Annual Progress Report 2009

Submitted by

The Government of

[UGANDA]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 15 May 2010

Deadline for submission: 15 May 2010

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

any hard copy could be sent to :

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

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

For the Government of the Republic of Uganda

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

Minister of Health (or delegated authority):

Title: MINISTER OF HEALTH

Signature: ……

Date: ……

Minister of Finance (or delegated authority):

Title: MINISTER OF FINANCE, PLANNING & ECONOMIC DEVELOPMENT

Signature: ……

Date: ……

This report has been compiled by:

Full name DR POSSY MUGYENYI Position UNEPI PROGRAMME MANAGER Telephone +256772 630639 E-mail mugyenyipossy@yahoo.com / unepi@unepiuganda.or.ug.	Full name DR.EVA KABWONGERA Position: Health Specialist/EPI, UNICEF Uganda Telephone.+256772595658 E-mail: ekabwongera@unicef.org
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ICC/HPAC Signatures Page

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

We, the undersigned members of the immunisation Inter-Agency Co-ordinating Committee (ICC) endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organisation	Signature	Date
DR NATHAN KENYA MUGISHA ACTING PS / CHAIRPERSON OF HPAC	MINISTRY OF HEALTH		
DR JOAQUIM SAWEKA, WHO REPRESENTATIVE	WORLD HEALTH ORGANISATION		
DR. SHARAD SAPRA, UNICEF REPRESENTATIVE	UNITED NATIONS INTERNATIONAL CHILDREN'S FUND		
Ms ULRIKA HERTEL, HEAD OF HEALTH DEVELOPMENT PARTNERS	EMBASSY OF SWEDEN/ HEAD OF HEALTH DEVELOPMENT PARTNERS		
Ms MEGAN RHODES TEAM LEADER/HEALTH USAID	US AGENCY FOR INTERNATIONAL DEVELOPMENT		
DR SERAPHINE ADIBAKU DISTRICT HEALTH OFFICER	MOYO DISTRICT		
DR FRANCIS RUNUMI ACTING DIRECTOR PLANNING	MINISTRY OF HEALTH		
MS ENID WAMANI, REPRESENTATIVE OF CIVIL SOCIETY ORGANIZATIONS	MALARIA AND CHILDHOOD ILLNESS SECRETARIAT		

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

Comments from partners:

1. As previously communicated, GAVI Secretariat should expedite the process of setting up the new financial management monitoring mechanism as agreed in the Memorandum of Understanding between the Government of Uganda and GAVI in 2008. There is need to utilize the available GAVI ISS funds in-country. Currently the Government is in final stages of reimbursing the 1.89 billion Uganda shillings that was allegedly misappropriated.

Comments from the Regional Working Group:

1. The report is comprehensive, well written and has been completed well ahead of the deadline. We commend the Uganda EPI team for this good work
2. We note that the country has experienced numerous constraints and faced significant challenges, particularly at the district level:
- Cold chain problems
- Irregular distribution of vaccines from district stores to lower levels
- Vaccine management
- Irregular outreach services
- Low community demand for immunization services
- Shortage of data collection tools and inadequate utilisation of data

3. We commend the government for the current efforts and encourage them to continue working with partners to further strengthen the immunisation programme and increase routine immunisation coverage.

HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date

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

Comments from partners:

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Comments from the Regional Working Group:

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

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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

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

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

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

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
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	Latest Health Sector Review Report	5.1.8
	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
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1. General Programme Management Component

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

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

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

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

A national census was conducted in 2002. According to the latest update of the 2002 population census figures, the birth cohort has been revised to 4.85% of the total population. The denominators for 2009 and subsequent years have therefore been revised from the previously approved plan as highlighted in the MYP 2010-2014. Annually, the Uganda Bureau of Statistics (UBOS) releases updated population projections, which the programme adapts for planning purposes and calculation of coverage.

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

According to the latest update of the 2002 population census figures, the proportion of surviving infants has been revised to 4.3% of the total population. The denominators for 2009 and subsequent years have therefore been revised from the previously approved plan, taking into consideration the annual releases of population projections from the Uganda Bureau of Statistics (UBOS).

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

The Programme reviewed its performance in 2009, and revised the targets for 2009 during the process of developing a MYP 2010-2014 and subsequent years based on the previous performance, prevailing challenges in service delivery, feasibility of meeting the targets and available resources. A new comprehensive multiyear plan was drafted in 2009 for 2010-2014, which indicates the new targets.

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

Not applicable

1.2 *Immunisation achievements in 2009*

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

During the reporting period, the programme achieved modest improvement of immunization coverage for DPT-HepB+Hib3 from 79% (2008) to 83% (2009).
The main challenge was the polio outbreak in northern Uganda in February 2009 that drained resources (time, financial and human) to respond. However, the outbreak was interrupted in May making Uganda Polio free once again. Low funding to the programme coupled with bureaucracies at central level continued to seriously affect the implementation of planned activities especially at

district and health facility levels as sporadic stock outs of vaccines and gas were experienced at those levels and a number of planned outreaches were not conducted. Most of the major activities conducted during 2009 addressed routine immunisation and polio/measles SIAs.

The activities implemented include the following:

Planning

- Developed the annual EPI work plan for 2009.
- Updated the National Preparedness and Response plan for WPV importation. The plan was used during the 2009 polio outbreak response. Developed a 2nd phase strategic multiyear plan for 2010-2014.
- Developed and timely submitted to GAVI a proposal including an introduction plan for Pneumococcal and Rota virus vaccine introduction into routine immunization program in 2010 and 2013 respectively.
- Developed a plan for bridging and continuation of HPV vaccination in 2 districts.
- Reviewed and finalized proposal to JICA for cold chain rehabilitation.

Service delivery

- Government continued to provide 100% funding for the procurement of BCG, Polio, Measles and TT vaccines including all injection materials.
- Government committed funds towards co-financing for the procurement of DPT-HepB+Hib (pentavalent vaccine) -5% of the total requirement, which started in 2007.
- Activities to improve routine immunization coverage were implemented in 22 poorly performing districts. These activities were supported with technical and financial support from WHO and UNICEF to implement the RED strategy.

Vaccine and cold chain management

- Vaccines and injection materials forecasting for all vaccines for 2010 – 2013.
- Installed 2 cold rooms at national level for vaccine storage with support from USAID through UNICEF which has addressed the 30% gap which was identified in 2007 cold chain inventory and will address the PCV introduction plan.
- Received and installed a generator at the central level to ensure uninterrupted power supply for vaccine storage and office storage
- Produced and printed 3,000 posters on vaccine management with support from WHO
- Repaired and maintained cold chain equipment in all districts in preparation for polio and measles campaign
- Received from USAID through UNICEF 115 Refrigerators and distributed them to districts and health facilities to improve vaccine storage.

Advocacy and Social Mobilization

- Produced, disseminated and monitored communication messages (radio and IEC materials) for measles and polio supplemental and routine immunization activities

Capacity building

- Trained 80 Mid Level Managers with support from Merck Vaccine Network through 2 regional workshops
- Conducted Operation Level Training (OPL) courses in 19 districts of Bundibugyo, Kabarole, Kamwenge, Kasese, Kyenjojo, Apac, Pader, Amolatar, Kitgum, Busia, Tororo, Butaleja, Iganga, Kamuli, Jinja, Mayuge, Kaliro, Namutumba and Bugiri supported by UNICEF/USAID
- Conducted orientation of Trainee Nurses at Mulago Nurses training school on EPI.

Support Supervision

- Participated in Area Team Integrated supervision visits.
- Carried out technical support supervision in 50 poorly performing districts using a detailed developed checklist and written feedback provided to the districts.
- WHO supported an intermediary level of supervision based at regional hospital community health departments in 8 out 11 regions. Regional supervisors are tasked with supervising 5-7 districts within their catchment area on a monthly basis.
- Conducted support supervision visits to 7 districts with incomplete HMIS reporting, that resulted in good compliance in reporting except one district.
- Following district specific visits, HMIS completeness improved and the program registered 99% in 2009 as compared to 97% in 2008.

Monitoring and Evaluation

- Conducted weekly and monthly compilation and dissemination of routine immunisation and surveillance data.
- Provided feedback to districts on performance through Health Sector Review Meetings, National Health Assembly and Joint Review Missions and annual EPI newsletter.

New Vaccines Introduction

- Strengthened surveillance for pneumococcal disease for both CSF and blood culture, in preparation for introduction of pneumococcal vaccine.
- Strengthened surveillance for rotavirus disease in one site in preparation for introduction of rotavirus vaccine.
- Finalized HPV demonstration project for pre-school adolescent girls in 2 selected districts of Ibanda and Nakasongola. The demonstration project compared school-based and Child days approach vaccine delivery mechanisms. Both districts completed the three dose schedule and a bridging phase is ongoing using vaccines supplied by GSK.
- Preparation for the introduction of pneumococcal (PCV) in 2010 and rotavirus vaccine in 2013.

Disease Surveillance

- Printed and disseminated an operational field guide for training health workers during active surveillance visits.
- Conducted 12 regional surveillance review meetings, one central review meeting and district quarterly review meeting.
- Conducted one National Stop Transmission of Measles and Polio (STOMP) team missions in 10 poorly performing districts (Mubende, Kibaale, Nakaseke, Mayuge, Budaka, Mbale, Kotido, Kaabong, Lira and Masindi) and international STOP team mission in 12 districts.
- Conducted a national surveillance review meeting involving the district surveillance focal persons and regional supervisors to review the status of implementation of IDSR activities in the district and shared new concepts of disease surveillance.
- Supported districts to conduct active search in health facilities and community.
- Conducted an intra-country Paediatric Bacterial Meningitis (PBM)/netSPEAR surveillance review meeting to review the successes and gaps in new vaccines.
- Continued the implementation of case based yellow fever surveillance with laboratory support.
- Prepared the annual update following the successful presentation of complete country documentation of poliomyelitis eradication in Uganda for 2008. The report was submitted timely to the African Regional Certification Committee.
- The polio laboratory was fully accredited by WHO to carry out polio virus isolation work.

Supplemental Immunization Activities

- In response to the threat of wild polio importation and eventual outbreak, the country conducted one polio preventive and five outbreak response rounds. One preventive sub

national polio campaign was conducted in 25 high-risk districts along western, northern and north eastern Uganda borders. The coverage was 1,594,179 (83%).

- 8 cases of WPV type 1 were confirmed in Amuru and Pader districts in February and May respectively. In response to the outbreak, 5 rounds were conducted in selected districts including 1 national wide round. The coverage was for the 1st round 2,378,985 (105%), 2nd round 2,300,495 (95%), 3rd round 6,769,936 (108%), 4th round 761,049 (102%), 5th round 778,700 (104%). The 1st and 2nd round targeted 29 high-risk districts, 3rd round all districts and 4th /5th round 12 districts.
- Conducted a nationwide follow up measles campaign targeting 4.7 million children aged 9 - 47 months. Coverage of 104% was achieved.
- As part of the Maternal and Neonatal Tetanus Elimination plan, the 3rd round of TT supplemental immunization was carried out in 7 high risk districts of Busia, Mubende, Mityana, Kibaale and Nakapiripirit targeting 445,048 WCBA. 199,761 of 440,993 targeted women received their 3rd dose of TT giving coverage of 46%, while TT1 was 99% and TT2 75%.

CONSTRAINTS/CHALLENGES

CENTRAL LEVEL

1. *Polio importation*

The continued threat of importation of wild polio virus and eventually the importation diverted both human and financial resources from implementing routine activities in order to sustain the achievements gained in interrupting the circulation of WPV.

2. *Inadequate funding for the programme*

Inadequate funding has continued to threaten the functionality and efficiency of the program.
Though government funding for UNEPI operational activities improved at national level, the funds are still far below what is required to run the programme. The major recurrent cost items such as gas procurement, transportation of vaccines and supplies to districts, provision of data collection tools have been worst hit by the funding gap. Technical support to districts and skills development of operational level health workers has also been affected.

3. *Transport*

The aging fleet of trucks and field vehicles at national level with inadequate budget for service and repairs posed a challenge for distribution of vaccines and supplies, cold chain maintenance and support supervision. The increase in number of districts is making monthly distribution of EPI logistics a challenging task.

4. *System challenges*

Lengthy procurement processes at the Ministry of Health affected timely procurement of gas for the cold chain and release of funds for operations such as delivery of logistics from national to district level which caused erratic stock outs of vaccines at the district level. There is a restrictive manpower structure that does not allow recruitment of technical personnel to handle the increasing workload for the program

DISTRICT LEVEL

1. *Irregular distribution of vaccines and supplies from the district vaccine stores to lower levels*

The frequent stock outs of gas for cold chain at the centre caused irregular distribution of vaccines and other supplies to the districts. The districts could not therefore distribute logistics to the lower level on a regular basis.

2. *Cold chain*

Lack of spare parts for solar fridges and tool kits still hamper the maintenance of cold chain equipment in the districts. Irregular cold chain maintenance due to lack of funds and transport.

3. *Vaccine stock management*

Knowledge gaps among the service providers continue to affect vaccine stock management at health facility levels. Districts have recruited new health workers and OPL training has covered less than 50%.

4. *Irregular functioning of outreaches*
In some districts, outreaches are still irregular because of delay and inadequacy of Primary Health Care funds. In addition, inadequate transport and manpower at the health facility level plus lack of micro planning contribute to non-functionality especially in hard to reach areas.

5. *Demand for services*
The community ownership and appreciation of the value of immunization services is still low as a result of inadequate social mobilization.

6. *Data management and utilization*
There is shortage of primary data collection tools (HMIS tally sheets, Child Health Cards, TT cards, monitoring charts, Child Registers). Inadequate utilization of data at the points of collection and late/ incomplete reporting are among the problems that still impede the improvement in data quality and completeness.

7. *Disease surveillance*
The inadequate active surveillance and search in some districts poses a threat to delayed detection of re-importation and spread of wild polio virus. Lengthy procedures of accessing funds at the Ministry of Health affected the timely reporting and shipment of specimens by districts to the national level.

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

Not Applicable

1.3 *Data assessments*

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

The last EPI coverage survey was done in 2005. Since 2005 the program has not got any other reliable source of data. Health Management Information System is the official method and source used to estimate the routine immunization coverage in the country.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [**YES** / NO]. If YES:

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

a) Data validation was done in 80 districts in 2008, by MOH and development partners to evaluate the quality, timeliness, accuracy and completeness of HMIS data.

Findings:

- At national level the accuracy ratio for DPT3 was 92% which showed that there was over reporting.

b) Data Quality Self Assessment was done in 22 districts during the implementation of the RED strategy in November 2009.

Findings:

- Archiving of HMIS records was done well at health facility level but poorly done at district

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

level. However, data analysis and utilisation was done well at district level but poorly done at lower level health units

- 50% of the health facilities were found to be reporting data accurately, while 25% were either over or under reporting.

The major reasons for poor data management were:

- Inadequate knowledge to analyse and interpret data for action.
- Inadequate provision of data collection tools.
- Work overload makes some health workers not prioritize data collection and analysis.
- Some health facilities were found to provide almost similar reported figures each month.

Recommendations

- The Data Quality Self assessment tool should be distributed to all districts and should be used to assess the status of data utilization during support supervision visits.
- Health workers should be sensitized on how to use the child registers for tracking defaulters.
- Child registration should be fully institutionalized and used for coverage verification.

c)

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

A central level meeting was held with all district biostatisticians to review the SWOT analysis of the district health management system and train participants on the light-data quality self assessment tool. An action plan was developed to address major gaps in the quality of data. All districts were urged to conduct monthly data audit meetings and conduct at least quarterly DQS in their respective places of work. Outputs of recommendations made will be shared with GAVI in 2010 APR.

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

A plan of action was developed following a DQA done in 2008 but because of financial constraints this was not implemented. The plan which was developed after the central level review meeting with biostatisticians will be funded through the Primary Health Care fund for the financial year 2010/2011.

1.4 *Overall Expenditures and Financing for Immunisation*

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

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

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional Vaccines[2]	1,187,952	2,071,548	2,080,125
New Vaccines*	13,827,376	11,388,657	49,196,042
Injection supplies with AD syringes	977,536	1,016,218	1,438,234
Injection supply with syringes other than Ads**	0	0	0
Cold Chain equipment	234,107	719,115	713,268
Operational costs	607,140	745,000	1,100,000
Other (please specify) Polio and measles campaign***	8,838,138	4,389,918	4,570,099
Total EPI	**25,672,249**	**20,330,456**	**59,097,768**

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

Total Government Health			

Includes USD 833,276 co-financed by Government
Uganda uses only Ads for immunization
****Includes funds used for polio and measles campaigns conducted throughout the year***

Exchange rate used	**US$2000**

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being

The funding to the programme was lower than planned especially at the district level where system bottlenecks like transport for vaccine delivery, cold chain maintenance, support supervision and outreaches remain huge challenges. The districts depend entirely on Primary Health Care grants from the central government. This is inadequate and sometimes delays to reach the districts. The gap is challenging because service delivery continued though with interruptions.
Funds categorized as others include funds released by UNICEF and WHO for routine immunization directly to the districts, to the central level and for polio/measles campaigns during the year. It also includes government supplementary funds for polio campaigns and funds released by UNICEF for child days.

Planned strategies to address the financial gap include:

1. Advocacy for more resources from
    a. Government budget for the health sector
    b. Ministry of health budget for immunization-increase budget for EPI
    c. Decentralized local governments, nongovernmental organizations, private sector, current and new partners.
2. Increasing reliability of resources by ensuring that funds allocated for immunization are protected.
3. Increasing efficiency in use of the limited resources by:
    a. Reducing vaccine wastage.
    b. Change from gas only to gas/electric refrigerators.
    c. Intensifying gas tracking.
4. Resource mobilisation from external donors-e.g. Unlocking GAVI grant.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC (HPAC in Ugandan context) meet in 2009? **12.**
Please attach the minutes **(Document N°.....)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

No coverage survey has been done for the last 5 years. A coverage survey is planned for end of 2010 and the findings will feed into the implementation of MYP

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

List CSO member organisations:
1. Faith Based Organizations: Uganda Protestant Medical Bureau, Uganda Catholic Bureau and Uganda Muslim Medical Bureau.
2. Malaria And Childhood Illness NGO Secretariat (MACIS):
3. Uganda Private Practitioners Medical Association

4. The AIDS Support Organization (TASO)
5. Uganda National Health Consumers Association

1.6 *Priority actions in 2010-2011*

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

The priorities of the EPI programme for the period 2010-2011 are as follows:

a) Improving routine immunization and reduction of high numbers of unimmunized children through implementation of the WHO recommended "Reaching Every District/Child" strategy. This requires technical, financial, and supervisory support to the poorly performing districts; regular risk analysis, capacity building of Mid-Level Managers and Operational Level health workers. This will ensure high immunity levels to sustain polio eradication and measles control.
b) Rationalize, audit and provide extra funds for outreaches.
c) Supporting Integrated child survival interventions e.g. Child Health Days; integrated outreaches etc.
d) Ensuring availability of potent and safe vaccines and other related supplies – provision of spare parts and funds for cold chain preventive maintenance system support and logistics management planning.
e) Support for introduction of pneumococcal and rotavirus vaccines.
f) Strengthening technical supportive supervision.
g) High level advocacy meetings with members of parliament and partners to increase funding and to raise the profile for EPI.
h) Intensify social mobilisation to create demand for immunisation at household level.
i) Streamline logistic management to ensure continuous supply of gas and vaccines to the districts.
j) Strengthen monitoring and evaluation for EPI
    i. Strengthening EPI disease surveillance especially at the district and health sub-district levels involving case validation; Roll-out of community based disease surveillance including private sector involvement to improve case reporting and investigation.
    ii. Cross-Border surveillance with focus on bordering districts with Sudan and DRC
    iii. Data quality audits at the National and sub-national levels, EPI coverage surveys
    iv. Production of data collection tools (Child Health Cards, Registers, Tally sheets, Vaccine Control Books)
    v. Support HMIS data tool review to include data on new vaccines.

These priorities are linked with cMYP of 2010-2014

2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$**15,500 - Reimbursements of the mismanaged funds**.
Remaining funds (carry over) from 2008: US$ **61,478.00**
Balance carried over to 2010: US$ **76,978.00**

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

GAVI suspended funding in Uganda since 2006. No activities have been conducted using ISS funds in 2009.

1.2 *Management of ISS Funds*

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

[IF YES] : please complete **Part A** below.

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

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

Uganda did not receive ISS funds during the reporting period. However a new Financial Management Assessment (FMA) has been introduced where by a local firm hired by GAVI Secretariat will monitor the use of GAVI funds to ensure adherence to the agreed upon financial management guidelines. The funds will be managed through the Government accounting procedures as other funds released by Ministry of Finance.

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

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

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

1.4 *Request for ISS reward*

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

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

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

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

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

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

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
DPT-HepB+Hib (2 dose vial)	**4,088,000**	**2/12/2008**	**3,878,400**	**209,600**

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

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

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)*	There was a late release of the government contribution towards the pentavalent vaccine purchase, which consignment is expected this year.
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	The Government is now paying all it contribution towards pentavalent vaccine in advance.

3.2 *Introduction of a New Vaccine in 2009*

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements. **There were no new vaccines introduced in 2009**

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

3.2.2 Use of new vaccines introduction grant (or lumpsum) **Not Applicable**

Funds of Vaccines Introduction Grant received:	US$	Receipt date:

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

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

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

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

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year **Not Applicable**

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)DPT-HepB+Hib	September 08, December 08 and March 09	1/9/08; 3/10/08; 22/12/08; 27/05/09	December 09, March 10
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify) DPT-HepB+Hib	833,276	332500
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?
1. Government yes
2. Donor (specify)
3. Other (specify)

Q. 4: What factors have accelerated slowed or hindered mobilisation of resources for vaccine co-financing?
1. Low funding base for government
2. Competing priorities especially HIV/AIDs and Malaria
3.
4.

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

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

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

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[**YES** / NO]*

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

The main activities in the EVSM plan (as reported in the 2007 annual report) were:

1. **Increase storage capacity at district and sub district levels**

The aim is to ensure that all districts and sub district stores have adequate cold space capacity to store vaccines (+2C - +8C) for routine immunization for at least 3 months period. The equipment will be used to replace aged refrigerators (>10 years) and to establish district and sub district vaccine stores.

The plan aims at procuring equipment to freeze adequate icepacks for both routine and supplemental immunization activities. Every fridge placed at service delivery points should have the capacity to freeze at least 8 icepacks in 48 hours.

Status of implementation: The program received 115 refrigerators that were distributed in 53 districts.

2. **Increase transport capacity at all levels**

The districts are expected to deliver the supplies monthly to the sub district stores that subsequently deliver to health facilities/operational levels.

The proposal aims at procuring:

- Vaccine trucks (pre-fabricated) to transport vaccines from the central vaccine store to the districts ***Status of implementation***: not yet Done
- Open truck to transport gas cylinders from the Central vaccine store to the filling depot and carrying full ones back. ***Status of implementation***: Done
- Double cabin pickups to transport vaccines and supplies from the districts to sub district stores, and from sub district to health facilities. ***Status of implementation***: not yet Done
- Motor cycles to transport vaccines and supplies from sub district stores to health facilities and vaccinators to outreaches for the hard to reach populations. ***Status of implementation***: not yet Done
- Bicycles to transport vaccinators to outreach delivery points ***Status of implementation***: not yet Done
- Cold boxes and vaccine carriers ***Status of implementation***: Done

3. **Strengthen capacity for cold chain repair and maintenance**

As recorded in the cold chain inventory and vaccine management assessment reports, it will be necessary to train central and district cold chain staff in vaccine management and equipment inventory updating. This will involve refresher training for 6 central staff and 80 District Cold Chain assistants. ***Status of implementation***: Done and ongoing

4. Supervision and Monitoring

UNEPI will be responsible for receiving the equipment and ensuring distribution to the beneficiary districts. The Cold Chain Technicians from the central level will work with the district cold chain assistants to supervise the installation in the identified health facilities. These technical officers, under the guidance of the District Health Officer (DHO) at the district level and UNEPI Program Manager at the national level will work closely with partners including WHO and UNICEF to provide technical support through regular field visits.

The 2007 inventory survey recommended tools for regularly updating and maintenance of the cold chain equipment database. Capacity will be built at the district level and facility levels to help personnel at those levels to complete monthly forms and send them from the heath facilities to the districts via the sub-districts. The health facility data will be aggregated at district level and then sent quarterly to the central level (UNEPI) via MoH resource centre in Kampala. The forms designed for the inventory update will enable UNEPI to keep track of equipment movement i.e. allocation, reallocation, disposal or loss. ***Status of implementation***: Ongoing, tools have been provided and follow up being made. However the biggest challenge is data not being submitted from district to central level

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

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

3.5 *Change of vaccine presentation*

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

Please specify below the new vaccine presentation:

The country would like to change from the two dose vial to 10 dose vial of DPT-Hepb+Hib. This will reduce on the burden of injection materials and saves storage space given that the country is planning to introduce new bulky vaccines

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

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

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

The country hereby request for an extension of GAVI support for **DPT-HepB+Hib**.*[vaccine type(s)]* vaccine for the years **2011-*2014*** *[end year].* At the same time it commits itself to co-finance the

procurement of **DPT-HepB+Hib** *[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of **DPT-HepB+Hib** *[vaccine type(s)]* vaccine support is in line with the new cMYP for the years **2010 -2014** *[1st and last year]* which is attached to this APR **(Document N°.....).**

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

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

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

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table 4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

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

If you don't confirm, please explain:

4. Injection Safety Support (INS)

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

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

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

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

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

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

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

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	Auto disable syringes	Government of Uganda
Measles	Auto disable syringes	Government of Uganda
TT	Auto disable syringes	Government of Uganda
DTP-containing vaccine	Auto disable syringes	Government of Uganda

Please report how sharps waste is being disposed of:

All sharps waste are collected in safety boxes and disposed using 2 main methods:

1. **Burn and Bury method**: The filled safety boxes are burnt in pits and thereafter buried. Most health facilities have a pit for disposal of medical waste.

2. **Incineration:** These are in referral and some district hospitals, used for medical waste incineration.

Does the country have an injection safety policy/plan? [**YES** / NO]
If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

No problems were encountered during implementation of the transition plan

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

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year: **No injection safety support was received during 2009**

Fund from GAVI received in 2009 (US$): .....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

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

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

Table 10: Planned activities and budget for 2010

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

Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

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

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

5.1 *Information relating to this report*

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

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

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

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

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

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

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

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

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

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? .....
Please attach the minutes **(Document N°.....)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°.....).**

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

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

Table 11: Receipt and expenditure of HSS funds

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

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

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

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

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

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:		
Activity 1.1:		
Activity 1.2:		
Objective 2:		
Activity 2.1:		
Activity 2.2:		
Objective 3:		
Activity 3.1:		
Activity 3.2:		

5.4 *Support functions*

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

5.4.1 Management

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

5.4.2 Monitoring and Evaluation (M&E)

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

5.4.3 Technical Support

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

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

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
TOTAL COSTS					

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

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

5.5.2 Are any Civil Society Organisations 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.

5.6 *Management of HSS funds*

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

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

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

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

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

5.8 *General overview of targets achieved*

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

Table 15: Indicators listed in original application approved

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

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

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

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

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

Table 16: Trend of values achieved

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

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

5.9 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	**Amount in US$**	**Duration of support**	**Contributing to which objective of GAVI HSS proposal**

6. Strengthened Involvement of Civil Society Organisations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support[5]

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

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

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N**°.....).

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

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

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

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

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

6.1.3 Receipt and expenditure of CSO Type A funds

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

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

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

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

6.2.1 Programme implementation

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

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

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

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

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

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

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

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.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, 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.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

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

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

6.2.3 Management of GAVI CSO Type B funds

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

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

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

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

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

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

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

6.2.5 Monitoring and Evaluation

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

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

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

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

7. Checklist

Table 21: Checklist of a completed APR form

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

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

8. Comments

Comments from ICC/HSCC Chairs:

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

~ End ~

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

I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

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

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	**Value in USD[9]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

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

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

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

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

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD[11]
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

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

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

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

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