



# Annual Progress Report 2008

Submitted by

## The Government of

[THE REPUBLIC OF SENEGAL]

Reporting on year: \_\_2008\_\_

Requesting for support year: \_\_2009/2010\_\_

Date of submission: \_\_\_\_\_

**Deadline for submission: 15 May 2009**

Annual progress report (this report provides an account of the activities performed in 2008 and also enumerates requests for 2009)

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

A hard copy may be sent to:

**GAVI Alliance Secrétariat  
2, chemin des Mines  
CH-1202 Geneva,  
Switzerland**

Please address all enquiries to: [apr@gavialliance.org](mailto: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 & 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 [SENEGAL].....

**Minister of Health:**

Title: .....

Signature: .....

Date: .....

**Minister of Finance:**

Title: .....

Signature: .....

Date: .....

*This report has been compiled by:*

Full name: .....Dr. Aboubacry Fall.....

Position: Director of Medical Prevention.....

Telephone: 00 221,33 869,42,31.....

E-mail: guelewy@gmail.com.....

## 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
Ms. Thérèse Coumba Diop, Minister of Health, Prevention, and Public Hygiene	Ministry of Health, Prevention, and Public Hygiene		
Dr. Antonio Pedro Filipe Junior, Representative	WHO		
Ms. Mariam Coulibaly Ndiaye	UNICEF		
Dr. Ndiouga Diallo, Representative	PATH		

Comments from partners:

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

.....

.....

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

.....



## 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 organizations with the expertise and management capacity to complete the work described successfully.

Name/Title	Representation/Organization	Signature	Date

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

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

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*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	Outcomes as per Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	456,805	476,427	486,908	497,620				
Infant deaths	27,865	29,062	29,701	30,355				
Surviving infants	428,940	447,365	457,207	467,265				
Pregnant women	456,805	476,427	486,908	497,620				
Target population vaccinated with BCG	446,865	452,605	462,562	472,739				
BCG coverage*	98%	95%	95%	95%				
Target population vaccinated with OPV	397,064	428,784	438,217	447,858				
OPV coverage**	93%	96%	96%	96%				
Target population vaccinated with DTP3***	399,895	428,784	438,217	447,858				
DTP3 coverage**	93%	96%	96%	96%				
Target population vaccinated with DTP1***	430,363	452,605	462,562	472,739				
Wastage <sup>1</sup> rate in baseline year and anticipated thereafter	2%	2%	2%	2%				
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of DTP Hep B –Hib	399,895	428,784	438,217	447,858				
DTP Hep B –Hib Coverage. **	93%	95%	95%	95%				
Target population vaccinated with 1 <sup>st</sup> dose of DTP Hep B –Hib	430,363	452,605	462,562	472,739				
Wastage <sup>1</sup> rate in baseline year and anticipated thereafter	2%	2%	2%	2%				
Target population vaccinated with 1 <sup>st</sup> dose of measles vaccine	352,608	428,784	438,217	447,858				
Target population vaccinated with 2 <sup>nd</sup> dose of measles vaccine	N/A	N/A	N/A	N/A				
Measles vaccine coverage**	77%	90%	90%	90%				
Pregnant women vaccinated with TT+	369,243	404,963	413,872	422,917				
TT+ coverage****	81%	85%	85%	85%				
Vit A supplementation	Mothers (<6 weeks from delivery)							
	Infants (>6 months)	1,868,053	2,025,849	2,116,415	2,162,977			
Annual DTP dropout rate [(DTP1 - DTP3)/DTP1] x100	7%	5%	5%	5%				
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)								

<sup>1</sup> 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.

- \* 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

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

Number	Outcomes as per Joint Reporting Form of immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	456,805	476,427	486,908	497,620				
Infant deaths	27,865	29,062	29,701	30,355				
Surviving infants	428,940	447,365	457,207	467,265				
Pregnant women	456,805	476,427	486,908	497,620				
Target population vaccinated with BCG	446,865	452,605	462,562	472,739				
BCG coverage*	98%	95%	95%	95%				
Target population vaccinated with OPV	397,064	428,784	438,217	447,858				
OPV coverage**	87%	96%	96%	96%				
Target population vaccinated with DTP3***	399,895	428,784	438,217	447,858				
DTP3 coverage**	88%	96%	96%	96%				
Target population vaccinated with DTP1***	430,363	452,605	462,562	472,739				
Wastage <sup>2</sup> rate in baseline year and anticipated thereafter	2%	2%	2%	2%				
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of .....	399 895	428 784	438 217	447 858				
Coverage**	93%	95%	95%	95%				
Target population vaccinated with 1 <sup>st</sup> dose of .....	430 363	452 605	462 562	472 739				
Wastage <sup>1</sup> rate in baseline year and anticipated thereafter	2%	2%	2%	2%				
Target population vaccinated with 1 <sup>st</sup> dose of measles vaccine	352 608	428 784	438 217	447 858				
Target population vaccinated with 2 <sup>nd</sup> dose of measles vaccine	NA	NA	NA	NA				
Measles vaccine coverage**	77%							
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplementation								
Annual DTP dropout rate [(DTP1-DTP3)/DTP1] x 100	7%	5%	5%	5%				
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

<sup>2</sup> 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  $\alpha$  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?

Since 2008, these funds have been accounted for in the Immunization Division's annual work plan, which integrates their budget, funding sources, and all activities planned for the year.

#### 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 received into a special account opened by the Ministry of Health and Prevention at a local bank (Société Générale de Banques au Sénégal).*

*Funds are mobilized on the basis of the joint signature of the Director of Medical Prevention (DPM) and the Director of General Administration and Supplies (DAGE) after the expenditures have been approved by the EPI National Coordinating Committee (ICC), chaired by the Minister of Health and Prevention.*

*Funds are distributed by the central level according to the performance of the districts and regions. Other factors are also considered: demographic weight, number of dispensaries covered, specific constraints of the district, etc.*

*The priority financial activities are the outreach and mobile immunization strategies, supportive supervision, and all other activities undertaken as an ICC prerequisite.*

*Funds are wired by the central level to the accounts of the medical regions or the districts. At the end of a defined period (three months on average), recipient districts and regions sent technical and financial reports on the use of the support to the central level.*

## 1.1.2 Use of Immunization Services Support

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

Funds received during 2008 0 F CFA  
 Remaining funds (carry over) from 2007: 457,447,238 F CFA  
 Balance to be carried over to 2009: 146,102,655 FCFA

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

Area of Immunization Services Support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection equipment					
Personnel					
Transportation	2,275,000	2,275,000			
Maintenance and overhead	25,015,997	25 015,997			
Training	15,8 09,080	15,8 09,080			
IEC / social mobilization	33,266,635	33,266,635			
Outreach to hard-to-reach groups	123,067,244	21,215,124		101,852,120	
Supervision	105,053,702	9,153,264	46,735,458	49,164,980	
Monitoring and evaluation	890,040	890,040			
Epidemiological surveillance	3,432,420	3,432,420			
Vehicles					
Cold chain equipment					
Bank fees and miscellaneous	2,234,465	2,234,465			
<b>Total:</b>					
<b>Balance of funds for the next year:</b>	<b>311,344,583</b>	<b>113,592,025</b>	<b>46,735,458</b>	<b>151,017,100</b>	

### 1.1.3 ICC meetings

How many times did the ICC meet in 2008? \_\_\_\_\_

**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: [No]**  
if yes, which ones?

List the CSOs that are members of the ICC

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

<i>The primary activities conducted are the allocation of financial resources to revive routine district activities, the central level's supportive supervision of the regions and districts, maintenance of the cold chain, and vehicle logistics. No problem has been encountered in the multi-year plan.</i>
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#### **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: 2003*  
Next\* DQA scheduled for 2009

<ul style="list-style-type: none"><li>- Ensure data archiving</li><li>- Implement data management tools</li><li>- Establish a computer system for data management at the district and regional levels</li><li>- Provide training to personnel in data management</li></ul>
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Has a plan of action been prepared to improve the reporting system based on the recommendations from the last DQA?

YES

NO

Given that we did not complete a DQA in 2007 or in 2008 as mentioned previously, should we check yes here?

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

The DQA was validated in 2003 and an action plan intended to improve data management was developed since that time. The implementation of the recommendations is continuing via the regular procurement of tools for the district for data management and supportive supervision.

In 2007, people from the districts and regions were trained on data management focussed on how to populate the tools with data, how to monitor for consistency, and on supervision.

Furthermore, an EPI guide was developed that took into account data management.

**Please indicate the ICC meeting in which the action plan for the last DQA was reviewed and adopted by the ICC. [month/year]**

*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).*

*Survey on vaccine management in private practices in 2007 (see attached provisional report).*

*Indicate the problems encountered while collecting and reporting administrative data:*

## 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? 2005. Please include change in doses per vial and change in vaccine presentation, (e.g.– DTP + monovalent Hep B to DTP-Hep B)*

[Specify the new and underused vaccine introduced in 2008] N/A

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

*Dates shipments were received in 2008.*

Vaccine	Vial size	Total number of doses	Date introduced	Date received (2008)
DTP-HepB-Hib	12.86 cm <sup>3</sup>	1	July 2005	
Pentavalent		480,000		5-DEC-2008
Pentavalent		490,000		07-AUG-2008
Pentavalent		411,200		18-NOV-2008

*Where appropriate, please report any problems encountered.*

- [List problems encountered]

### 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.*

*Cold chain inventory at all levels to assess storage capacity.  
Training all the health workers involved in the EPI on the use of the pentavalent vaccine.  
Development of a plan to withdraw the DTP vaccine and to introduce the pentavalent vaccine.*

[List activities]

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

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

*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 USD	Date received	Balance remaining in USD	Activities	List of problems
2003-2004	100,000	N/A	0	<ul style="list-style-type: none"> <li>- Construction of incinerators</li> <li>- Transportation for the implementation of AD syringes</li> <li>- Health worker training on injection safety</li> <li>- Development of communication tools and strategy</li> <li>- Operator equipment for the incineration of waste</li> </ul>	

This table should be completed

#### 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]*

*The last assessment goes back to 2004 (month?)*

*If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA. Not conducted in 2007-2008*

[List major recommendations]

Was an action plan prepared following the EVSM/VMA?: Yes/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]

When will the next EVSM/VMA\* be conducted? *[month/year]* August – September 2009

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

**Table 1.2**

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

### 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? In kind

*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	739,200	30/06/2008
Safety boxes	8225	23/10/2008

*Please report on any problems encountered.*

[List problems]

*None*

#### 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.*

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

*Please report the methods of disposing of sharps waste.*

[Describe how **sharps** are being disposed of in health facilities]

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

[List problems]

**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:*

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

## **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 USD.

	<b>Reporting Year 2009</b>	<b>Reporting Year + 1</b>	<b>Reporting Year + 2</b>
	Expenditures	Budgeted expenditures	Budgeted expenditures
<b><i>Expenditure by category</i></b>			
Traditional vaccines	1,700,000	1,700,000	1,700,000
New vaccines	491,428	292,982	449,143
Injection equipment	5708	6430	10,495
Cold chain equipment	300,000	300,000	300,000
Operational costs	?		
Other (Vaccine and syringe transportation costs)	3471	3560	5523
<b>Total EPI</b>	<b>2,500,607</b>	<b>2,302,972</b>	<b>2,465,161</b>
<b><i>Total public expenditures for health (health budget)</i></b>			

<b>Exchange rate used</b>	<b>\$1 = 500 F CFA</b>
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; 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.

The government budget allocated to the health sector remained at 10% between 2005 and 2008. Furthermore, funds for the EPI amounted to 26% of the programme funds in spite of the health budget's upwards trends.

The budget line included in the government budget for the procurement of vaccines and consumables went from 450 million per year in 1999 to 850 million CFA francs per year every year since 2002.

Because of GAVI support, new vaccines were introduced (pentavalent) with these funds. The government budget for the procurement of vaccines should therefore be revised upward, gradually, in order to take into account the costs caused by the introduction of new vaccines and the gradual withdrawal of GAVI funding.

The progress of funding over the course of the plan has been fairly constant but with peaks and troughs due to the size of the investment at the start of the period and the introduction of vaccines in the middle of the 2009-2010 period.

The funding structure shows that the government is financing 44% of the plan and is completely taking care of the traditional vaccines, personnel salaries, construction, fixed-strategy vaccine delivery, as well as a large part of the investments.

The community is cooperating with the government's efforts via the health committees that contribute to the tune of 5% of the plan's total financing while also providing maintenance for the cold chain and buildings.

The rest of the financing is provided by the programme partners, primarily including: GAVI, WHO, UNICEF, and PATH.

## 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; etc.).

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

<i>1<sup>st</sup> vaccine: Pentavalent.....</i>		2009	2010	2011	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#	78,200	88,200	143,900			
Number of AD syringes	#	82,800	93,200	152,200			
Number of re-constitution syringes	#	0	0	0			
Number of safety boxes	#	925	1050	1700			
<b>Total value to be co-financed by country</b>	<b>\$</b>	<b>291,500</b>	<b>293,000</b>	<b>449,500</b>			

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

<i>2<sup>nd</sup> vaccine: Pneumococcal.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#	38,200	41,900				
Number of AD syringes	#	40,800	44,300				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	475	500				
<b>Total value to be co-financed by country</b>	<b>\$</b>	<b>273,500</b>	<b>299,500</b>				

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

<i>3<sup>rd</sup> 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	#						
<b>Total value to be co-financed by country</b>	<b>\$</b>						

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

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in Reporting Year</b>	<b>Actual Payments Date in Reporting Year</b>	<b>Payment Date Planned for the Next Year</b>
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)	January 2009	March 2009	January 2010
2nd awarded vaccine (specify)			
3rd awarded vaccine (specify)			

<b>Q. 2: How much did you co-finance?</b>		
<b>Co-Financed Payments</b>	<b>Total amount in USD</b>	<b>Total number of doses</b>
1st awarded vaccine (pentavalent)	281,385	78,200
2nd awarded vaccine (specify)		
3rd awarded vaccine (specify)		

<b>Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?</b>
1. <b>Delayed disbursement of funds allocated by the country for co-financing due to budgetary pressure.</b>
2.
3.
4.

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

Government officials have been lobbied to release financial resources in a timely manner.



## Vaccine 1: Pentavalent

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>	2009	2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	428,784	438,217	447,858				
Target immunization coverage with the third dose	<i>Table B</i>	96%	96%	96%				
Number of children to be vaccinated with the first dose	<i>Table B</i>	452,605	462,562	472,739				
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	1.05	1.11	1.18				
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$3.59	\$ 3.19	2.99				

\* 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 USD)**

	2009	2010	2011	2012	2013	2014	2015
Number of vaccine doses	1 379,00	1 376,800	1 353,300				
Number of AD syringes	1 459,400	1 455,900	1 431,100				
Number of re-constitution syringes	0	0	0				
Number of safety boxes	16,200	16,175	15,900				
<b>Total value to be co-financed by GAVI</b>	<b>\$5 141,500</b>	<b>\$ 4 577,000</b>	<b>\$4 226,000</b>				

## Vaccine 2: Pneumococcal

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>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#	438,217	447,858				
Target immunization coverage with the third dose	<i>Table B</i>	#	96%	96%				
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	462,562	472,739				
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	1.05	1.05				
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$	273,201	299,428				

\* 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 USD)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	1,783,200	1,455,400				
Number of AD syringes	#	1,904,000	1,539,000				
Number of re-constitution syringes	#	0	0				
Number of safety boxes	#	21,150	17,100				
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>\$12,774,000</b>	<b>\$10,424,000</b>				

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

\* Total price 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\$)**

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

## 4. Health Systems Strengthening (HSS) NA

### 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 15<sup>th</sup> 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
<b>Government focal point to contact for any clarifications</b>			
<b>Other partners and contacts who took part in putting this report together</b>			

- f) Please describe briefly the main sources of information used in this HSS report and how 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.*

- 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?

#### 4.2 Overall breakdown of financial support

Period for which support 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, monitoring and evaluation, 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 the management and evaluation of HSS funds, and to what extent is this management and evaluation integrated into country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS activities in reporting year (i.e.–2008)						
Primary activities	Planned activity for reporting year	Report on progress achieved (% completed) <sup>3</sup>	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward into 2009 (balance)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>						
Activity 1.1:						
Activity 1.2:						
<b>Objective 2:</b>						
Activity 2.1:						
Activity 2.2:						
<b>Objective 3:</b>						
Activity 3.1:						

<sup>3</sup> For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed  
2008 Annual Progress Report

Activity 3.2:						
<b>Support Functions</b>						
Management						
Monitoring and evaluation						
Technical support						

Table 4.4 note: This table should provide updated information on the work underway in the first part of the year at which time this report is being submitted (e.g.– between January and April 2009 for reports submitted in May 2009).

The column on “expenditures planned for next year” should correspond to the estimates provided in the Annual Progress Report from last year (Table 4.6 of last year’s report) or –in the case of first-time HSS reporters- should correspond to the data given in the HSS proposal. Any significant differences (15% or higher) between previous and present “planned expenditures” should be explained in the last column on the right.

**Table 4.4: HSS Activities planned for current year (i.e.–January through December 2009) with emphasis placed on those activities that were carried out between January and April 2009**

Primary activities	Planned activities for current year (i.e.–2009)	Planned expenditure in the 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**
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>Support costs</b>					

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

**Table 4.5: HSS Activities planned for next year (i.e.–2010). This information will help GAVI to plan its financial commitments.**

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



#### 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, please describe their participation. For those pilot countries that have received CSO funding there is a separate questionnaire at the end of the HSS section focusing exclusively on the CSO support.*

#### 4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the Ministry of Health budget and add value to it. As such, they should not be considered 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) *Have auditors or any other participating parties raised any issues relating to financial management and audit of HSS funds or their linked bank accounts? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*



#### 4.8 General overview of the objectives achieved

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

#### **4.9 Attachments**

Five attachments are required for any further disbursement or future vaccine allocation.

- a. Signed minutes of the HSCC meeting endorsing this reporting form.
- b. Latest health sector review report.
- c. Audit report of the account to which GAVI HSS funds are transferred.
- 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 to which the HSS funds have been transferred, as indicated below.

**Financial Comptroller of the Ministry of  
Health:**

Name:

Title / Post:

Signature:

Date:



## **5. Strengthened Involvement of Civil Society Organizations (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 support<sup>4</sup>**

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 immunization. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).*

---

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

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

### **5.1.2 Nomination process**

*Please describe 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 defined), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.*

.

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

**5.1.3 Receipt of funds**

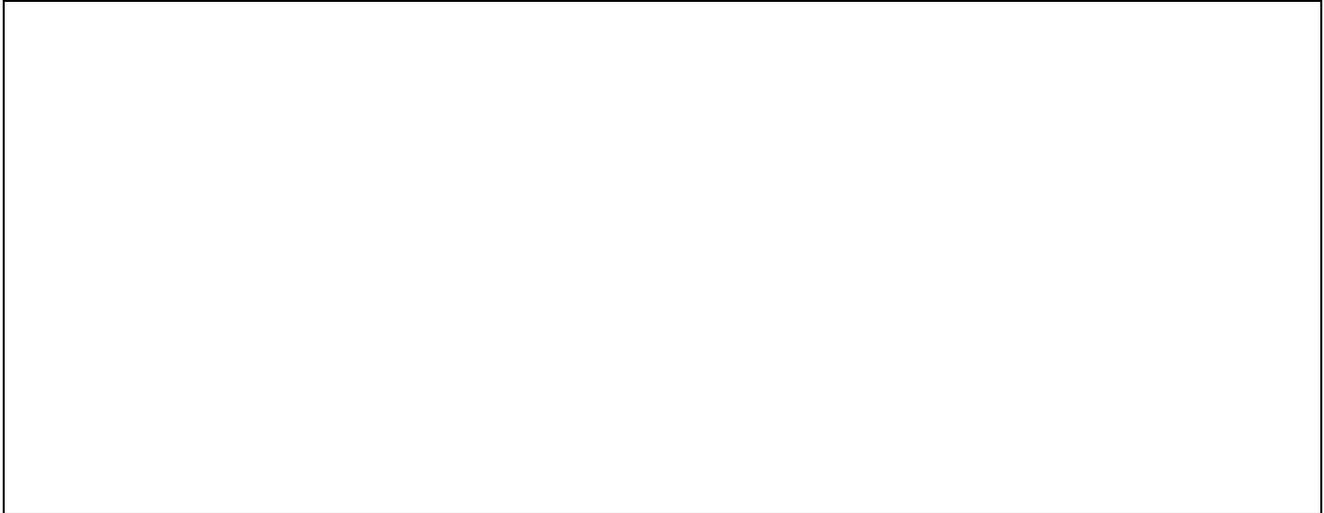
*Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).*

ACTIVITIES	Total funds approved	2008 Funds USD			Total funds due in 2009
		Funds received	Funds used	Balance	
Mapping exercise					
Nomination process					

<b>Management costs</b>					
<b>TOTAL COSTS</b>					

#### 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 how 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 support<sup>5</sup>**

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:*

### **5.2.1 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 organization responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).*

---

<sup>5</sup> 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 immunization 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 organization. Please state if were previously involved in immunization and / or health systems strengthening activities, and their relationship with the Ministry of Health.*

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

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





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 objectives (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 target met

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:

<b>Form Requirement:</b>	<b>Complete</b>	<b>Comments</b>
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		
Immunization 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.

The reward funds expected from GAVI were not received due to the lack of an ISS application [note from translator: the original abbreviation used here in French is RSV, which is likely a typographical error for “SSV”, the French abbreviation for ISS. The other possibility is that RSV is a typographical error for “RSS”, the French abbreviation for HSS, but this possibility seems unlikely given the context]. It was not possible to conduct certain activities due to lack of funding.

~ End ~