



Annual Progress Report 2009

Submitted by

The Government of

[THE REPUBLIC OF NIGER]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: MAY 15 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

any hard copy could 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, 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 and be paid to the account or accounts as directed 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 the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in 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 person, 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, as requested. 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 Country 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 APR.

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 more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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 [*Name of Country*] **the Republic of Niger**

Please note that this APR 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):

Prof. Hassan Nouhou

Title: Minister of Public Health

Signature: [signed] [stamp]

Date: May 10, 2010

Minister of Finance (or delegated authority):

Mr. Badamassi Annou

Title: Minister of the Economy and Finance

Signature: [signed] [stamp]

Date: May 11, 2010

This report has been compiled by:

| | |
|--|--|
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ICC Signatures Page

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

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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/Organisation | Signature | Date |
|---|----------------------|-----------|---------|
| Manzila Tarande Representative | WHO | /signed/ | 5/12/10 |
| Guido Cornale Representative | UNICEF | /signed/ | 5/12/10 |
| Ali Bondiéré: Chair | Red Cross | /signed/ | 5/13/10 |
| Gaston Kaba: Chair | Rotary International | /signed/ | 5/12/10 |
| Akira Nishimoto Representative | JICA | /signed/ | 5/13/10 |
| Representative | HKI | /signed/ | 5/13/10 |
| Representative | Plan Niger | /signed/ | 5/13/10 |
| Mamane Jonathan Dir Operations National Director (by order) | World Vision | /signed/ | 5/13/10 |
| Ide Djermakoye Coordinator | ROASSN | /signed/ | 5/12/10 |
| | | | |

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

Comments from partners:

.....
.....

Comments from the Regional Working Group:

.....
.....
.....

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

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

Name:

Post:

Organisation:.....

Date:

Signature:

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

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

| 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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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 N° | Title | APR Section |
|-------------|---|------------------|
| 1 | Calculation of [Niger's] ISS-NVS support for 2011 (<i>Annex 1</i>) | 1.1; 2.4; 3.7 |
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1. General Programme Management Component

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

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.

Table 1: Niger Reference data and updated annual objectives

Provide the figures only, no commas, periods of spaces between the figures so that the calculations can be done automatically (already installed)

| Target population (number) | Results in | Targets | | | | | |
|--|------------|---------|---------|------|------|------|------|
| | | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
| Total births | 867,863 | 895,610 | 925,165 | | | | |
| Total infant deaths | 70,344 | 72,593 | 74,989 | | | | |
| Total surviving infants | 797,519 | 823,017 | 850,177 | | | | |
| Total pregnant women | 867,863 | 895,610 | 925,165 | | | | |
| Infants immunized (or to be immunized with BCG) | 831,238 | 850,830 | | | | | |
| BCG coverage [value generated automatically] | 96% | 95% | 0% | auto | auto | auto | auto |
| Infants immunized (or to be immunized with OPV3) | 700,211 | 781,866 | | | | | |
| OPV3 coverage [value generated automatically] | 88% | 95% | 0% | auto | auto | auto | auto |
| Infants immunized (or to be immunized) with DTP3 | 741,781 | 781,866 | 807,669 | | | | |
| DTP3 coverage [value generated automatically] | 93% | 95% | 95% | auto | auto | auto | auto |
| Infants immunized (or to be immunized) with DTP1 | 799,887 | 823,017 | 850,177 | | | | |
| Wastage ¹ in the reference year and projected thereafter | 1.05 | 1.05 | 1.05 | | | | |
| Complete these lines if your country receives GAVI-approved support for the Hep B and Type B haemophilus influenza vaccines | | | | | | | |
| Infants immunized (or to be immunized) with a 3 rd dose of DTP-HepB-Hib 1 ds/liquid vial | 741,781 | 781,866 | 807,669 | | | | |
| 3 rd dose coverage (%) [value generated automatically] | 93% | 95% | 95% | auto | auto | auto | auto |
| Infants immunized (or | 799,887 | 823,017 | 850,177 | | | | |

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|--|---------|---------|---------|------|------|------|------|
| to be immunized) with the 1 st dose of DTP-HepB-Hib 1 ds/liquid vial | | | | | | | |
| Wastage ¹ in the reference year and projected thereafter | 1.05 | 1.05 | 1.05 | | | | |
| Complete these lines if your country receives GAVI-approved support for <u>the yellow fever vaccine</u> | | | | | | | |
| Infants immunized (or to be immunized) with 1 dose of yellow fever 10ds/vial, freeze-dried | 647,173 | 781,866 | 807,669 | | | | |
| Yellow fever coverage (%) [value generated automatically] | 85% | 95% | 95% | auto | auto | auto | auto |
| Wastage ¹ in the reference year and projected thereafter | 1.25 | 1.25 | 1.25 | | | | |

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 births**:*

*Provide justification for any changes **in surviving infants**: **Change already justified in previous reports***

*Provide justification for any changes **in Targets by vaccine**: **No change***

*Provide justification for any changes **in Wastage by vaccine**: **No changed***

1.2 Immunisation achievements in 2009

Please comment on the achievements of 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:

Overall, the country registered an improvement in the EPI indicators in 2009 compared to 2008. These encouraging results were obtained through the financing of strengthening activities for all the health districts, the implementation of a plan to lower the numbers of children not immunized in

those districts with large numbers of children not immunized, carrying out formative supervision activities, and performing the Data Quality Survey (DQS) in 25 of the country's 42 districts.

Although the Niger EPI's goal of 95% in 2009 was not achieved, we are satisfied with one of the GIVS objectives, i.e. "achieving a 90% national vaccine coverage rate." Nor are we far from the 80% objective of DTP-HepB-Hib3 coverage in all the health districts. In fact, as of the end of 2009, 39 of the 42 districts, or 93%, achieved 80% coverage for DTP-HepB-Hib3. Two of the three health districts, i.e. N'guigmi and Gouré, made progress in 2009 over 2008. The DTP-HepB-Hib3 coverage rate rose from 57% to 70% in N'guigmi, or 13 points, and from 65% to 71% in Gouré, or 6 points. By contrast, the Say district fell by 7 points from 2008 to 2009.

The OPV3 coverage rate is 88%. The difference between Penta3 and OPV3 caused by the OPV stockout in February 2009 was not entirely reabsorbed. It is 5 points at the national level, and it reached and even surpassed 10 points in some health districts.

The measles vaccine coverage rate is 87%, versus 80% in 2008, for a 7-point increase. Only 10 of the 42 districts, or 24%, achieved the 95% objective that was set.

The TT2 coverage rate and + is 81% [sic], versus 73% in 2008, for a gain of 8 points.

The number of children not immunized is **57,797** versus **87,395** as of the end of 2008, or a 33.8% decrease. In the 18 health districts that are receiving interventions from the special plan to lower the number of children not immunized, the decrease is 30% between December 2008 and December 2009. We note that 94.2% of the children who were not immunized are located in these 18 health districts, with Magaria and Mirriah leading, each with more than 7,000 children who were not immunized.

If targets were not reached, please comment on reasons for not reaching the targets:

The financing of strengthening activities stopped in the 4th quarter of 2009, making it impossible to achieve the coverage objectives projected for the Penta 3, measles and YF vaccines. For OPV, the country had a stockout early in the year because inventory was preempted. For YF vaccine, sufficient quantities were not available at certain times.

1.3 Data assessments

1.3.1 Please comment on any discrepancies between 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)².

The 2009 data have not yet been validated by vaccine coverage surveys. However, the data quality audits (DQs) performed in 25 of the 42 health districts show a few disagreements between the data reported at the central level and the data in the collection documents at the operational level. The audit factors are: 95%, both for the districts and for the IHCs (Integrated Health Centers).

1.3.2 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.

A Data Quality Survey (DQS) was carried out in 25 of the 42 health districts in the country; 15 were performed in May and 10 in December 2009. The audit had two objectives: i) to determine the data quality index for each health area; and ii) to determine the accuracy of immunization data. As for the first objective, six components were evaluated at each level, i.e. the demographic indicators,

² 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

recording the immunization data in the registers, the cold chain, supervision, the essential analyses, and reporting. As for the second objective, the purpose was to compare available data in terms of the collection tools (meeting sheet) to the data transmitted to the higher level. The average quality index is 83% for the 25 districts that were audited, and the extremes vary from 53% to 98%. The insufficiently developed components are supervision and data recording. In the IHCs, the quality index was 70%, with extremes between 38% in the Tchiozérine health district to 90% in Illéla district. The health regions and districts were encouraged to incorporate the DQS application into their supervisions to maintain the culture of data quality.

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

After the DQS was performed, a plan for implementing and monitoring the recommendations was prepared and carried out.

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

1. Vaccine coverage surveys in 2010: (When the EPI is reviewed, a coverage survey is planned in each of the districts to validate the 2009 administrative data)
2. Institutionalization of the DQS twice a year in all the districts: (The central level will conduct the DQS in the 17 remaining districts, whereas the 25 districts already initiated will continue this activity, taking the recommendations made previously into account)
3. The supervision of the routine activities will be quarterly and will be for all 42 districts. In each region a joint team (Immunizations Division, WHO and UNICEF) will perform the supervision.

The results of all of these programs will be shared with the ICC at its periodic meetings.

1.4 Overall Expenditures and Financing for Immunisation

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

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

| <i>Expenditures by Category</i> | Expenditure Year 2009 | Budgeted Year 2010 | Budgeted Year 2011 |
|---|------------------------------|---------------------------|---------------------------|
| Traditional Vaccines ³ | \$10,153,719 | \$10,656,609 | 11,008,277.10 |
| New Vaccines | \$630,284 | \$525,027 | 542,352.89 |
| Injection supplies with AD syringes | \$711,347 | \$748,447 | 773,145.75 |
| Injection supply with syringes other than ADs | \$178,205 | \$148,445 | 153,343.69 |
| Cold Chain equipment | \$291,832 | \$1,330,796.22 | 1,374,712.50 |
| Operational costs | \$4,655,844 | \$4,304,918 | 4,446,980.29 |
| Vehicles | 426,585 | \$162,365 | 167,723.05 |

³ Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

| | | | |
|--------------------------------|---------------------|------------------------|----------------------|
| Personnel | \$2,021,774 | \$2,062,209 | 2,130,261.90 |
| Transport | \$347,888 | \$131,923 | 301,033.76 |
| Other equipment costs | \$254,166 | \$291,417 | |
| Total EPI | \$19,671,644 | \$20,362,156.22 | 21,034,107.38 |
| Total Government Health | | \$156,918,629 | |

| | |
|---------------------------|---------|
| Exchange rate used | 428.128 |
|---------------------------|---------|

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 program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The expenses incurred in 2009 are below the projections. This situation is due to the fact that GAVI funds in the amount of US\$468,000, expected around the end of 2009, were not disbursed. In turn this made it impossible to finance the fourth quarter of immunization activities in the districts.

The government budget allocated to the health sector has been on the rise since 2006, and there are prospects for exploiting mineral resources and oil as well.

This situation gives us reason to believe that the amount of financing for the health sector will improve.

However, financing continues to be low compared to the 15% recommended by the meeting of Heads of State in Abuja, Nigeria in 2001. If current growth trends continue (4.3%) in the Gross National Product and sector financing, the government will finance recurring expenses.

The implementation of the decentralization law will also contribute to raising financing levels for health in the local governments.

Niger prepared a paper for the overall strengthening of the health system. Other technical and financial partners (TFPs) such as the Global Fund and the Niger Common Health Sector Fund have committed to finance this plan. The Ministry of Health has a dialogue and coordination framework for the TFPs, and is in charge of managing the activities at different levels.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009?1.....

Please attach the minutes (**Document N°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

ICC Recommendations:

- Conduct independent evaluations outside the NIDs;
- Strengthen cold chain capacity (purchase testers);
- Include the partners in systematic EPI supervisions and NIDs;
- Keep standby inventory in the national depot to avoid stockouts of vaccines and consumables;
- Have the districts use the EPI consensus populations;
- Have independent experts conduct the review of the EPI;
- Conduct a vaccine coverage and KAP survey by the end of June 2009 in order to better assess

the EPI indicators.

- Purchase vehicles better suited for the terrain (Fokker);
- Show the contributory portion from the ICC in the technical preparation of the different sets of documentation.

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

List CSO member organisations:

Le Réseau des Organisations et Associations du Secteur de Santé au Niger (ROASSN),

Association du secteur privé de la santé

World Vision, HELP Niger, MSF, AQUADEV, Red Cross, Save the Children, Plan Niger, etc.

1.6 Priority actions in 2010-2011

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

1. The principal coverage objectives for the 2010-2011 period are:

- Achieve 95% vaccine coverage for each of the antigens
- Improve data quality
- Strengthen cold chain capacity
- Achieve the required surveillance performances

2. Priority activities for 2010

- Organize the external review of the EPI
- Implement the 2010 special plan to reduce the number of children not immunized
- Prepare the 2010 – 2015 cMYP
- Conduct the DQS in the remaining 17 districts
- Strengthen personnel capacity in RED and in vaccine techniques
- Continue the tetanus and measles elimination campaigns and the polio eradication campaign.
- Strengthen the supervision of activities and implement the DQS
- Strengthen social mobilization activities to promote immunization
- Hold regular regional coordination and ICC meetings at the national level
- Provide the health facilities with cold chain equipment
- Make antigens permanently available in the health facilities

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.....
Remaining funds (carry over) from 2008: US\$3,540,024.41.
Balance carried over to 2010: US\$.....

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

In 2009 Niger did not receive any rewards, and the expenses were paid out of the balance (carry forward) from 2008. With this balance, we carried out the following principal activities:

- Financed immunization activities using the advanced and mobile strategy [stratégie avancée et mobile] for all of the 42 districts over 3 quarters
- Performed the DQS in 15 districts
- Supervised and monitored immunization activities
- Provided new supplies of vaccines and consumables to the regions
- Purchased testers for the cold chambers
- Reproduced EPI data collection tools
- Built an equipment warehouse
- Purchased 2 refrigerated small vans, and 1 truck for shipping
- Provided 10 districts with all-wheel drive supervision vehicles and provided DT 125 motorcycles to 50 IHCs, and 2 supervision vehicles to the central level
- Provided computer equipment to the 42 districts, 8 regions and the central level

2.2 Management of ISS Funds

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

Part A: briefly describe 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.

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

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

This management is no different than the previous year. In fact, GAVI funds are managed by the Ministry of Health through a bank account. A select committee from the same Ministry proposes the expenses to be incurred to the ICC. After the ICC approves, it orders disbursement. Then a check with 2 signatures is issued:

- The signature of the ICC Chair, or by delegation, the Financial Controller of the Ministry of Health
- The signature of the head of the Immunization Division.

At the ICC meetings the physical and financial execution of the planned activities are monitored.

All the projections and expenses were included in the Division's annual action plan, and they were themselves included in the action plan and the national budget.
No problems were found in GAVI funds management for the fiscal year that ended in 2009. However, an amount of US\$468,000 was already approved as rewards for 2007 but was not transferred to the country.

2.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N° 3**). (*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.

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° 4 TDR**).

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 1.⁴

⁴ The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.
Annual Progress Report 2009

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

3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

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

| | [A] | | [B] |
|--------------|----------------------------|----------------|------------------------------------|
| Vaccine Type | Total doses for 2009 in DL | Date of DL | Total doses received by end 2009 * |
| Pentavalent | 1,891,800 | April 28, 2009 | 1,844,000 |
| | 475,400 | April 28, 2009 | 719,610 |
| | | | |
| | | | |

* Please also include any deliveries from the previous year received against this DL

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

| | |
|--|---|
| <p>What are the main problems encountered? (<i>Lower vaccine utilisation 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?...</i>)</p> | <ul style="list-style-type: none"> • For PENTA : Delivery of a portion of the scheduled amounts is blocked due to delayed payment by the government; payment was not made until February 2010. The outstanding balance of doses were received in 2010 and posted in the current management cycle. • For YF vaccine : Balance of the 2008 order received in 2009 |
| <p>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 UNICEF SD)</p> | <ul style="list-style-type: none"> • Trained the national officer in charge of vaccine management in Dakar as well as immunization officers at the regional and health district level • Provided 8 regions, 42 districts and the central level with IT equipment • Supervised the regions and health districts • Monitored the inventories actually available in the field monthly • Advocated with the government to mobilize resources for cofinancing on time |

3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements. **Not applicable as the country introduced the Pentavalent in September 2008.**

| | |
|---|----------------------------|
| Vaccine introduced: | |
| Phased introduction [YES / NO] | Date of introduction |
| Nationwide introduction [YES / NO] | Date of introduction |
| The time and scale of introduction was as planned in the proposal? If not, why? | • |

3.2.2 Use of new vaccines introduction grant (or lump sum)

| | |
|---|---------------|
| Funds of Vaccines Introduction Grant received: US\$ | Receipt date: |
|---|---------------|

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.

Not applicable

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

Not applicable

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US\$.....

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

Not applicable

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 N°.....**). (*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 (specify) | June 2009 | 9/09 to 2/10 | June 2010 |
| 2 nd Awarded Vaccine (specify) | June 2009 | 9/09 to 2/10 | June 2010 |
| Q. 2: Actual co-financed amounts and doses? | | | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses | |
| 1 st Awarded Vaccine (Pentavalent) | 1,013,131.88 | 262,500 | |
| 2 nd Awarded Vaccine (YF vaccine) | 505,969.25 | 498,200 | |
| 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 National Treasury's delay in payment due to cash-flow difficulties in several stages | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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

Niger is not in default and honored its contribution in full in 2009.

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [11/2007]

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
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 summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Not applicable because the most recent report dates back to 2007

When is the next EVSM/VMA* planned? [11/2010]

*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:

The necessity of keeping the presentation of the Pentavalent vaccine in 5-dose vials is still in effect and will soon be submitted to the ICC for approval in May 2010.

Please attach the minutes of the ICC meeting (**Document N° 5**) 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

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 |
|---------------------------|----------|---------------|
| Not applicable | | |
| | | |
| | | |
| | | |

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 | | |
| Measles | | |
| TT | | |
| DTP-containing vaccine | | |
| | | |

Please report how sharps waste is being disposed of:

Sharps waste is collected in safety boxes which are then incinerated and buried in pits. In certain districts that have incinerators, the boxes are destroyed by incineration at very high temperatures.

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)

No problems were found.

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution) Not applicable because this support ended in 2006.

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

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 | |

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study⁵ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 Information relating to this report

- 5.1.1 Government fiscal year (cycle) runs from(month) to(month).
- 5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
- 5.1.3 Duration of current National Health Plan is from(month/year) to(month/year).

⁵ All available at <http://www.gavialliance.org/performance/evaluation/index.php>

5.1.4 Duration of the current immunisation cMYP is from(month/year) to(month/year)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: 'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th 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 |
|---|--------------|----------------------------------|------------------------------------|
| <i>Government focal point to contact for any programmatic clarifications:</i> | | | |
| | | | |
| <i>Focal point for any accounting of financial management clarifications:</i> | | | |
| | | | |
| <i>Other partners and contacts who took part in putting this report together:</i> | | | |
| | | | |
| | | | |

5.1.6 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 (especially financial information and indicators values) 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.*]

5.1.7 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 APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?

Please attach the minutes (**Document N°.....**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Document N°.....**).

5.2 Receipt and expenditure of HSS funds in the 2009 calendar year

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

Table 11: Receipt and expenditure of HSS funds

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|------|------|------|------|
| Original annual budgets (per the originally approved HSS proposal) | | | | | | | | | |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | | | | | | | | | |
| Total funds received from GAVI during the calendar year | | | | | | | | | |
| Total expenditure during the calendar year | | | | | | | | | |
| Balance carried forward to next calendar year | | | | | | | | | |
| Amount of funding requested for future calendar year(s) | | | | | | | | | |

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement*):

5.3 Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

| Major Activities | Planned Activity for 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: | | |
| Activity 3.2: | | |

5.4 Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent 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?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

| Major Activities | Planned Activity for 2010 | Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised budget for 2010 (proposed) | 2010 actual expenditure as at 30 April 2010 | Explanation of differences in activities and budgets from originally approved 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: | | | | | |
| TOTAL COSTS | | | | | |

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

| Major Activities | Planned Activity for 2011 | Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised budget for 2011 (proposed) | Explanation of differences in activities and budgets from originally approved 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: | | | | |
| TOTAL COSTS | | | | |

Please include 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.

5.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°.....**). (*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.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....**).

External audit reports for HSS, ISS and CSO-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 HSS programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

5.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

| Name of Objective or Indicator <i>(Insert as many rows as necessary)</i> | Numerator | Denominator | Data Source | Baseline Value and date | Baseline Source | 2009 Target |
|--|-----------|-------------|-------------|-------------------------|-----------------|-------------|
| Objective 1: | | | | | | |
| 1.1 | | | | | | |
| 1.2 | | | | | | |
| Objective 2: | | | | | | |
| 2.1 | | | | | | |
| 2.2 | | | | | | |

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in **the denominator**:

Provide justification for any changes in **data source**:

Table 16: Trend of values achieved

| Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i> | 2007 | 2008 | 2009 | Explanation of any reasons for non achievement of targets |
|---|------|------|------|---|
| 1.1 | | | | |
| 1.2 | | | | |
| 2.1 | | | | |
| 2.2 | | | | |

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

5.9 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

| Donor | Amount in US\$ | Duration of support | Contributing to which objective of GAVI HSS proposal |
|-------|----------------|---------------------|--|
| | | | |
| | | | |
| | | | |

6. Strengthened Involvement of Civil Society Organisations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁶

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

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

6.1.1 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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°.....**).

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.

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

6.1.2 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.

6.1.3 Receipt and expenditure of CSO Type A funds

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

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁷

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:

6.2.1 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).

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

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

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

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

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.

6.2.2 Receipt and expenditure of CSO Type B funds

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

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

6.2.3 Management of GAVI CSO Type B funds

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

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

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

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

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°**.....). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS 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 CSO Type B programme during your government's most recent fiscal year, this should also be attached (**Document N°**.....).

6.2.5 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

| Activity / outcome | Indicator | Data source | Baseline value and date | Current status | Date recorded | Target | Date for target |
|--------------------|-----------|-------------|-------------------------|----------------|---------------|--------|-----------------|
| | | | | | | | |
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Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

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

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

8. Comments

Comments from ICC/HSCC Chairs:

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR 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 summarise 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 VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:
An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|--|-----------------------------|---------------------------------|
| | Local Currency (CFA) | Value in USD⁷ |
| Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>) | 25,392,830 | 53,000 |
| Summary of income received during 2009 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 65,338,626 | 136,375 |
| Total expenditure during 2009 | 30,592,132 | 63,852 |
| Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>) | 60,139,324 | 125,523 |

| Detailed analysis of expenditure by economic classification⁸ – GAVI ISS | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|--|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD | |
| Salary expenditure | | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 | |
| Per-diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 | |
| Non-salary expenditure | | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 | |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 | |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 | |
| Other expenditure | | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 | |
| TOTALS FOR 2009 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 | |

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

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

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

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these 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 3 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 summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and 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 HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

| Summary of income and expenditure – GAVI HSS | | |
|--|-----------------------------|---------------------------------|
| | Local Currency (CFA) | Value in USD⁹ |
| Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>) | 25,392,830 | 53,000 |
| Summary of income received during 2009 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 65,338,626 | 136,375 |
| Total expenditure during 2009 | 30,592,132 | 63,852 |
| Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>) | 60,139,324 | 125,523 |

| Detailed analysis of expenditure by economic classification¹⁰ – GAVI HSS | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS | | | | | | |
| ACTIVITY 1.1: TRAINING OF HEALTH WORKERS | | | | | | |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per-diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| TOTAL FOR ACTIVITY 1.1 | 24,000,000 | 50,093 | 18,800,000 | 39,239 | 5,200,000 | 10,854 |

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

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

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

GAVI ANNUAL PROGRESS REPORT ANNEX 4

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these 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 3 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 summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and 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 CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

| Summary of income and expenditure – GAVI CSO 'Type B' | | |
|---|-----------------------------|----------------------------------|
| | Local Currency (CFA) | Value in USD¹¹ |
| Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>) | 25,392,830 | 53,000 |
| Summary of income received during 2009 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 65,338,626 | 136,375 |
| Total expenditure during 2009 | 30,592,132 | 63,852 |
| Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>) | 60,139,324 | 125,523 |

| Detailed analysis of expenditure by economic classification¹² – GAVI CSO 'Type B' | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| CSO 1: CARITAS | | | | | | |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per-diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| TOTAL FOR CSO 1: CARITAS | 24,000,000 | 50,093 | 18,800,000 | 39,239 | 5,200,000 | 10,854 |
| CSO 2: SAVE THE CHILDREN | | | | | | |
| Salary expenditure | | | | | | |
| Per-diem payments | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |

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

¹² Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

| | | | | | | | |
|---|---------------|-------------------|---------------|-------------------|---------------|-------------------|---------------|
| Non-salary expenditure | | | | | | | |
| | Training | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Other expenditure | | | | | | | |
| | Capital works | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL FOR CSO 2: SAVE THE CHILDREN | | 18,000,000 | 37,570 | 11,792,132 | 24,613 | 6,207,868 | 12,957 |
| TOTALS FOR ALL CSOs | | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |