



Annual Progress Report 2008

Submitted by

The Government of

DJIBOUTI

Reporting on year: __2008__

Requesting for support for the year: _2010/2011_

Date of submission: 21 April 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

A hard copy may be sent to:

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

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, its 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 and the Minister of 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 the Country].....

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name: Abdallah Ahmed Hade

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IACC 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 the reports on country performance. It is based on regular government audit requirements as detailed in the Banking form.

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

Name/Title	Agency/Organisation	Signature	Date
Dr Saleh Banoitata Tourab, Secretary General	Ministry of Health		
Mr Abdallah Ahmed Hadé, EPI Coordinator	Ministry of Health		
Mrs Moumina Houmed Hassan, Director of Health Promotion	Ministry of Health		
Mrs Mounira Ali, Director of mother and child health	Ministry of Health		
Mr Ibrahim Barreh, Director of the health regions	Ministry of Health		
Dr Moustafa Tyane, WHO representative	WHO		
Mr George Gonzales, UNICEF representative	UNICEF		
PAM representative	PAM		
AMDA representative	AMDA		
Dr Ahmed Robleh, Paediatrician	Ministry of Health		

Comments from partners:

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

All comments will be treated confidentially

As this report been reviewed by the GAVI core regional work group? Yes/no

HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

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

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

Name/Title	Agency/Organisation	Signature	Date

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

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

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

Name:
 Post:
 Organization:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and IACC) and those involved in mapping SCOs (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

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

Name:
 Post:
 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.

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

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The text boxes given in this report are only given as an indication. 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	25226	25983	26762	27565	28392	29244	30121	31025
Infants' deaths	1690	1741	1793	1847	1903	1960	2018	2087
Surviving infants	23536	24242	24969	25718	26589	27284	28103	28946
Pregnant women		25983	26762	27565	28392	29244	30121	31025
Target population vaccinated with BCG	22703	22300	25156	26186	269724	27780	29217	30404
BCG coverage*	90%	92%	94%	95%	95%	95%	97%	98%
Target population vaccinated with the three doses of OPV	20833	21575	22472	23660	24460	25647	26417	29474
OPV3 coverage**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with DTP (DTP3)***	20833	21575	22472	23660	24460	25647	26417	29474
DTP3 coverage**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with DTP (DTP1)***	21190	21818	22971	24175	24993	25920	26698	28080
Wastage ¹ rate in base-year and planned thereafter	90%	90%	92%	94%	94%	95%	95%	97%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3 rd dose of the Hep B vaccine	20833	21575	22472	23660	24460	25647	26417	29474
Coverage by Hep B 3**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with the 1 st dose of the Hep B vaccine	21190	21818	22971	24175	24993	25920	26698	28080
Coverage by Hep B 1	90%	90%	92%	94%	94%	95%	95%	97%
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%	10%	10%
Target population vaccinated with the 3 rd dose of the Hib vaccine	20833	21575	22472	23660	24460	25647	26417	29474
Coverage by Hib 3**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with the 1 st dose of the Hib vaccine	21190	21818	22971	24175	24993	25920	26698	28080
Coverage by Hib 1**	90%	90%	92%	94%	94%	95%	95%	97%
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%	10%	10%

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

Target population vaccinated with the 1st dose of the vaccine against measles	17168	18181	19476	20574	21803	23191	24730	26051
Target population vaccinated with the 2nd dose of the vaccine against measles	-							
Coverage of the measles vaccine	72.9%	75%	78%	80%	82%	85%	88%	90%
Pregnant women vaccinated with tetanus toxoid (TT+)	21695							
TT+ coverage****	86%	88%	88%	90%	90%	92%	92%	92%
Vitamin A supplement	Mothers (<6 weeks before delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	1.6%	< 10%	< 10%	< 10%	< 10%	< 10%	< 10%	< 10%
Annual Measles Drop out rate (for countries applying for the vaccine against the yellow fever)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline data and annual targets

Number	Achievements as per the Joint Reporting Form on Immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	25226	25983	26762	27565	28392	29244	30121	31025
Infants' deaths	1690	1741	1793	1847	1903	1960	2018	2087
Surviving infants	23536	24242	24969	25718	26589	27284	28103	28946
Pregnant women	25226	25983	26762	27565	28392	29244	30121	31025
Target population vaccinated with BCG	22703	23904	25156	26186	269724	27780	29217	30404
BCG coverage*	90%	92%	94%	95%	95%	95%	97%	98%
Target population vaccinated with the three doses of OPV	20833	21575	22472	23660	24460	25647	26417	29474
OPV3 coverage**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with DTP (DTP3)***	20833	21575	22472	23660	24460	25647	26417	29474
DTP3 coverage**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with DTP (DTP1)***	21190	21818	24,969	25,718	26,589	27,284	28,103	28,946
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%	10%	10%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3 rd dose of the Hep B vaccine	20833	21575	22472	23660	24460	25647	26417	29474
Coverage by Hep B 3**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with the 1 st dose of the Hep B vaccine	21190	21818	24,969	25,718	26,589	27,284	28,103	28,946
Coverage by Hep B 1	90%	90%	92%	94%	94%	95%	95%	97%
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%	10%	10%
Target population vaccinated with the 3 rd dose of the Hib vaccine	20833	21575	22472	23660	24460	25647	26417	29474
Coverage by Hib 3**	88.5%	89%	90%	92%	92%	94%	94%	95%
Target population vaccinated with the 1 st dose of the Hib vaccine	21190	21818	24,969	25,718	26,589	27,284	28,103	28,946
Coverage by Hib 1**	10%	10%	10%	10%	10%	10%	10%	10%
Wastage ¹ rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%	10%	10%

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

Target population vaccinated with the 1st dose of the vaccine against measles	17168	18181	19476	20574	21803	23191	24730	26051
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Coverage of the measles vaccine	72.9%	75%	78%	80%	82%	85%	88%	90%
Pregnant women vaccinated with tetanus toxoid (TT+)	21695							
TT+ coverage****	86%							
Vitamin A supplement								
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	< 10%	< 10%	< 10%	< 10%	< 10%	< 10%	< 10%	< 10%
Annual Measles Drop out rate (for countries applying for the vaccine against the yellow fever)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1. Immunization Programme 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): yes/no

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?

Djibouti has not benefited from ISS funds since 2007 due to the fact that the budget of the Ministry of Health provided by the Government is managed through the Ministry of Finance. However, for a more flexible and easier management of the funds, the GAVI ISS funds received since approval are paid into a special bank account, and managed and audited in line with the regulations in force by the appropriate departments at the Ministry of Health.

1.1.1 Management of ISS Funds

Please describe the mechanism for the management of ISS funds, including the role of the Inter Agency Co-ordinating 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 programme.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities were funded using the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: 0.0 US \$

Remaining funds (carry over) from 2007: 0.0 US \$

Balance to be carried over to 2009: 0.0 US \$

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	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (please specify)					
Total:					
Remaining funds for next year:					

1.1.3 IACC meetings

How many times did the IACC meet in 2008? _____

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

Due to the fact that there was no ISS support, there were no IACC meetings on this subject.

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

List CSO member organisations - the National Union of the Women of Djibouti - ROTARY

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

<p>The achievements</p> <p>1/ In 2008, all the health centres and outposts were equipped with functional cold chains and provide immunization services. Furthermore, the activities of the mobile teams were more regular thanks to WHO and UNICEF petrol support. This improved the completeness of the reports (534 reports received out of 624 expected reports) and enabled us to increase the Penta 3 coverage to 88.5%.</p> <p>2/ The introduction of the vaccines against Hepatitis B and the Hib helped to improve the population's positive response to immunization. Indeed, we noticed that mothers of older children come and request the vaccination against jaundice and meningitis for their children.</p> <p>3/ The recruitment of 100 community health workers after one year of training and their assignment in the districts and suburbs of Djibouti town (Balbala sector) has enabled us to reduce the drop-out rates and increase the utilization of mother and infant health services.</p> <p>4/ The organization of the epidemiological surveillance in general and the EPI target diseases in particular: creation of a epidemiological surveillance department, identification of the reporting procedure, strengthening of logistic means (fax, car and motorbike) and development of data collection media (reporting form and registers).</p> <p>This organization has enabled us to improve the surveillance of vaccine preventable diseases and in particular measles: improvement of notification and response to the epidemic and contribution of the laboratory in the surveillance of measles: in 2008, we noted 143 cases of measles, 82 of which were investigated by the laboratory and 25 of which were positive. With regard to polio, the reported number of cases of AFP increased from 2 in 2006 to 6 in 2008.</p> <p>5/ Strengthening of human capacities: Appointment and training of the epidemiological surveillance focal points, replacement of certain vaccinators by certified nurses, quarterly supervision and assessment meetings with the teams in the field.</p> <p>6/ Creation of a Directorate for Health Regions with the establishment of two sub-directorates, one in the south and the other in the north of the country. The objective is to improve the management of health services: management of the personnel and equipment, management of the activities (programming and completion of the activities, and monitoring & evaluation) and financial management.</p> <p>The Constraints</p> <p>1/ Financial sustainability: in light of the financial difficulties, the Ministry of Health has not implemented a strategy to collect the development partners' support yet (car, petrol and vaccines). Indeed, due to the very uneven ground and the limited road transport infrastructure, the vehicles used by the mobile teams do not last</p>	
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a long time and consequently the programme suffers the consequences of mechanical breakdowns and the irregular provision of services.

2/ The problem relating to the target population still persists and will continue until the census which is programmed for 2009 is carried out.

3/ The cross border flow of the population still represents a potential risk that potentially epidemic diseases are introduced into the country and in particular measles and savage poliovirus.

4/ Despite being strengthened, the routine programme still remains fragile. Improvements in coverage are due to mini catch-up campaigns. But we are currently in a transitional period which we hope will not exceed two or three years.

Attachments:

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

- a) Signed minutes (DOCUMENT N°.....) of the IACC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting when the financial statement was presented to the IACC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of the **account(s)** to which the GAVI ISS funds were transferred.
- c) A detailed Financial Statement of (DOCUMENT N°.....) the funds spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller at the Ministry of Health and/or Ministry of Finance and by the chair of the IACC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

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

The DQA was not conducted, but the Ministry of Health conducted a national immunization coverage survey of infants aged between 12 and 23 months in June 2008. You will find the results of this survey below:

1/ Immunization coverage rates:

	Djibouti	Arta	Ali Sabieh	Dikhil	Tadjourah	Obock	National
BCG	95.1	100	91	88.2	79.5	80.3	93.2
DTP 1	94.6	95.9	88.2	88.7	73.1	71.5	91.1
DTP 3	89%	81.5%	77.5%	75.95%	53.2%	50%	83.1%
Drop-out Rate	6%	15%	12.1%	14.5%	27.2%	30%	9.8%
Measles	78.3	70.5	70.8	67.2	58.2	40.9	72.9
DTP booster injection	60.1	36.5	54.5	43	35.2	26.8	54.5

The districts in the north (Tadjourah and Obock) in particular where the health outposts and mobile teams recommenced immunization activities late have very low immunization coverage rates and very high drop-out rates.

2/ The reasons for non-immunization or incomplete immunization are summarized in the following table per district :

Reasons for non-immunization or incomplete immunization	Health districts						
	Djibouti town	Balbala	Arta	Ali Sabieh	Dikhil	Tadjourah	Obock
Ignores the need for immunizations	9.8	7.3		12.5	10.2	24.4	6.2
Ignores that they have to come back for the following dose	17.1	29.3	17.5	6.3	16.9	41.9	7.4
The place where the vaccination is carried out is too far	4.9	17.1	12.5	12.5	62.7	50.0	66.7
Lack of vaccinator	7.3	4.9	2.5	4.2	13.6	3.5	11.1
Vaccine not available	9.8			12.5	1.7	2.3	3.7
Parents too busy	48.8	61.0	55.0	12.5	33.9	29.1	24.7
Wait too long or opening hours not convenient	19.5	9.8		4.2	5.1		
Family problems/mother's illness	17.1	14.6	17.5	8.3	5.1	9.3	2.5
The child is ill and did not go to the vaccination	14.6	22.0	5.0	29.2	3.4	10.5	4.9
Other reasons	24.4	26.8	15.0	16.7	20.3	2.3	3.7
<i>Number of mothers of children (aged between 12 and 23 months) who are not immunized or not completely immunized</i>	<i>41</i>	<i>41</i>	<i>40</i>	<i>48</i>	<i>59</i>	<i>86</i>	<i>81</i>

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

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

3/ Decisions taken in light of the results of the national immunization coverage survey

Based on the results of this survey, the plan of action for 2009 was centred on:

1 Bringing the immunization services closer to the population:

- Obligation to vaccinate in all the health centres
- Regular rounds carried out by the mobile teams
- Creation of advanced immunization outposts in Blabal

2/ Improve the immunization session times: Opening of the health outposts 3 afternoons per week

3/ Avoid stock shortages:

- Equip the EPI with a car and a driver to distribute the vaccines in the town of Djibouti
- Viability of the storage capacities by ensuring the maintenance of the cold chain (contract with a private company)

4/ Heighten the population's awareness / improve their education: recruitment of an international consultant to develop a strategic communication plan on immunization

Please highlight in which IACC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

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

The national immunization coverage survey was discussed during two IACC meetings:

- The first on the 15 April 2008 where the methodology, sampling and feasibility of the survey were discussed
- The second on the 15 July 2008 where the outcomes were discussed and recommendations put forward;

List the problems encountered in collecting and reporting administrative data:

1.2. GAVI Alliance New or Under-used Vaccines 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 changes in doses per vial and changes to the presentation of the vaccines, (e.g. DTP + HepB mono to DTP-HepB)

The new vaccines introduced in the national immunization schedule are the vaccines against Hepatitis B and the Haemophilus influenzae type B. They were introduced in August 2007 in association with the DTP in the lyophilized PENTAVALENT form with two doses per vial.

Dates the vaccines supplies were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP 6 Hib – Hep.B	30 000	60 000	01/08/2007	17/04/2008
Auto-disable syringes	60 400			17/04/2008
Reconstitution syringes	30 000			17/04/2008
Safety boxes	1 050			17/04/2008

Where applicable, please report on any problems encountered.

1.2.2. Major activities

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

Le DTP – Hib – Hep B has been introduced in all the country's health centres since the 1 August 2007.

Preparations prior to the introduction involved the training of the health personnel, social mobilization, the increase of storage capacities and improvements to vaccine management.

1/ training of health workers:

- A guide on the Pentavalent vaccine: "Training module of health personnel" on the introduction of vaccines against Hepatitis B and the invasive diseases due to Hib.
- The training was carried out in July 2007.
- Brochures on the invasive diseases due to Hib and hepatitis B were developed and distributed to the public sector doctors and doctors in private practice to inform and heighten their awareness on the introduction of the new vaccines.

2/ Social mobilization

- An information file for the journalists was developed.
- Information on the introduction of the new vaccines was broadcast on the television and the radio to inform and heighten the population's awareness.
- The new national immunization schedule was distributed in the health centres.

3/ Supply and storage of the vaccine: 44,000 doses have been supplied. The vaccines are correctly stored in a cold room at the central warehouse and in refrigerators in the health centres.

4/ There were no stock shortages or cold chain problems in the centres in 2008, but the surveillance of bacterial meningitis is not included in the PVD. Indeed, the EPI unit has not implemented a surveillance and monitoring system of the invasive diseases due to Hib yet.

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

These funds were received on: *[day/month/year]*

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

Year	Amount in US \$	Date received	Balance remaining in US \$	Activities	List of problems
2007	100 000	August 2007	82 985	Introduction of the new vaccine	
2008	55 385	---	27 600	Training social mobilization advanced and mobile strategy Supervision Cold chain equipment	

1.2.4. Effective Vaccine Store Management / Vaccine Management Assessment

When was the last Effective Vaccine Store Management Assessment (EVSMA) / Vaccine Management Assessment (VMA) conducted? *[month/year]*

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

There was no vaccine management assessment or effective vaccine store management assessment in Djibouti in 2008. The last assessment was carried out in February 2006.

The main recommendations were:

- strengthening of health centre storage capacity;
- construction of a cold storage room at the central warehouse before the introduction of the new vaccines;
- reorganization and strengthening of vaccine management capacities;
- strengthening of the surveillance and assessment of vaccine management.

Was an action plan prepared following the EVSMA/VMA? Yes/No

If yes, please summarize the main activities under the EVSMA plan and the activities conducted to implement the recommendations.

A plan of action was drawn up further to the aforementioned recommendations and in particular involved:

- the strengthening of health centre storage capacity: renovation of the solar equipment in all the rural health establishments;
- 2 cold storage rooms were built (negative chamber: 9m³ and positive chamber: 15 m³);
- Vaccine management: training on vaccine management and the use of the order and control form was carried out in the centres.

In 2008, all the health centres used the vaccine stock management forms and the monthly vaccine and input order forms. Furthermore, a cold chain maintenance contract was drawn up with a private company to ensure that the cold chain functioned properly and thereby avoid that vaccines were deteriorated and shortages were recorded.

When will the next EVSMA/VMA* be conducted? [month/year]

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

Table 1.2

Vaccine 1:	
Anticipated stock on 1 January 2010	
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety (ISS)

1.3.1 Receipt of injection safety support (for relevant countries)

Djibouti received injection safety support from 2003 to 2005. UNICEF has ensured that auto-disable syringes, reconstitution syringes and safety boxes for the traditional vaccines are available up to now.

Do you receive Injection Safety support in the form of a cash contribution or supplies?

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

The injection supplies received from GAVI within the scope of the introduction of new vaccines in 2008 are the following:

Injection Safety Material	Quantity	Date received
Auto-disable syringes	640 000	17/04/2008
Preparation syringes	30 000	17/04/2008
Safety boxes	1 050	17/04/2008

Please report on any problems encountered.

The Ministry of Health has not been informed of any constraints or difficulties regarding the availability of the injection supplies.

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 risk-free management of sharp and pointed waste.

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

Djibouti received injection safety support from 2003 to 2005. UNICEF has ensured that auto-disable syringes, reconstitution syringes and safety boxes for the traditional vaccines are available up to now.

Please report how sharp and pointed waste is disposed of.

All the country's health centres use auto-disable syringes and safety boxes.

In Djibouti town the hygiene department collects the septic waste (safety boxes and other waste) and ensures that it is incinerated in the incinerator at the Peltier general hospital.

In rural health districts and outposts, septic waste is destroyed in the burners which have been built for this purpose.

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

The main problem regarding injection safety occurs when the incinerator breaks down: there is only one incinerator in the country and when it is out of order, the waste is burned in metal drums in the health centres.
Another larger incinerator needs to be built.

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 were funded (specify the amount) last year with the GAVI Alliance injection safety support:

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

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

As Djibouti benefits more from the GAVI support phase, it does not contribute to the co-financing of new vaccines.

Table 2.1: Overall Expenditures and Financing for Immunization

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

Please fill in the following table using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines			
New Vaccines			
Injection supplies			
Cold Chain equipment			
Operational costs			
Other (please specify)			
Total EPI			
Total Government Health			

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

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 programme over the next three years; indicate whether the funding gaps are manageable, represent a challenge or 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.

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" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

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

<i>1st vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0	0	0	0	0	0
Number of vaccine doses	#	0	0	0	0	0	0
Number of Auto disable syringes	#	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0
Total amount to be co-financed by the country	\$	0	0	0	0	0	0

Table 2.2.2: Portion of supplies to be co-financed by the country (and cost estimate in US \$)

<i>2nd vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of Auto disable syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total amount to be co-financed by the country	\$						

Table 2.2.3: Portion of supplies to be co-financed by the country (and cost estimate in US \$)

<i>3rd vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of Auto disable syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total amount to be co-financed by the country	\$						

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

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 Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (please specify)			
2nd Awarded Vaccine (please specify)			
3rd Awarded Vaccine (please specify)			

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

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

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

3. Request for new or under-used vaccines for the 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, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form on immunization activities** in the space provided below.

Are there changes between table A and B? Yes/No

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

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

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

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

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

Vaccine 1: DTP Hep B + 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 dose.
- Please summarise the list of specifications of the vaccines and the related immunization programme in Table 3.1 below, using the population data (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” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

Table 3.1: Specifications of the vaccinations to be achieved with the new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	22,472	23,660	24,460	25,647	26,417	29,474
Target immunization coverage with the third dose	<i>Table B</i>	#	90%	92%	92%	94%	94%	95%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	24,969	25,718	26,589	27,284	28,103	28,946
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	10%	10%	10%	10%	10%	10%
Country co-financing per vaccine dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.00	0.00	0.00	0.00	0.00	0.00

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

Table 3.2: Portion of the supplies to be procured by the GAVI Alliance (and cost estimate in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	102,500	106,088	109,680	112,546	118,520	125,416
Number of Auto disable syringes	#	112,750	116,700	120,648	123,800	130,372	137,958
Number of re-constitution syringes	#	56,375	58,350	60,324	61,900	65,186	69,000
Number of safety boxes	#	1,862	1,925	1,990	2,043	2,152	2,277
Total value to be co-financed by GAVI	\$	\$521,500	\$508,500	\$491,000	\$400,000	\$375,000	\$362,000

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of the vaccinations to be achieved with the new vaccine

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

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

Table 3.4: Portion of the supplies to be procured by the GAVI Alliance (and cost estimate in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of the vaccinations to be achieved with the new vaccine

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

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

Table 3.6: Portion of the supplies to be procured by the GAVI Alliance (and cost estimate in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation 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. Recognising 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 to help 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 the 15 May of the year following 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.** Countries which have received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss the progress achieved and in order to enable timely release of HSS funds for the following year.
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 reports may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all Annual Progress Reports. In such a case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reports 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 fiscal year runs from to
- b) This HSS report covers the period from (month/year) to (month/year).
- c) The duration of the current National Health Plan runs from (month/year) to (month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may 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 UNICEF and WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordinating Committee (or IACC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on the 10 March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

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

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the Annual Progress Report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.2 Financial breakdown of the 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 there will be fiscal year reporting:

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

Amount spent in 2008:

Remaining balance from total:

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

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Activity 3.2:						
Support Functions						
Management						
M&E						
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 when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

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

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

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

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

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

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH 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 funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.*

- b) *Are there any issues relating to 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 targets achieved

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

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

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

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

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

5.1.1 Mapping exercise

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

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

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

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

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

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and 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 delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

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

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

5.2.1 Programme implementation

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

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

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

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

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

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

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

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

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

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

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 target

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

6. Checklist

Checklist of completed form:

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

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~