19 483	20 013
Hep B Coverage**	81.08	83%	85%	88%	90%	93%	93%	93%
Target population vaccinated with the 1 <sup>st</sup> dose of Hep B	15 272	16 702	17 521	18 375	18 868	19 377	19 902	20 444
Wastage <sup>1</sup> rate in base-year and planned thereafter	17.9%	5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with the 1 <sup>st</sup> dose of the measles vaccine	13 744	14 683	15 637	16 441	17 279	18 357	19 483	20 013
Target population vaccinated with the 2 <sup>nd</sup> dose of the measles vaccine	Not Applicable							
Measles vaccine coverage**	76.86	80%	83%	85%	87%	90%	93%	93%
Pregnant women vaccinated with tetanus toxoid (TT+)	12 305	19 076	20 955	22 925	24 626	26 405	27 884	29 428
TT+ coverage****	37.73	57%	61%	65%	68%	71%	73%	75%

<sup>2</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Where: A = The number of doses distributed to be used according to the supply records and corrected to taken into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table  $\alpha$  after Table 7.1.

Vitamin A supplement	Mothers (<6 weeks from delivery)	Not Applicable							
	Infants (>6 months)	10 411							
Annual DTP Drop out rate $[(DTP1 - DTP3)/DTP1] \times 100$		5%	6%	6%	6%	6%	6%	6%	6%
Annual Measles Drop out rate (for countries applying for the yellow fever vaccine)		Not Applicable							

\* Number of infants vaccinated out of the total number of births

\*\* Number of infants vaccinated out of the number of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

## 1. Immunization Program Support (ISS, NVS, INS)

### 1.1 Immunization Services Support (ISS)

Were the funds received for ISS recorded in the budget in 2008? (Are they in the Ministry of Health and/or Ministry of Finance budget):

If yes, please explain in detail how the GAVI Alliance ISS funding is shown in the Ministry of Health / Ministry of Finance budget in the box below.

If not, please explain why the GAVI Alliance ISS funding is not shown in the Ministry of Health / Ministry of Finance budget and whether the country intends to record the ISS funding in the budget in the near future?

The country did not receive GAVI Alliance ISS funding during 2008. An EPI budget line has been created since 2006 for 20 million Comorian francs. In the year 2008, 2 million was released out of the 15 million budgeted in the cMYP to contribute to the procurement of the new vaccine against the Hib (co-financing) which will be introduced in the country from August 2009. This represented 13% of the funds which should have been released as problems still existed concerning the capacity of the Treasury to effectively release funds.

#### 1.1.1 Management of ISS Funds

*Please describe the management mechanism of the ISS funds, including the role played by the Inter Agency Coordinating Committee (IACC).*

*Please report on any problems that have been encountered involving the use of these funds, such as delays in the availability of the funds for the completion of the program.*

The funds are managed by the Ministry of Health, in collaboration with the members of the IACC.

The signature panel is comprised of 4 people:

- the National Health Director
- the Managing Director of the National Independent Pharmacy of the Comoros (PNAC)
- the Health Coordinator of the Comorian Red Cross
- the WHO Representative

Three signatures are required for the account to function and the check book is kept by the National Coordination of the EPI.

After approval has been given by the IACC, the funds are released and used directly by the National Coordination of the EPI in collaboration with the General Health Directorates in the islands and according to the plan of action endorsed by the IACC.

The supporting documents are kept at the EPI office after verification.

The funds are used directly from the GAVI-Comoros account.

A financial report is presented to the members of the IACC at the beginning of each year, together with an annual work plan which has been developed by the National Coordination of the EPI. These documents include the activities to be financed by the partners and the GAVI Alliance Funds.

### 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: US \$ 0

Remaining funds (carry over) from 2007: US \$ 42 904

Balance to be carried over to 2009: US \$ 31 522

**Table 1.1: Use of funds during 2008\***

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Personnel					
Transport					
Maintenance and overheads (Telephone bills)	US \$ 1 692	US \$ 1 692			
Training					
IEC / social mobilization					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment (Gas and fuel for the generating set)	US \$ 2 097	US \$ 1 578		US \$ 520	
Other (procurement of comprehensive computer equipment for the EPI island and central stock managers)	US \$ 7 594	US \$ 1 898	US \$ 5 695		
<b>Total:</b>	<b>US \$ 11 382</b>	<b>US \$ 5 189</b>	<b>US \$ 5 695</b>	<b>US \$ 520</b>	
Remaining funds for next year:	US \$ 31 522				

1 US \$ = 374 Comorian francs (at 14 May 2009)

### 1.1.3 IACC meetings

How many times did the IACC meet in 2008? 3

**Please attach the minutes (DOCUMENT N°.....) from all the IACC meetings held in 2008 and in particular the minutes of the IACC meetings during which the allocation and utilization of the funds were discussed.**

Are any Civil Society Organizations members of the IACC: **[Yes]**  
If yes, which ones?

List CSO member organizations <b>Comorian Red Crescent</b>

*Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to the implementation of your multi-year plan.*

The introduction of the RED approach was implemented in Anjouan and in Grande Comore in 2008. As far as Anjouan is concerned, as the district plans of action were available in June and as emergency funds were also available at the same time from the Unicef, it was possible to finance the said plans of action and consequently to increase immunization coverage on this island for the first two quarters of 2008 rising from 68.6% in May to 94.6% in December for the DTP HepB3.  
In Grande Comore, as the RED approach was introduced at the end of 2008 (end of October), the district plans of action were only available at the end of November and advocacy for financial support could not be carried out in time for 2008 resulting in an immunization coverage of DTP HepB3 which varied from 63.1% and 68.8% for the last two quarters.

#### Attachments:

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

- Signed minutes (DOCUMENT N°.....) of the IACC meeting which endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting during which the financial statement was presented to the IACC.
- The most recent external audit report (DOCUMENT N°.....) (e.g. the Auditor General's Report or equivalent) of the **account(s)** to which the GAVI ISS funds were transferred. **Not applicable as we have not received any ISS funds to date.**
- A detailed Financial Statement of the funds (DOCUMENT N°.....) spent during the year under review (2008).
- The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the IACC, as indicated below:

### 1.1.4 Immunization Data Quality Audit (DQA)

*If a DQA was carried out in 2007 or 2008 please indicate its recommendations below: **No DQA was carried out in 2007 and 2008 in the Union of the Comoros.***

List the major DQA recommendations
------------------------------------

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

YES

NO

If yes, please indicate the status and progress of implementation of the recommendations and attach the plan.

**Please indicate during which IACC meeting the plan of action for the last DQA was discussed and endorsed by the IACC. [mm/yyyy]**

*Please report on the studies conducted and the problems encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys, household surveys, etc.).*

*List the studies conducted:*

*List the problems encountered in collecting and reporting administrative data:*

## 1.2. GAVI Alliance New or Under-used Vaccine Support (NVS)

### 1.2.1. Receipt of new or under-used vaccines during 2008

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

[List the new or under-used vaccines introduced in 2008]

No new vaccine was introduced in 2008.

[List any change in doses per vial and in the presentation of the vaccines in 2008]

*Dates shipments were received in 2008.*

Vaccine	Vial size	Total number of doses	Date of introduction	Date shipments received (2008)
DTP – Hep B	10	29 100	2003	19 February 2008

*Where applicable, please report on any problems encountered.*

[List the problems encountered]

### 1.2.2. Major activities

*Please outline the major activities that have been or will be undertaken in relation to introduction, phasing-in, service strengthening, etc. and report on the problems encountered.*

[List the activities]

### 1.2.3. Use of the GAVI Alliance financial support (US \$ 100 000) for the introduction of the new vaccine

These funds were received on the: 19 November 2008

Preparation activities which did not require funding were begun in 2008 after endorsement of the application submitted to GAVI. The said activities complied with the introduction plan of the Hib. Consequently, the review of the data collection tools, the identification of the locations where the cold chain had to be rehabilitated and vaccine procurement have been carried out at central level since the 2<sup>nd</sup> semester of 2008.

Activities which required funding began in 2009 once the funds were received (an increased number of tools reviewed, training and social mobilization) but this did not however delay the activities planned as the introduction of the vaccine was planned for August 2009.

Please report on the proportion of the introduction grant used, the activities undertaken, and the problems encountered such as delays in the availability of funds to complete the program.

Year	Amount in US \$	Date received	Balance remaining in US \$	Activities	List of problems
2008	100 000	19 November 2008	100 000	Nothing to report	Not applicable

#### 1.2.4. Effective Vaccine Store Management Assessment / Vaccine Management Assessment

When was the last Effective Vaccine Store Management Assessment (EVSMA) / Vaccine Management Assessment (VMA) conducted? [mm/yyyy] *November 2008*

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

- House the EPI department and the national cold chain on the same premises
- Provide the National Coordination of the EPI with means of transport
- Replace the national cold storage room and separate the vaccines from other non EPI products
- Equip the General Health Directorate of Mohéli with a generating set
- Equip the peripheral levels with cool boxes / vaccine holders which comply with WHO / UNICEF standards
- Introduce a cold chain and transport maintenance department in each region
- Standardize all the EPI management documentation
- Reactivate and intensify the formative supervision in all the EPI facilities
- Strengthen the immunization personnel in the District Health Centers, the means of transport and the cold chain equipment

Was an action plan prepared following the EVSMA / VMA? *Yes*

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

- Separate the vaccines from the other non EPI products: Advocacy is currently been conducted with the other services and departments which use the same cold storage room for them to have their own cold chain thereby freeing that of the EPI whilst we wait for the procurement of a new cold storage room
- Equip the General Health Directorate of Mohéli with a generating set: this has been planned in the 2009 plan of action using GAVI funds and has been endorsed by the IACC
- Standardize all the EPI management documentation: from 2009, the System Management Tool (SMT) will be systematically used but it will first of all be necessary to organize training on the tool in question in August 2009
- Reactivate and intensify the formative supervision in all the EPI facilities: six-monthly supervision is planned in the three islands for the central level and 4 supervisions are planned by the General Health Directorates in the health districts.

When will the next EVSMA / VMA\* be conducted? [mm/yyyy] [November 2011](#)

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

**Table 1.2**

<b>Vaccine 1: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....
<b>Vaccine 2: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....
<b>Vaccine 3: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....

### 1.3 Injection Safety Support (INS)

#### **1.3.1 Receipt of injection safety support (for relevant countries)**

Do you receive Injection Safety Support in cash or supplies? **NO**

*If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).*

Injection Safety Material	Quantity	Date received

*Please report on any problems encountered.*

[List the problems]

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

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

[List sources of funding for injection safety supplies in 2008]

**Injection safety supplies were funded in full by UNICEF in 2008.**

**A new injection safety strategic plan should be developed in October 2009 with the support of WHO.**

*Please report on how sharp and pointed waste is disposed of.*

[Describe how sharp and pointed waste is disposed of in the health centers]

**All the immunization services use safety boxes to collect used auto-disable syringes.**

**9 out of the 17 health centers have a Montfort incinerator. The other District Health Centers burn their waste in the open air and then bury it or they collect it and send it to be incinerated to the neighboring centers which are equipped with incinerators.**

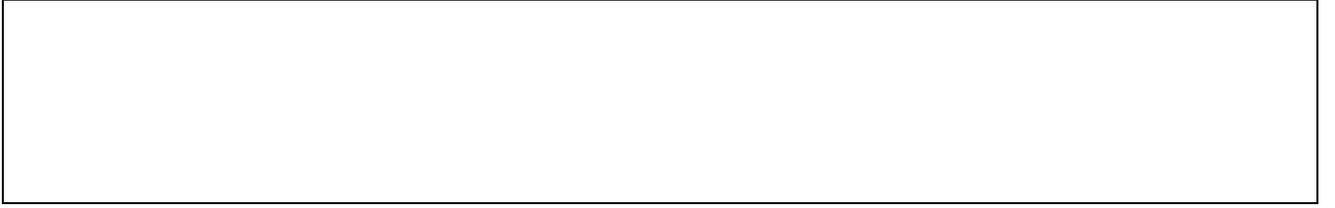
*Please report on the problems encountered during the implementation of the transitional plan for safe injections and management of sharp and pointed waste.*

[List the problems]

#### **1.3.3. Statement on the 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: **Not applicable***

[List the items funded by the GAVI Alliance cash support and the funds remaining at the end of 2008]



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

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to help GAVI to understand the broad trends in immunization program expenditures and financial flows.

Please complete the following table in US \$.

	<b>Reporting Year 2008</b>	<b>Year 2009</b>	<b>Year 2010</b>
	Expenditures	Budgeted expenditures	Budgeted expenditures
<b><i>Expenditures by Category</i></b>			
Traditional Vaccines	21 796	36 323	34 119
New Vaccines	20 880	152 550	178 489
Injection supplies	11 553	27 188	30 365
Cold Chain equipment	39 539	33 066	27 192
Operational costs	66 334		
Other ( <b>Vaccine freight and syringes</b> )	21 523		
<b>Total EPI</b>	<b>297 113</b>	<b>1 211 940</b>	<b>1 470 202</b>
<b>Total Government Health expenditures</b>			

<b>Exchange rate used</b>	1 US \$ = 392 Comorian Francs (April 2007)
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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; please indicate whether the funding gaps are manageable, whether they represent a problem or whether they are 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.

An anti-tetanus and anti-poliomyelitis campaign was planned in 2008 but was not implemented due to delays in the release of funds.  
 The cost of vaccines and syringes is lower than the cost budgeted as the quantity ordered (which depended on the stock available at the beginning of the year) and the procurement price are lower than the forecasted cost in the Excel tool of the cMYP.  
 The EPI vehicle and motorbikes were not procured due to a lack of financing.  
 We were not able to highlight here the expenditures in terms of shared costs and general and maintenance expenses for the buildings in 2008, together with the surveillance of diseases.  
 The main problem raised concerned delays in the release of the funds by the government. Otherwise, depending on the importance of the activity and the advocacy conducted, the funds always end up by being released.

## Future Country Co-Financing (in US \$)

Please refer to the excel spreadsheet in 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 vaccine dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" in 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 of 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 supported vaccines. If your country has received more than one new vaccine, please complete a separate table for each vaccine co-financed (Table 2.2.2; Table 2.2.3; ....)

**Table 2.2.1: Portion of supply to be co-financed by the country (and estimate of costs in US \$)**

<i>1<sup>st</sup> vaccine: DTP – Hep B - Hib</i>		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose		0.20	0.30	0.30	0.30	0.30	0.30
Number of vaccine doses	#	4 000	5 400	6 100	8 100	9 000	9 900
Number of auto-disable syringes	#	4 200	5 700	6 500	8 500	9 500	10 400
Number of reconstitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	50	75	75	100	125	125
<b>Total value to be co-financed by the country</b>	<b>\$</b>	<b>13 500</b>	<b>17 000</b>	<b>18 000</b>	<b>19 000</b>	<b>19 000</b>	<b>19 500</b>

**Table 2.2.2: Portion of supply to be co-financed by the country (and estimate of costs in US \$) Not applicable**

<i>2<sup>nd</sup> vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per vaccine dose							
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by the country</b>	<b>\$</b>						

**Table 2.3: Country Co-Financing in the Reporting Year (2008) Not applicable**

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in the Reporting Year</b>	<b>Actual Payments Date in the Reporting Year</b>	<b>Proposed Payment Date for the following year</b>
	(month/year)	(day/month)	
1 <sup>st</sup> Vaccine Awarded (specify)			
2 <sup>nd</sup> Vaccine Awarded (specify)			
3 <sup>rd</sup> Vaccine Awarded (specify)			

<b>Q. 2: How much did you co-finance?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US \$</b>	<b>Total Number of Doses</b>
1 <sup>st</sup> Vaccine Awarded (specify)		
2 <sup>nd</sup> Vaccine Awarded (specify)		
3 <sup>rd</sup> Vaccine Awarded (specify)		

<b>Q. 3: What factors have slowed or hindered or accelerated the mobilization of resources for vaccine co-financing?</b>
1.
2.
3.
4.

If the country is in default of payment, please describe and explain the steps the country is planning take to honor its commitments.

### 3. Request for new or under-used vaccines for year 2010

Section 3 concerns the request for new or under-used vaccines and related injection safety supplies for 2010.

#### 3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline data, targets, wastage rates, vaccine presentations, etc. from the previously approved plan, and differences in the figures reported with those reported in the **WHO/UNICEF Joint Reporting Form on immunization activities** in the space provided below.

Are there changes between table A and B? **YES**

If there are changes, please describe the reasons and justification for these changes below:

Please provide justification for any changes **in births**:

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Provide justification for any changes in the number of **surviving infants**:

The previous calculation in the application submitted to GAVI had taken into account the overall infant mortality rate.

We have reviewed and applied the specific infant mortality rate to each island which has consequently slightly modified the overall figures of surviving infants.

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

We have had to review our immunization coverage targets by taking into account developments in our immunization coverage trends over the past few years.

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

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## Vaccine 1: DTP – Hep B 3 - Hib

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

- Please complete the “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 vaccine dose.
- Please summarize the list of specifications of the vaccines and the related immunization program in Table 3.1 below, using the population data (taken from Table B of this annual progress report) 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” in 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 in 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 vaccinations to be carried out with the new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#	16 014	17 021	17 875	18 969	19 483	20 013
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#	85%	88%	90%	93%	93%	93%
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#	16 579	17 408	18 471	19 377	19 902	20 444
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	US \$ 0.20	US \$ 0.30				

\* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

**Table 3.2: Portion of supply to be provided by the GAVI Alliance (and estimate of costs in US \$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	61 400	50 200	53 000	53 800	54 200	55 000
Number of auto-disable syringes	#	65 600	53 100	56 100	56 900	57 300	58 200
Number of reconstitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	750	600	625	650	650	650
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>204 500</b>	<b>157 000</b>	<b>155 000</b>	<b>124 500</b>	<b>114 500</b>	<b>109 000</b>

**Vaccine 2: Not applicable**

Same procedure as above (table 3.1 and 3.2)

**Table 3.3: Specifications of the vaccinations to be carried out with the new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#						
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$						

\* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

**Table 3.4: Portion of supply to be provided by the GAVI Alliance (and estimate of costs in US \$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

**Vaccine 3: Not applicable**

Same procedure as above (table 3.1 and 3.2)

**Table 3.5: Specifications of the vaccinations to be carried out with the new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#						
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$						

\* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

**Table 3.6: Portion of supply to be provided by the GAVI Alliance (and estimate of costs in US \$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

## 4. Health Systems Strengthening Support (HSS) **Not applicable**

### Instructions for reporting on the HSS funds received

1. As a Performance-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 which are aimed at helping countries complete the HSS section of the annual progress 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 15 May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and 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 they can use this as an inception report to discuss the progress achieved and thereby ensure the 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** (IACC, HSCC or equivalent) in terms of the accuracy and validity of the 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. If this were to occur, the report would be sent back to the country which may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template where necessary.

**4.1 Information relating to this report:**

- a) The tax year runs from .....(month) to .....(month).
- b) This HSS report covers the period from .....(month/year) to .....(month year)
- c) The duration of the current National Health Plan is from .....(month/year) to .....(month/year).
- d) The duration of the immunization cMYP:
- e) Who was responsible for putting together this HSS report for this person to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand the 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 the UNICEF and the WHO country offices for the verifications required on the sources and review to be carried out. Once their feedback had been acted upon, the report was finally sent to the Health Sector Coordination Committee (or IACC or equivalent) for final review and approval. The report was approved at the meeting of the HSCC on 10<sup>th</sup> March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organization	Role played in the submission of the report	Contact email and telephone number
<b>Government focal point to contact for any clarifications</b>			
<b>Other partners and contacts who took part in putting this report together</b>			

- f) Please describe briefly 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 the information and if so, how were these dealt with or solved?

This issue should be addressed in each section of the report, as different sections may use different sources. This section however should indicate the MAIN sources of information and the IMPORTANT issues raised in terms of the validity, reliability, etcetera 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 tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

- g) In putting together this report did you encounter 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 in the annual progress report? Would it be possible to harmonize the HSS report with the existing report systems in your country better?

#### 4.2 Financial breakdown of overall support

Period for which support has been approved and new requests. For this annual progress report, these are measured in calendar years, but in future it is hoped that tax years will be used:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds were received									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

**Table 4.3 note:** The information given in this section should correspond with activities initially included in the HSS proposal. It is very important to give a precise description of the extent of progress. So please allocate a completion percentage to each activity line from 0% to 100%. Use the right hand side of the table to explain the progress achieved and to inform the reviewers of all the changes which occurred or which are proposed from the activities which had been originally planned.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, monitoring & evaluation and technical support) is also very important to the GAVI Alliance. Is the management of the HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve the monitoring and evaluation of HSS funds, and to what extent is the monitoring and evaluation integrated with the 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?

Table 4.3 HSS Activities in reporting year (i.e. 2008)						
Major Activities	Activities planned for the reporting year	Report on progress completion <sup>3</sup> (% of achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditures of GAVI HSS during the reporting year (2008)	Carried forward (balance) into 2009)	Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments, and details of achievements
<b>Objective 1:</b>						
Activity 1.1:						
Activity 1.2:						
<b>Objective 2:</b>						
Activity 2.1:						
Activity 2.2:						
<b>Objective 3:</b>						
Activity 3.1:						

<sup>3</sup> For example, the number of Community Health Workers trained, the number of buildings constructed or vehicles distributed.

Activity 3.2:						
<b>Support Functions</b>						
Management						
Monitoring & Evaluation						
Technical Support						

**Table 4.4 note:** This table should provide up to date information on work taking place in the first part of the year during which this report is submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on “Planned expenditures in the coming year” should correspond to the estimates provided in last year’s annual progress report (Table 4.6 of last year’s report) or – in the case of a first HSS reporter - as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditures” should be explained in the last column on the right.

<b>Table 4.4 Planned HSS Activities for the current year (i.e. January – December 2009) with particular emphasis on the activities which have been carried out between January and April 2009</b>					
<b>Major Activities</b>	<b>Activities planned for the current year (2009)</b>	<b>Planned expenditures in the coming year</b>	<b>Balance available (To be automatically filled in from the previous table)</b>	<b>Requests for 2009</b>	<b>Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments**</b>
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>Support costs</b>					
Management costs					

Monitoring & Evaluation support costs					
Technical support					
<b>TOTAL COSTS</b>				(This figure should correspond to the figure shown for 2009 in table 4.2)	

**Table 4.5 HSS activities planned for the following year (i.e. 2010). This information will help GAVI to plan its financial commitments.**

<b>Major Activities</b>	<b>Activities planned for the current year (2009)</b>	<b>Planned expenditures in the coming year</b>	<b>Balance available (To be automatically filled in from the previous table)</b>	<b>Requests for 2010</b>	<b>Explanation of differences in the activities and expenditures from the original application or previously approved adjustments**</b>
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>Support costs</b>					
Management costs					
Monitoring & Evaluation support costs					
Technical support					
<b>TOTAL COSTS</b>					

#### 4.6 Implementation of the program for the reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health services programs, and in particular on 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 act as an executive summary of the achievements, 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.

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

#### 4.7 Financial overview of the 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, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section.

- a) *Are the funds recorded in the budget? (Are they in the Ministry of Health and/or Ministry of Finance budget)? Yes/No  
If not, why not and how will it be ensured that they appear in the budget? Please provide details.*

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



#### 4.8 General overview of the targets achieved

Table 4.8 Progress of the Indicators included in the application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline Value	Target	Date for Target	Current status	Explanation for the non achievement of the target

#### **4.9 Attachments**

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- 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 the GAVI HSS funds are transferred
- d. Financial statement of funds spent during the reporting year (2008)
- e. This page must be signed by the government official in charge of the accounts to which the HSS funds have been transferred, as mentioned below.

**Financial Controller at the Ministry of Health:**

Full name:

Title / Post:

Signature:

Date:

## 5. Strengthened Involvement of Civil Society Organizations (CSOs)

Not applicable

### 1.1 TYPE A: Support to strengthen the coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>4</sup>

Please write in the boxes below and expanded where required.

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

#### 5.1.1 Mapping exercise

*Please describe the progress achieved with any mapping exercise that has been undertaken to identify the key civil society stakeholders involved in health systems strengthening or immunization. Please mention the mapping exercises conducted, the expected outcomes and schedules (please indicate if this has changed).*

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<sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.  
Annual Progress Report 2008

*Please describe any hurdles or difficulties encountered with the proposed methodology to identify the most appropriate in-country CSOs which are involved or contribute 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 the progress accomplished in the nomination processes of the CSO representatives to the HSCC (or equivalent) and IACC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and IACC, the current number and the final target. Please state how often CSO representatives attend meetings (% of meetings attended).*

*Please provide below the Terms of Reference for the CSOs (if developed), or describe the role that they are expected to play. 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 the involvement of the CSOs in the national level coordination mechanisms (HSCC or equivalent and IACC) has resulted in a change in the way the CSOs interact with the Ministry of Health. Is there now a specific team at the Ministry of Health which is responsible for liaising with the 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 (per 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 US \$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
-----					
-----					
-----					
Nomination process					
-----					
-----					
-----					
Management costs					
<b>TOTAL COSTS</b>					

#### **5.1.4 Management of funds**

*Please describe the mechanism for the management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where 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 delays in the availability of the funds for the completion of the program.*

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

**This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>5</sup>**

Please write in the boxes below and expanded where required.

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

**5.2.1 Program implementation**

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

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

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<sup>5</sup> Type B GAVI Alliance CSO Support is only available for 10 pilot GAVI eligible countries: Afghanistan, Bolivia, Burundi, 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 the CSOs in immunization and health systems strengthening (please give the current number of CSOs involved in these sectors 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.*





## 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 for achievement of the 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. Please indicate any problems encountered in measuring the indicators and any changes proposed.*

## 6. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with the previous calendar year)		
Government signatures		
IACC endorsement		
Report on the ISS		
Report on the DQA		
Report on the use of the Vaccine introduction grant		
Report on injection safety		
Report on Immunization Financing & Financial Sustainability (progress compared with immunization financing and financial sustainability indicators)		
Request for new vaccines including the co-financing completed and Excel sheet attached		
Revised request for injection safety support (where applicable)		
Report on HSS		
IACC minutes attached to the report		
HSCC minutes, audit report of the accounts for the HSS funds and annual health sector review report attached to the Annual Progress Report		

## **7. Comments**

*IACC/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 encountered during the year under review.

~ End ~