



Annual Progress Report 2009

Submitted by

The Government of

[*UNION OF THE COMOROS*]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: **15 May 2010**

Deadline for submission: 15 May 2010

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

A hard copy may be sent to:

**GAVI Alliance Secretariat
Chemin des Mines 2
CH 1202 Geneva
Switzerland**

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

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

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that its application, and Annual Progress Report, are accurate and correct and form legally-binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the Annual Progress Report.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year;*
- *important problems that were encountered and how the country has tried to overcome them;*
- *meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners;*
- *requesting additional funds, which had been approved in previous application for ISS/NVS/HSS but not yet released;*
- *how GAVI can make the Annual Progress Report more user-friendly for partner governments while meeting the GAVI Alliance's principles of accountability and transparency.*

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

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

For the Government of [UNION OF THE COMOROS](#)

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.

Minister of Health (or delegated authority):

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

Signature:

Date:

Minister of Finance (or delegated authority):

Title: [Vice-President in Charge of the Ministry of Finance, Budget, and Women's Entrepreneurship](#)

Signature:

Date:

This report has been compiled by:

Full name: Dr Saïnda MOHAMED Position: National EPI Coordinator Telephone: 00 (269) 773 80 70/ 332 04 48 E-mail: saindamoh@yahoo.fr or cnpev@comorestelecom.km	Full name: Position: Telephone: E-mail:
Full name: Position: Telephone: E-mail:	Full name: Position: Telephone: E-mail:

ICC Signatures Page

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

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

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

Name/Title	Agency/Organization	Signature	Date
Dr Ikililou Dhoinine	Ministry of Finance, Budget and Female Entrepreneurship		
Mr Hodhoaer Inzouddine	Ministry of Health, Solidarity and Gender Promotion		
Dr El Badaoui Mohamed	National and Autonomous Pharmacy of the Comoros (PNAC)		
Dr Moussa Mohamed	National Directorate of Health		
Dr Abdou Ousseni	Directorate of Disease Control		
Dr Karima Abdérémane	Directorate of Health Promotion		
Mr Daniel Ali Ismaël	Comorian Red Crescent		
Dr Kassankogno Yao	WHO		
Ms Joan French	UNICEF		
Mr Mamadou Boina Maécha	UNFPA		

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

All comments will be treated confidentially.

Comments from partners:

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Comments from the Regional Working Group:

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List of supporting documents attached to this APR

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

Document No.	Title	Report section
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1. Programme management

1.1 Updated baseline and annual targets (fill in Table 1 in Annex 1– Excel)

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

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

Provide justification for any changes in the number of **births**:

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

Provide justification for any changes in the **objectives by vaccine**: The changes here are more related to absolute numbers than to percentage objectives. We included absolute numbers in the 2008 APR that did not correspond to our DTP-HepB-Hib3 and OPV3 immunisation coverage objectives. In addition, the immunisation coverage rates projected in this report are the same as before, only we corrected the DTP-HepB-Hib3 and OPV3 immunisation targets in absolute terms.

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

1.2 Immunisation achievements in 2009

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

In 2009, intensive immunisation activities were performed mid-year and at year's end. Furthermore, immunisation coverage has improved, particularly in the Grande Comore districts, due to the introduction of the new vaccine and the vehicle provided for the outreach strategy.

As such, the country succeeded in meeting the target objective since a DTP-HepB-Hib3 immunisation coverage rate of 83.34% was achieved.

With respect to surveillance, 9 cases of AFP were investigated; none of the 9 cases were wild poliovirus: 2 cases involved Sabin-like poliovirus isolates and 2 others involved non-polio enterovirus isolates. The etiology of the 5 other cases is unknown.

There were only 20 suspected cases of measles, all of which were sent for laboratory confirmation; only 1 turned out positive.

No tetanus cases were reported in 2009.

If the objectives were not achieved, please provide the reasons for this:

TT2+ coverage appears very low among women: this is due to the fact that the data are under-estimated because many pregnant women are seen by private medical practitioners. We do not have access to these data, particularly for those women whose tetanus toxoid vaccination status is already up-to-date. This low coverage is also due to the fact some women lose their health immunisation cards and forget their true vaccination status.

1.3 Data assessments

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

1.3.2

There are no significant discrepancies.

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

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

No assessments of administrative data systems have been conducted.

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

The data collection tool (monthly EPI activity reporting file) was improved in order to include as much information as possible on immunisation coverage, waste rate, disease surveillance and immunisation of pregnant women and women of childbearing age, as well as women who have already been immunized.

The data compilation matrix at central and intermediate levels (electronic version) was reviewed and consequently improved to enable the processing and analysis of peripheral data and to minimize data entry errors through the use of a system in which certain cells are locked.

Finally, during supportive supervision by the national level to the periphery, data audits are always performed by comparing the data sent to the central level in electronic format with the existing data in paper format.

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

The data collection tool was implemented in every district where computer equipment is available in order to facilitate end-of-month collection and analysis of data and to avoid the situation in which data could not be sent in because of a lack of a collection tool.

The periphery sends their data to the intermediate level every month and simultaneously procures vaccines.

To improve data timeliness, the central level would like to make an internet connection available to each island's EPI coordinators, since the problem typically arises when sending a compiled computer file to the central level.

1.4 Overall Expenditures and Financing for Immunisation

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

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

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

<i>Expenditure by category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional vaccines ²	30 488	34 119	33 667
New vaccines	?	163 135	167 029
Injection supplies with AD syringes	?	30 365	32 461
Injection supply with syringes other than AD syringes UNICEF MCV and BCG	3337	10 512	13000
Cold chain equipment	0	27 192	31 602
Operational costs	69 823	176 948	183 251
Other (please specify): Surveillance	50 000	54 000	50 000
Total EPI			
Total Government Health Expenditures			

Exchange rate used	US\$ 1 = KMF 392
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation programme 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.

In 2009, the Union of the Comoros has to participate in the co-financing of the pentavalent vaccine in the amount of 2.5 million Comorian francs (4 675 euros). For 2010 and 2011, the projections are respectively 12 000 US\$ and 11 500 US\$.

In the funding law, there has been a budgetary line for the EPI since 2006 and this has not resulted in any issues for co-financing as long as the funds are released on time and disbursed around the third quarter of each year.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009?2.....

Please attach the minutes (Document No. 1 and 2) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4:
Organize a meeting among members of the ICC and the Grande Comore General Health Directorate to describe the problem posed by this large island's immunisation coverage, which is still lower than that of the 2 other islands.

Are any civil society organizations members of the ICC? [Yes/No] If yes, which ones?

List the CSOs that are members of the ICC:

Comorian Red Cross

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

1.6 Priority activities 2010-2011

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

All of the following activities are linked with the cMYP:

- Conducting laboratory surveillance for meningitis;
- Revising and popularizing the national immunisation guide;
- Developing a national policy on injection safety;
- Rehabilitating existing incinerators and constructing additional incinerators for those districts that engage in open-pit burning;
- Ordering additional cold chain capacity in accordance with the rehabilitation plan;
- Concluding a contract for cold chain maintenance;
- Conducting a vaccine management assessment;
- Drawing up an EPI communication plan;
- Organizing a measles campaign;
- Creating a proposal for the introduction of the pneumococcal vaccine;
- Creating the 2012-2014 cMYP.

2. Immunisation Services Support (ISS)

2.1 Report on the Use of 2009 ISS funds

Funds received in 2009: US\$0\$.....
Remaining funds (carry over) from 2008: US\$31 522\$
Balance to be carried over to 2010: US\$27 854 \$

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

Maintenance and overhead: payment of telephone and internet invoices = 668 613 KMF
Directorate for Health Promotion equipment: purchase of IEC supplies = 1 362 245 KMF
Repairing the cold chain for Mohéli = 65 000 KMF
Vehicles: repairing the vehicles of certain District Health Centres (CSDs) to support the outreach strategy = 362 000 KMF.
NB: 1\$= 335 Comorian francs (as of 15 April 2010)

2.2 Management of ISS Funds

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

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

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

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

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

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

These funds are managed jointly by the Ministry of Health and members of the ICC.

The signature panel is composed of 4 individuals:

- the National Director of Health;
- the Director General of the National and Autonomous Pharmacy of the Comoros (PNAC);
- the Health Coordinator of the Comorian Red Cross;
- the WHO Representative.

Three signatures are required for the account (a business account) to function, once pro forma invoices maintained by the National EPI Coordination Unit are submitted. The National EPI Coordination Unit also maintains the checkbook.

Upon approval by the ICC, the funds are released and used directly by the National EPI Coordination Unit in collaboration with the island's Health Directorates and chief district physicians, all in accordance with the plan of action previously endorsed by the ICC.

After verification, supporting documentation is maintained in the office of the EPI.

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

A financial report is submitted to the members of the ICC at the beginning of each year, together with an annual work plan developed by the National EPI Coordination Unit, which includes the activities to be financed by the partners and the GAVI Fund.

2.3 Detailed expenditures of ISS funds during 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document No. 3**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or Permanent Secretary of Ministry of Health.

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

2.4 Request for ISS reward

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

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

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

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

3. New and Underused Vaccines Support (NVS)

3.1 Receipt of new and under-used vaccines for 2009 immunisation programme

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

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

	[A]		[B]
Type of Vaccine	Total doses for 2009 in Decision Letter	Date of Decision Letter	Total doses received by end 2009*
DTP-HepB-Hib	33 100		26 400

*Please also include any deliveries from the previous year received against this Decision Letter.

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

What are the main problems encountered? (Lower vaccine utilization than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? etc.)	- End-of-year stock-out due to the flocculation of the new vaccine. - Delay in ordering vaccines for the country's co-financing contribution related to a misunderstanding between the national UNICEF office and the government regarding the quantity to order based on the funds released.
What actions have you taken to improve the vaccine management (e.g., such as adjusting the plan for vaccine shipments)? (in the country and with the UNICEF Supply Division)	Orientation and training for those health workers involved at the central level regarding GAVI's new procedures and arrangements.

3.2 New vaccine introduced in 2009

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

Vaccine introduced:	liquid single-dose DTP-HepB-Hib
Phased introduction [YES/ NO]:	Date introduced.....
Nationwide introduction [YES / NO] :	Date introduced: 1 August 2009
The time and scale of introduction was as planned in the proposal? If not, why?	Yes. There were plans to introduce the vaccine once the stock of DTP-HepB was exhausted or expired in July 2009. Although the new vaccine ordered was projected to last long enough to provide coverage for half of the year (6 months), it seemed preferable to use the tetravalent until the end of the month of July 2009 and then switching to the pentavalent at the start of August 2009.

3.2.2 Use of the new vaccines introduction grant (also known as a "lump-sum")

Funds received in the form of a Vaccines Introduction Grant:	\$ US 100 000	Date received: 19 November 2008
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Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

Creating search files for those lost to follow-up and file cabinets = 1 005 000
Preparation of updated growth charts = 4 050 000
Installation of solar panels for those districts that needed to use solar refrigeration = 1 160 000
Creation of updated immunisation records = 950.000
Training health workers, chief district physicians, community health workers, and the media about the new Hib vaccine = 8 403 250
Establishing new tally sheets = 1 080 000
Purchase of notebooks for the registration of newborns in the villages = 200 000
Creation of monitoring forms = 200 000
Training EPI coordinators of the islands on vaccine management = 1 280 975
Purchase of supplies and materials needed for surveillance of meningitis in the national laboratory = 848 740
Organization of supervision following introduction of new vaccines to the three islands: 1 444 000
Social mobilization = 240 250
Cold chain maintenance = 112 500

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

The supplies and materials needed in the national laboratory for the surveillance of meningitis expire within 6 months even though we requested an annual stock.
The use of new data collection tools was delayed in Mohéli and Anjouan due to shipping, which had to be done by boat.
The identification of new immunisation sites in Anjouan that failed to meet the criteria for installing solar panels; also, two of these refrigerators have not yet been installed. These sites are not yet operational.

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

If YES, how much? US\$.....45 588.....

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

Supportive supervision twice over the course of the year
Strengthening social mobilization
Support for outreach sessions
Cold chain maintenance

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document No. 4**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (DTP-HepB-Hib)	September 2009	December 2009	September 2010
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine (specify)	4 675 euros = 6866 US \$*	1 650 doses	
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1. The funds were available as of 2008, so there was no problem with the disbursement of funds. It was simply necessary to clarify the terms of payment for the inspection fees with UNICEF before the government's co-financing share could be released in December 2009.			
2.			
3.			
4.			

*1US \$ = 335 kmf and 1 euro = 492 kmf

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

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3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [November 2008]

If conducted in 2008/2009, please attach the report. (Document No. 5)

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

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

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

- ➔ [Replace the national cold room: with the support of JICA, the national cold room will probably be replaced toward the end of 2010 or the beginning of 2011.](#)
- ➔ [Provide the periphery with coolers/vaccine carriers in accordance with WHO/UNICEF standards: again, with upcoming support from JICA, there are plans to purchase coolers and vaccine carriers for the districts and immunisation sites.](#)
- ➔ [Initiate a maintenance service for the cold chain in each region: a maintenance contract through the private sector is now being drafted for 2010 .](#)
- ➔ [Standardize all the EPI management tools: the use of the SMT tool among island EPI coordinators has been systematic since the end of 2009 and training on the tool was conducted in September 2009.](#)
- ➔ [Improve transportation and cold chain equipment for the CSDs: solar refrigerators have been installed in 6 immunisation sites; vehicles were repaired in certain districts to support the outreach strategy.](#)

When is the next EVSM/VMA* planned? [[November 2011](#)]

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

3.5 [Change of vaccine presentation](#)

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

Please specify below the new vaccine presentation: [no changes anticipated](#)

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

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

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

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

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

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

3.7 Request for continued support for vaccines for 2011 vaccination programme

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

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

[**YES, I confirm**] / [**NO, I don't**]

If you do not confirm, please explain:

4. Injection Safety Support (INS)

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

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

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/NO] ?

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

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

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

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

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringe	UNICEF
Measles	AD syringe	UNICEF
TT	AD syringe	UNICEF
DTP-containing vaccine	AD syringe	GAVI and government co-financing

Please report how sharps waste is being disposed of:

All immunisation units use safety boxes for the collection of used AD syringes. Some District Health Centres (CSDs) burn their waste in open-air pits, while other CSDs collect their waste and send it off to be incinerated in designated incinerator centres. Out of the 9 centres equipped with Monfort incinerators, only 3 centres are using them at the present time. The other 6 incinerators require rehabilitation, mostly due to cracks. The Central District, which is more populated, uses the prefabricated incinerator of the National Medical Centre (CHN): the immunisation sites collect their safety boxes and send them off to the CHN.

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

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

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

A new strategic plan for injection safety was to have been drafted in October 2009 with the support of WHO; however, due to scheduling conflicts, the activity did not take place. It was rescheduled for the 2nd quarter of 2010.

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

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

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

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

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

Table 9: Expenditure for 2009 activities

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

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

Table 10: Planned activities and budget for 2010

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

Checklist

Table 21: Checklist of a completed APR form

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

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete Excel file for each joint vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15.16, 20)				
11	Provision of cMYP for re-applying				
OTHER REQUIREMENTS		ISS	NVS		CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new banking details				
18	Attach VMA if the country introduced a New and Under-used Vaccine before 2008 with GAVI support				
19	Attach the joint CSO mapping report (Type A)				

5. Comments

Comments from ICC/HSCC Chairs:

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

- 1) The decision was made to establish an internal audit unit for the GAVI account. The WHO and UNICEF will be part of this unit.
- 2) The GAVI HSS proposal will be re-submitted this year (2010).
- 3) The next cMYP to be drafted will extend up to 2014 in order to comply with the country's various policies (Growth and Poverty Reduction Strategy Paper, National Health Development Plan, etc.). So this will be a 2012-2014 cMYP, since there is already a cMYP in effect that lasts until 2011 (the 2007-2011 cMYP). However, preparations for the development of this new cMYP begin in 2010.

~ End ~

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

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

MINIMUM REQUIREMENTS FOR ISS AND NEW VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

Document
3

PERIOD OF JANUARY 2009 TO DECEMBER 2009

		2009 APPROVED BUDGET		ACHIEVEMENTS		DISCREPANCIES	
	AREA OF ACTIVITY	KMF	USD\$	KMF	USD\$	KMF	USD\$
1	GAVI grant for the introduction of a new Hib vaccine	38 547 623	100 000	20 974 715	54 412	17 572 908	45 588
Activities completed							
1.1	TRAINING	3 669 734	9 520	9 684 225	25 123	-6 014 491	-15 603
	Pentavalent training			8 403 250	21 800		
	Training on the vaccine management tool			1 280 975	3 323		
1.2	SOCIAL MOBILIZATION	8 554 874	22 193	240 250	623	8 314 624	21 570
	Social mobilization in Anjouan			190 250	494		
	Vaccine ads in 3 dialects			50 000	130		
1.3	COLD CHAIN EQUIPMENT & MAINTENANCE	6 178 798	16 029	1 272 500	3 301	4 906 298	12 728
	Installation of solar refrigerators			1 160 000	3 009		
	Purchase of wicks for gas-powered refrigerators			60 000	156		
	Diagnostics and repair of damaged refrigerators in Ngazidja			52 500	136		
1.4	PROGRAMME MANAGEMENT	7 709 525	20 000	7 285 000	18 899	424 525	14 072
	Updated growth chart distribution			4 050 000	10 506		
	Updated immunisation record distribution			950 000	2 464		
	Distribution of updated files for those lost to follow-up			630 000	1 634		
	Purchase of registration notebooks for the villages			200 000	519		

	Distribution of daily tally notebooks and monthly pre-review reports			1 080 000	2 802		
	Creation of filing systems for those lost to follow-up			375 000	973		
1.5	SURVEILLANCE AND MONITORING	7 709 525	20 000	2 492 740	6 467	5 216 785	13 533
	Supportive supervision			1 444 000	3 746		
	Distribution of monitoring forms			200 000	519		
	Purchase of culture media for the laboratory surveillance of meningitis			848 740	2 202		
1.6	OUTREACH STRATEGIES	2 680 216	6 953	0	0	2 680 216	6 953
1.7	COLD ROOM	2 044 951	5 305	0	0	2 044 951	5 305
	ACTIVITY TOTALS	38 547 623	100 000	20 974 715	54 412	17 572 908	45 588

	KMF	US\$
BALANCE ON 1 JANUARY 2010	17 572 908	45 588

PERIOD OF JANUARY 2009 TO DECEMBER 2009

		2009 APPROVED BUDGET		ACHIEVEMENTS		DISCREPANCIES	
	AREA OF ACTIVITY	KMF	USD\$	KMF	USD\$	KMF	USD\$
2	AREA OF IMMUNISATION SERVICES SUPPORT	11 789 010	35 191	2 457 858	7 337	9 331 152	27 854
	Activities completed						
	MAINTENANCE AND OVERHEAD			668 613	1 996		
	IEC/SOCIAL MOBILIZATION			1 362 245	4 066		
	VEHICLES			362 000	1 081		
	COLD CHAIN EQUIPMENT			65 000	194		
	ACTIVITY TOTALS			2 457 858	7 337		

	KMF	US\$
BALANCE ON 1 JANUARY 2010	9 331 152	27 854