



Annual Progress Report 2008

Submitted by

The Government of

SÃO TOMÉ AND PRÍNCIPE

Reporting on year: __2008__

Requesting for support year: _2010/2011_

Date of submission: _____

Deadline for submission: May 15, 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 Secretariat
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CH-1202 Geneva,
Switzerland**

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

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 Country]*.....

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name:

Position:

Telephone:

E-mail:
.....

ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organization	Signature	Date

Comments from partners:

If desired, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

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Has this report been reviewed by the GAVI core regional working group?: yes/no

.....

HSCC Signature Page

If the country is reporting on HSS and CSO support

We, the undersigned members of the national Health Sector Coordinating Committee (HSCC), (insert name) endorse this report on the health systems strengthening programme and the civil society organization support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Name/Title	Agency/Organization	Signature	Date

Comments from partners:

If desired, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

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

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

Name:

Position:

Organization:.....

Date:

Signature:

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

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

Name:

Position:

Organization:.....

Date:

Signature:

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

Name/Title	Representation/Organization	Signature	Date
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.....			
.....			
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.....			
.....			
.....			
.....			

Signature of the endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Table A: Latest baseline and annual targets

Table B: Updated baseline and annual targets

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1 Use of Immunization Services Support

1.1.3 ICC meetings

1.1.4 Immunization Data Quality Audit

1.2 New and Under-used Vaccines Support (NVS)

1.2.1 Receipt of new and under-used vaccines

1.2.2 Primary activities

1.2.3 Use of GAVI funding entity support (\$100.000 US\$) for the introduction of the new vaccine

1.2.4 Evaluation of Vaccine Management System

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste

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

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

3. Request for new and under-used vaccine for 2010

3.1 Updated immunization objectives

4. Health Systems Strengthening (HSS)

5. Strengthened Involvement of Civil Society Organisations (CSOs)

6. Checklist

7. Comments

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

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

Number	Results Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	5381	5482	5583	5684	5787			
Infant deaths	97	99	101	102	104			
Surviving infants	5284	5383	5482	5582	5683			
Pregnant women	6216	6333	6450	6566	6685			
Target population vaccinated with BCG	5373	5427	5527	5628	5729			
BCG coverage*	99%	99%	99%	99%	99%			
Target population vaccinated with OPV	5211	5330	5428	5526	5626			
OPV coverage**	98.6 %	99%	99%	99%	99%			
Target population vaccinated with DTP3***	5211	5330	5373	5470	5568			
DTP3 coverage**	98.6 %	99%	98%	98%	98%			
Target population vaccinated with DTP1***	5234	5383	5482	5582	5683			
Wastage ¹ rate in baseline year and anticipated thereafter	10%	10%	5%	5%	5%			
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose ofHepatitis B.....	5211	5330	5373	5470	5568			
Coverage**	98.6 %	99%	98%	98%	98%			
Target population vaccinated with 1 st dose of Hepatitis B	5234	5383	5482	5582	5683			
Wastage ¹ rate in baseline year and anticipated thereafter	10%	10%	5%	5%	5%			
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of ...Yellow Fever.....	4922	5222	5373	5470	5569			
Coverage**	93.1 %	95%	96%	96%	96%			
Target population vaccinated with 1 st dose of measles vaccine	4929	5222	5373	5470	5569			
Target population vaccinated with 2 nd dose of measles vaccine	a)							
Measles vaccine coverage**	93.2 %	95%	96%	96%	96%			
Pregnant women vaccinated with TT+	5466	6270	6385	6501	6618			
TT+ coverage****	87 9%	90%	90%	90%	90%			
Vit A supplementation	Mothers (<6 weeks from delivery)	94.6 %	95 %	95 %	95 %			
	Infants (>6 months)	64.1 %	75 %	80 %	85 %			
Annual DTP dropout rate [(DTP1-DTP3)/DTP1] x100	1%	1%	2%	2%	2%			
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)	a)	a)						

* Number of infants vaccinated out of total births
 ** Number of infants vaccinated out of surviving infants
 *** Indicate total number of children vaccinated with either DTP alone or combined
 **** Number of pregnant women vaccinated with TT+ out of total pregnant women
a) in STP we do not administer a 2nd measles dose

¹ The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines, see table α following Table 7.1.

Table B: Updated baseline and annual targets

Number	Results Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	5381	5482	5583	5684	5787			
Infant deaths	97	99	101	102	104			
Surviving infants	5284	5383	5482	5582	5683			
Pregnant women	6216	6333	6450	6566	6685			
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Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose ofHepatitis B.....	5211	5330	5373	5470	5568			
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Target population vaccinated with 1 st dose of ...Hepatitis B...	5234	5383	5482	5582	5683			
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Target population vaccinated with 1 st dose of measles vaccine	4929	5222	5373	5470	5569			
Target population vaccinated with 2 nd dose of measles vaccine	a)	a)	a)	a)	a)			
Measles vaccine coverage**	93.2 %	95%	96%	96%	96%			
Pregnant women vaccinated with TT+	5466	6270	6385	6501	6618			
TT+ coverage****	87 9%	90%	90%	90%	90%			
Vit A supplementation	Vit A supplementation	94.6 %	95 %	95 %	95 %			
	Infants (>6 months)	64.1 %	75%	80%	85%			
Annual DTP dropout rate [(DTP1-DTP3)/DTP1] x100	1%	1%	2%	2%	2			
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

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

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

1.1 Immunization Services Support (ISS)

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

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

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

We have received no ISS funds since 2002.

If the country is supported with ISS funds in the future, there are plans to reflect it in the budget.

1 1.1 Management of ISS Funds

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

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

- *GAVI funds are used only after the ICC authorization, which is responsible for approving the utilization plan for the funds.*
- *GAVI funds are not disbursed without the signature of a WHO or UNICEF representative and a representative from the Ministry of Health.*
- *No problem has been encountered involving the use of these funds.*

Use of Immunization Services Support

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

Funds received during 2008 _____ No funds were received _____

Remaining funds (carry over) from 2007: _____ US\$ 153.64

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

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 equipment					
Personnel					
Transportation	153.64			153.64	
Maintenance and overhead					
Training					
IEC / social mobilization					
Outreach to hard-to-reach groups					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other(specify)					
Total:	153.64			153.64	
Balance of funds for the next year:	US\$ 0.0				

1 1.3 ICC meetings

How many times did the ICC meet in 2008? ____3____

Please attach the minutes (DOCUMENT No.....) from all the ICC meetings held in 2008, particularly the ICC minutes from the meeting where the allocation and utilization of funds were discussed.

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

List the CSOs that are members of the ICC

Red Cross

Rotary club

INSTITUT Marquês Valle Flor

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

- *Social mobilization activities*
- *Logistical support in the area of transportation for district supervisory activities and for outreach strategy immunizations*
- *No problem has been encountered in the implementation of the multi-year plan*

Attachments:

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

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

1.1.4 Immunization Data Quality Audit (DQA)

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

List the primary DQA recommendations

Note: STP was not involved in the DQA framework and no DQA was planned.
The ICC members at the meeting who endorsed the 2007 report recommended that a proposal be made to GAVI in order to carry out the immunization-related data quality audit; in the event that GAVI is not available, then the Ministry of Health will have to find another mechanism to conduct the DQA. Up to the present time, we have received no response from GAVI in this matter.

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

YES ☐

NO ☐

Not Applicable

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

Please indicate the ICC meeting in which the action plan for the last DQA was reviewed and adopted by the ICC. [month/year] Not applicable

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

Indicate the studies conducted:

Demographic and health surveys (Survey data are not yet available)

Indicate the problems encountered while collecting and reporting administrative data:

No problems

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

1.2.1. Receipt of new and under-used vaccines during 2008

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

[Specify the new and underused vaccine introduced in 2008]

The hepatitis B and yellow fever vaccines were introduced in 2003.

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

No change in presentation since 2005.

Dates shipments were received in 2008.

Vaccine	Vial size	Total number of doses	Date introduced	Date received (2008)
Hepatitis B	10	16 400	September 2003	17-07-2008
Yellow Fever	5	9 700	September 2003	17-07-2008

Where appropriate, please report any problems encountered.

No problems have been encountered. The vaccines arrived properly stored and were used once every district's immunization personnel were trained.

1.2.2. Primary activities

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

1 – Educational sessions on health, including messages on immunization in dispensaries and centers as well as in the community via outreach teams and community health workers.

2 – Supervision at all levels of the services provided, including supervision of the cold chain

No problems encountered

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

These funds were received on: 27/ 05 /03

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2006	100 000	27/05 /03	83 380.32	- Introduction of hepatitis B and yellow fever vaccines in 2003	No problems have been encountered.
2007	83 380.32	-	70 197.62	- Fuel for supervision, fuel for the measles campaign, acquisition of supplies, and improvement of the electronic system	No problems
2008	70 197.62	-	58 136.77	Workshop (3 418.85) Payment for the team members who compiled the document. (cMYP, Hib introduction form, Provi [sic] instrument, vaccine proposal instrument [sic] (8 300 US\$), bank fees (342 US\$)	No problems

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

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

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

- Maintain current performance with respect to immunization coverage by vaccine
- Increase the proportion of fully-immunized children at 1 year by at least 10% each year until 100% in 2011
- Between now and 2011, attain a 95% rate of children immunized with 3 doses of polio, DTP, and hepatitis B by the end of their 4th month
- Between now and 2011, attain a 95% rate of children immunized against measles and yellow fever before the end of their 9th month
- Between now and January 2008, implement a performance monitoring system adapted to these new challenges
- Provide effective vaccine management in order to avoid stock-outs
- Between now and 2011, plan to introduce the rotavirus vaccine into the EPI
- Implement and adapt an IEC plan that takes into account the new challenges

Was an action plan prepared following the EVSM/VMA?: **No**

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

[List main activities]

Not applicable

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When will the next EVSM/VMA* be conducted? [month/year] **2012**

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

We have not yet entered GAVI Phase 2, which is anticipated in 2009.

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 (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving injection safety support in cash or in kind? YES. We received in-kind support.

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

Injection safety equipment	Quantity	Date received
Auto-disable syringes	6576	April 2007
Reconstitution syringes	536	«
Safety [sic]	79	«

Please report on any problems encountered.

No problems were encountered.

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

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

The injection safety equipment received support from UNICEF and GAVI.

Please report the methods of disposing of sharps waste.

All sharps waste is put into safety boxes and afterwards these same boxes are incinerated.

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

The lack of incinerators forces us to incinerate sharps waste in safety boxes inside a pit.

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

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

No funds have been received.

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

Please the following table should be filled in using US\$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures (US\$)	Budgeted expenditures	Budgeted expenditures
Expenditure by category			
Traditional vaccines	16 821	10652	8598
New vaccines	13 469 04	50542	101607
Injection equipment	7 081 7	6274	7617
Cold chain equipment	16 458 15	7340	37928
Operational costs	29 303	228568	220828
Mobile equipment	4 137	27639	29850
Personnel	3 290	3290	3553
Other	15448	49359	67657
Total EPI	106 008.19	383663	439709
Total public expenditures for 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 program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

In general terms, the progression of expenditures from the government's contribution is good with respect to the acquisition of vaccines in the improvement of administrative and operational expenditures for the programme.

Regarding epidemiological surveillance, we have experienced some difficulties in mobilizing funds.

The initial estimate for 2008 was US\$ 159 915; it was actually US\$ 106 008.19

Future Country Co-Financing (in US\$)

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

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

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

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

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

<i>First vaccine awarded:...DTP-HepB-Hib (Pentavalent)</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#	1200	1800	1900			
Number of AD syringes	#	1300	1900	2000			
Number of re-constitution syringes	#	0	0	0			
Number of safety boxes	#	25	25	25			
Total value to be co-financed by country	\$	4 000	5 500	5 500			

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

<i>Second vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

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

<i>Third vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by 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	Payment Date Planned for the Next Year
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)			
2 nd awarded vaccine (specify)			
3 rd awarded vaccine (specify)			

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total amount in US\$	Total number of doses
1 st Awarded Vaccine (specify)		
2 nd awarded vaccine (specify)		
3 rd awarded vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?	
1.	The limited financial resources of the Government. For example, the state budget allocated to health was reduced from 12% in 2004 to 9% in 2007.
2.	STP is not a country that attracts much donor support due to the small size of its population.
3.	
4.	

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

Up the present time, this country has respected its financial committments and obligations under the principle of co-financing.

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

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

3.1. Updated immunization objectives

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

Are there 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 the objectives by vaccine**:

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

Vaccine 1:

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

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor, and Tab 4 for the minimum co-financing levels per dose.
- Please summarize the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this 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 immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#	5373	5470	5626			
Target immunisation coverage with the third dose	<i>Table B</i>	#	98%	98%	99%			
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	5482	5582	5683			
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	1.11	1.11	1.11			
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$	0.20	0.30	0.30			

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

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

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	18300	16000	16200			
Number of AD syringes	#	19500	16900	17100			
Number of re-constitution syringes	#	0	0	0			
Number of safety boxes	#	225	200	200			
Total value to be co-financed by GAVI	\$	60 500	49 000	46 500			

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#						
Target immunisation 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 pre dose includes vaccine cost, plus fees and the costs of freight, supplies, insurance, etc.

Table 3.4: Portion of supply 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 immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#						
Target immunisation 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 pre dose includes vaccine cost, plus fees and the costs of freight, supplies, insurance, etc.

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, 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 results-based organization, the GAVI Alliance expects countries to report on their performance. This has been the principle behind the Annual Progress Report since the launch of the GAVI Alliance. Recognizing that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions, the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by May 15th of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all Annual Progress Reports. In this case, the report may be returned to the country, which could cause delays in the disbursement of additional HSS funds. Incomplete, inaccurate, or unsubstantiated reporting may also cause the IRC to recommend against the release of any new HSS funds.
5. If needed, please use additional space beyond what is provided in this form.

4.1 Information relating to this report:

- a) Fiscal year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) Duration of current National Health Plan is from(month/year) to(month/year).
- d) Duration of the cMYP:
- e) What is the name of the individual responsible for compiling this HSS report to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *"This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for the necessary verification of sources and for review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on March 10, 2008. Minutes of said meeting have been included as annex XX to this report."*

Name	Organization	Role played in report submission	Contact e-mail and telephone number
Government focal point to contact for any clarifications			
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. However, this section should mention the MAIN sources of information were and any SIGNIFICANT issues raised in terms of the validity, reliability, etc. of the information shown. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (date) and data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these figures were compared and cross-checked 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.*

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- g) In compiling this report, did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Do you have any suggestions for improving the HSS section of the APR report? Is it possible to improve harmonization between HSS reporting and existing reporting systems in your country?

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4.2 Overall breakdown of financial support

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

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds were received									
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
Annual Progress Report 2008

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 programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

- 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.
Annual Progress Report 2008

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.

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

5.2.2 Receipt of funds

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

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

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

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

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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 ~