Annual Progress Report 2009

Submitted by

The Government of

Central African Republic

Reporting on year: **2009**

Request for support year: **2010**

Date of submission: 12 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 TRANSPARENCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

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

By filling this APR the country will inform GAVI about :

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

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

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

For the Government of Burkina Faso

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):
André Nalke Dorogo
Title: Minister of Public Health, Population and the Fight against AIDS
[seal appears]
Signature: [signature]

Date: 14 May 2010

Name: Abdalla Kadre Assane

Title: Designated Minister of Finance responsible for the Mobilisation of Resources
[seal appears]
Signature: [signature]

Date: 14 May 2010

This report has been compiled by:

Complete name: Dr. Rock Ouambita-Mabo Title: Director of PEV CAR Telephone: (00236) 70.40.78.08 / 72.75.40.78 Email: ouambita.mr@yahoo.fr	Complete name: Dr. Philemon Mbessan Title: Director of Research and Planning Telephone: (00236) 75.04.71.90 Email: mbessanp@yahoo.fr.
Complete name: Title: Telephone: Email:	Complete name: Title: Telephone: Email:

ICC Signatures Page

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Valentin Goana, Cabinet Chair	Ministry of Public Health, Population and the Fight Against AIDS	[signature]	11 May 2010
Dr. Zakaria Maiga, WHO Representative	WHO	[signature]	14 May 2010
Dr. Philemon Namkona, MPN	WHO	[signature]	11 May 2010
?Mrs. Tanya Chapuisat, UNICEF Representative	UNICEF	[signature]	14 May 2010
Dr. Leon Kapenga M., PEV Supervisor	UNICEF	[signature]	11 May 2010
Dr. Dimanche Gilbert Nizil'Koue	UNFPA		
Dr. Christian Yangue, Rotary International Representative	Rotary		
Dr. Casimir Manengu, PEV Supervisor	WHO	[signature]	11 May 2010
Mr. Antoine Mbao Bogo, President	Central African Red Cross		
Dr. Armand Gadenga, National Director	SOS Children's Village		
Mesmin Zouma	SOS Children's Village	[signature]	11 May 2010
Mr. Antoine Mbaga, Cabinet Chair	Ministry of the Family, Social Affairs and National Solidarity		
`	Ministry of Communication, National Reconciliation and Culture		
Dr. Louis Namboua, General Director of Public Health	MSPPLS	[signature]	11 May 2010
Mr. Germain Wamoustoyo, General Budget Director	Ministry of Finance and Budget	[signature]	11 May 2010
Patrice Ngoupende, Finance Comptroller	Ministry of Finance and Budget	[signature]	14 May 2010

Mrs. Irene Pounebingui, Department Head	Ministry of the Economy, Planning and International Cooperation	[signature]	11 May 2010
Dr. Charles Sani, Technical Assistant	9th FED	[signature]	11 May 2010
Mr. Arthur Bonda, Auditor of Administrative and Financial Services	Ministry of Public Health, Population and the Fight against AIDS	[signature]	11 May 2010
Dr. Giles Chaumentin, Technical Advisor	Ministry of Public Health, Population and the Fight against AIDS	[signature]	12 May 2010
Dr. Antoine Doui-Doumgba, General Manager of Central Services and Hospital Facilities	Ministry of Health	[signature]	11 May 2010
Dr. Prisca Bossokpi	Ministry of Health - PEV	[signature]	11 May 2010
Mrs. Pierrette Brazza Kokessa	ASSOMESCA	[signature]	11 May 2010
Dr. Ludovic Fiomona	DLSTST	[signature]	11 May 2011 May
Mr. Frederic Kobelembi	CNLS National Office	[signature]	14 May 2010
Patrice Ruben Komesse, Research and Planning Office	Ministry of Social and Family Affairs	[signature]	11 May 2010
Mr. Dieudonné Mamadou, Director of Hospitals	Ministry of Health	[signature]	12 May 2010
Mr. Marcel Maninguere, Department Head, Research, Planning and Coordination of Foreign Aide	Ministry of Health	[signature]	11 May 2010
Mr. David Ouenezoui, Department Head of Health Statistics	Ministry of Health	[signature]	11 May 2010
Armand Corentin Dekoupou, Director of Hospitals	Ministry of Health – GAVI RSS	[signature]	11 May 2010
Mrs. Cham Chou Zeinab, Civilian Administrator	Ministry of Health – DEP	[signature]	11 May 2010
Mr. Jacques Tabam, Statistician	Ministry of Health – DEP	[signature]	11 May 2010
Mr. David Goni	Ministry of Health – PEV Department	[signature]	11 May 2010

ICC 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:

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:

Document reviewed by peers during the Duala workshop in April 2010 and by the Subregional working group for Western Central Africa. A true problem with the "denominator" is present in the majority of countries. The regional office with the support of Headquarters is working to research a mechanism to better estimate the target populations.

If the CCSS wishes, it may send informal comments to the email address: apr@gavialliance.org
All comments will be treated confidentially.

Comments from partners:

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Comments from the Regional Working Group: Document reviewed by peers during the Douala workshop in April 2010 and by the Subregional working group for Central and Western Africa. A true problem with the "denominator" is present in the majority of countries. The regional office with the support of Headquarters is working to research a mechanism to better estimate the target populations.

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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 No.	Title	APR Section
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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**:*

There was no change in the number of births

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

There was no change in the number of births

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

There was no change in the number of births

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

There was no change in the number of births

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:

An improvement occurred in the results of the immunisation program in 2009 compared to 2008, thanks to the following factors

1- The completeness of immunisation reports;
2- The organization of a workshop covering the use of immunisation data quality self-evaluation tools, and the application of the same in two Health Regions (**Document No. 6**).
3- Monitoring of immunisation data by the appointment of a Section Manager charged with routine PEV Data Management at the central level; the training of PEV supervisors for prefects and regions regarding the management of routine PEV data and the extension of the DQS tool to the level of 08 Health Districts (**Document No. 10**).
4- The organization of mother/child week (June 2009 - **Document No. 7**) and of 2 sets of intensive vaccination activities (November and December 2009 **– Documents Nos. 8 and 9).**
5- The catalytic financing from the Regional Bureau of the WHO (45,000 USD).

The following obstacles were encountered:

1. Under-financing of routine PEV activities with all the corresponding consequences;
2. Lack of safety in the Northeast and Southeast parts of the country;
3. The low level of functionality of the health system.

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

Goals were not achieved because the implementation of the routine PEV in 2009 experienced certain insufficiencies that are enumerated below:

- ✓ Insufficiency of the implementation of the 5 components of the ACD approach;
- ✓ Failure of certain PEV centres to operate due to the frequent shutdown of the cold chain due to a gap in supplies of oil and other consumables, as well as insufficient qualified personnel;
- ✓ The absence of a mechanism to search for persons with whom contact has been lost;
- ✓ The quantitative and qualitative insufficiency of health personnel;
- ✓ Under-financing of routine PEV activities.

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].

There is a gap between administrative coverage and estimated coverage because, based on the number of children identified as not being immunized, the country created a mother/children week in June 2009, and 2 sets of intensified vaccination activities conducted in November and December 2009. These data were integrated into the administrative results of the routine PEV.

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.

The country organized data quality evaluation campaigns in four health districts and in two health jurisdictions of the town of Bangui while using DQS tools (from September 22 through 26, 2009).

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

- ✓ The use of data quality self-evaluation tools for routine PEV with technical support from the multi-country WHO team at the Centre (**Document No. 6**).
- ✓ Holding quarterly coordination meetings at the regional level and meetings every six months at the central level.
- ✓ Holding monthly review and standardization meetings for PEV, monitoring and laboratory data.
- ✓ Strengthening skills of PEV data managers at the central level with the support of a STOP TEAM consultant.
- ✓ Strengthening of skills of PEV supervisors in prefects and regions in relation to the computerized management of PEV data.
- ✓ Equipping 12 Health Prefectures with complete computer tools for the computerized

[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*

processing of PEV data.

- ✓ Monitoring the promptness and completeness of reports from the Health Councils and districts.
- ✓ Training supervision regarding PEV Management (**Document Nos. 11 and 12**).

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.

- ➢ Make the monitoring of the promptness and completeness of reports from Health Councils and districts systematic;
- ➢ Intensify formative supervision;
- ➢ Implement a mechanism to search for those with whom contact has been lost;
- ✓ Organise reviews of PEV activities every six months and every three months, bringing together the executive teams of the districts, regions and the supervisors of the PEV Department at the central, regional and prefect levels;
- ✓ Regularly organize the quality control of data;
- ✓ Pursue holding review and standardization meetings for PEV, monitoring and laboratory data

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$.

Expenses by category	**2009 Expenses in USD**	**2010 Budget in USD**	**2011 Budget in USD**
Traditional vaccines[2] (BCG, VPO, VAR and VAT)	84,978	397,930	*176,092*
New vaccines (DTC-Hep B + Hib , PCV 10 and VAA)	2,009,147,280	1216303	3,218,500
Injection material with self-locking syringes	50,315,100	67,985	*120636*
Injection materials with syringes of a type other than self-locking	7,195,298	7,041	*9311*
Safe	54,362,550	**397,930**	*22,365*
Cold chain equipment	0	1216303	*279,889,438*
Operating costs		142,222,	
Other (please specify)			

[2] Traditional vaccines: BCG, DTC, VPO (or VPI), 1st dose of antimeasles vaccine (or the OR or ROR associated vaccine), tetanus anatoxin (AT). Certain countries also include anti-Hep and anti-Hib in this category, if these vaccines were introduced without GAVI support.

PEV Total			
Total government health expenses	**2,205,998,228**	**3,445,714**	**3,826,793,438**

Exchange rate used	1$= 450

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

The financing of vaccination activities in 2009 was ensured by funds fro the Government, UNICEF and WHO, for a total amount of 430,062 USD, distributed as follows:
- 99 % of expenses were paid to the Health Prefectures and Health Regions;
- 1 % were paid to the central level.

Note : This financing did not include the procurement of vaccines.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? 5
Please attach the minutes **(Document No. .....)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

Document No. 1: Calculation of SSV-SVN support granted to the CAR for 2011.

Document No. 2: Reports from the Meeting of the Interagency PEV Coordination Committee in January, June, July and September 2009.

SUGGESTIONS/RECOMMENDATIONS MADE DURING CCIA MEETINGS:

1. Send a letter to GAVE to acknowledge this suspension;
2. Patiently aware the results that will be generated by the working group established by GAVI;
3. Implement at the country level a Committee to read this scientific article in order to understand the methodology of the study to be carried out;
4. Compare this methodology to the data collection systems in the country, and draw the corresponding conclusions;
5. Propose corrective solutions, in order to improve the system.

6. **To improve AVS quality:**

- Prepare plans for implementation in each health district (Mapping of zones that are not or are poorly immunized)
- Readjust progress plans for each door-to-door team;

- Carry out proximal supervision;
- Accurately determine the denominator (to avoid VPO breakdowns);
- Promote healthy management of funds allocated through the involvement of all members of the JNV Funds Management Committee at the Sub-prefect level.
- Propose a local response in the event of an epidemic before a national response occurs.

7. To improve the quality of Active Monitoring of PFAs:

- Make Managers at the regional level responsible for the management of resources;

8. To strengthen the routine PEV:

- Directly resupply PEV centres with oil from the central level;
- Organise the quality control of data in all Health Prefectures;
- Relaunch the advanced strategy in all the health districts;
- Relaunch formative supervision activities.

9. The implementation of recommendations arising fro the evaluation to allow the future introduction of new vaccines (PCV10 and Rotavirus) to enjoy better success).

10. The implementation of a serious MAPI monitoring committee;

11. Revitalization of the ACD strategy;

12. The implementation of a vaccine warehouse at the level of the Health Regions.

Possibly organize local immunisation days in order to use up lots of VAT the expiration date of which is approaching.

Are any Civil Society Organisations members of the ICC ?: **[Yes].** If yes, which ones?

List CSO member organisations:
ASSOMESCA, Croix Rouge Centrafricaine, Village d'enfants SOS, Conseil Economique et Social, Conseil Inter Organisation Non Gouvernementale Centrafricaine, Patronat Centrafricaine/GICA, Conseil de l'Ordre des Médecins Pharmaciens et Chirurgiens Dentistes

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?

These goals are related to the PPAC

✓ Increase vaccine coverage for DTC-HepB+Hib3, VAA and VAR to 94% and the VAT2+ to 90% at the national level and to at least 95% in each district by December 2010;

- ✓ Reduce the loss rate of antigens according to the following rates:
  - BCG from 35 to 20%
  - DTC-HepB+Hib from 24 to 15%
  - VPO from 27 to 15%
  - VAR from 24 to 20%
  - VAA from 38 to 18%
  - VAT from 8 to 6%
- ✓ Implement the epidemiological monitoring system for Hepatitis B and Haemophilus meningitis.
- ✓ Eradicate Poliomyelitis, eliminate TMN,
- ✓ Control FJ and Measles.
- ✓ Ensure the safety of immunisation (injection safety policy, management of MAPIs and management of waste).
- ✓ Increase financial, material and human resources for PEV and improve management of the same.
- ✓ Strengthen communication in favour of PEV at all levels.

2. Immunisation Services Support (ISS)

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

Funds received during 2009: US$.....0.....
Remaining funds (carry over) from 2008: US$.....57, 392, 70.....
Balance carried over to 2010: US$.....0.....

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

The expenses were used for:

- ✓ **Training (Strengthening of skills of the PEV Director).**
- ✓ **Monitoring and Evaluation.**
- ✓ **Logistics.**
- ✓ **Maintenance and overhead expenses (purchases of spare parts for vehicles and motorcycles for PEV, bank expenses, etc.).**

2.2 *Management of ISS Funds*

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

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

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

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

Application of the GAVI funds management procedure according to the following major guidelines:
- Opening of a bank account with ECOBANK Centrafrique ;
- Preparation of the 2009 Action Plan;
- Request of the Minister of Public Health;
- Agreement for disbursement;
- Issue of the check, signed by the Minister of Public Health, and co-signed by the WHO Representative (See Details in* Document No. *13).

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

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document No. 3).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached **(Document No. .....)**.

2.4 *Request for ISS reward*

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

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

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

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

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 ***
VAA	**140 215**	**06 October 2008**	242,800 as of end of 2009
DTC-HepB+Hib	**284 447**	**06 October 2008**	491,800 as of end of 2009

* *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?...)*	• **Total number of doses that had been received in 2009 (VAA and DTC-Hep B +hib) exceed the total doses planned for 2009 in the GAVI decision letter.** • **This is due to the receipt in January 2009 of inventories of vaccines planned for 2008**
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)	• **Ensure the delivery of vaccines within the specified time frames.** • **Implement a mechanism for regular monitoring in the vaccine ordering procedure.**

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.

Vaccine introduced:	....N/A.....
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?	N/A

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	US$	**100 000 $US**	Receipt date:	**September 2008**

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.

Primary activities:

- Purchase of fuel (Petrol) for maintenance of the cold chain;

- Cold chain equipment; **- Logistics.**

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

Insufficient financing to conduct trainings for health agents.

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

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

N/A

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document No. 4).** *(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) VAA	Before 31/12/2009	26/04/2009*	October 2010
2nd Awarded Vaccine (specify) **DTC-HepB+Hib**	Before 31/12/2009	26/04/2009*	October 2010
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) VAA	73,500	20,115
2nd Awarded Vaccine (specify) **DTC-HepB+Hib**	14,500	16,590
3rd Awarded Vaccine (specify)		

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

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1. Financing and disbursement procedure for public funds is complex (disbursement decision resting with the Treasury Committee)
2. Administrative bureaucracy at the level of the Ministry of Finance

(*)Total disbursement of the quota for 2008 and partial disbursement for 2009.

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

- ✓ Implementation of a sustainable financing mechanism.
- ✓ Lobbying and promoting awareness among key persons at the highest level for the disbursement of funds in support of the PEV.

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]* ***NOT conducted in 2009 but carried out in 2008, from 28 November through 13 December 2008.***

If conducted in 2008/2009, please attach the report. (**Document No.** 5)
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? **[NO]**

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

In relation to the evaluation for 2008, the following actions were carried out in 2009:

- ✓ The equipping of twelve Health Prefectures with complete computer tools, powered by solar panels, for the management of vaccines and injection safety materials, and computerized processing of PEV data.
- ✓ Given that these computer tools and the lots of panels were delivered late and installed in 2009, the training of warehouse managers on the DVD MT and SMT tools and the GEE at the prefect level is planned for the 2nd quarter of 2010.

When is the next EVSM/VMA* planned? *[mm/yyyy]* ***May 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 CAR delivered its submission for PCV10. Given that the opportunity for PCV13 exists, the country has opted for PCV13.

Please attach the minutes of the ICC meeting **(Document No. 2)** that has endorsed the requested change.

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

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

The country hereby request for an extension of GAVI support for *.....[vaccine type(s)]* vaccine for the years 2011-*.....[end year].* At the same time it commits itself to co-finance the procurement of *.....[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of *.....[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ..... *[1st and last year]* which is attached to this APR **(Document No. .....).**

The country ICC has endorsed this request for extended support of *.....[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document No. .....)**

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

In order to request NVS support for 2011 vaccination do 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; Table 4.2 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**]**

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 **[NO]** or supplies **[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
SAB 0.05 ml ***[SAB = Self-locking syringe]***	**177,000**	**03 August 2009 ; 19 August 2009 ; 08 Sept 2009; 19 Nov 2009**
SAB 0.5 ml	**505,500**	**19 August 2009; 08 September 2009**
SAD 2 ml	**194,200**	**08 September 2009. 12 November 2009**
SAD 5 ml	**10,100**	**03 August 2009; 19 August 2009 19 September 2009; 08 September 2009**
Safety boxes	**52,575**	**03 August 2009; 19 August 2009 08 Sept 2009; 19 Nov 2009**

Please report on any problems encountered:

The primary problems encountered are summarized in the treasury difficulties that cause the PEV Department to not cover travel and/or extended lodging expenses at the level of warehouses for travelling persons. This has caused these syringes to be received very late. Certain lots were received by the Office of the Expanded Immunisation Program one year later. The injection materials specified above are for 2008.

The country did not receive any injection material for 2009.

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	**SAB 0.05 ml, SAD 2 ml** ***[SAB = Self-locking syringe]***	**GAVI**
Measles	**SAB 0.5 ml, SAD 5ml**	**GAVI**
TT	**SAB 0.5 ml**	**GAVI**
DTP-containing vaccine	**SAB 0.5 ml, SAD 5ml**	**GAVI / GOVERNMENT**

Please report how sharps waste is being disposed of:

Self-locking syringes and safety boxes are used in 100% of the health facilities that provide vaccinations.

Immunisation-related waste is burned at the level of health centres, in the open air, in a pit.

The Health Prefectures do not yet have incinerators.

A national plan for managing the waste generated by health activities in hospital environments was prepared and validated in 2009; but its implementation has not yet taken effect.

Does the country have an injection safety policy/plan? **[YES]**
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)

A National Policy and a National Injection Safety Plan which were adopted in 2003 expired in 2007.

The review, validation and dissemination of these documents is included in the 2010 action 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:

Fund from GAVI received in 2009 (US$): .....0.....
Amount spent in 2009 (US$):.....0.....
Balance carried over to 2010 (US$):.....0.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
N/A	
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$
N/A	

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 1 January to 31 December.

5.1.2 This GAVI HSS report covers 2009 calendar year from January to December *calendar year 2009 from January through December 2009, and from January through 30 April 2010.*

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

5.1.3 Duration of current National Health Plan is from: National Health Development Plan - 2006-2015 and the Strategic Document to Reduce Poverty from 2008-2010[5].

5.1.4 Duration of the current immunisation cMYP is from January 2008 to December 2012.

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:			
Dr Philémon MBESSAN	Ministry of Health	technical drafting of the report	mbessanp@yahoo.fr Tel.: 00 236 75 04 71 90
Focal point for any accounting of financial management clarifications:			
Mr Armand DEKOUPOU	Ministry of Health	redaction du rapport financier	arm_dekoup@yahoo.fr Tel.: 00 236 75 72 36 40
Other partners and contacts who took part in putting this report together:			
Dr Philémon NAMKONA	WHO	Technical support for drafting the report	namkonap@cf.afro.who.int Tel.: 00 236 75 50 12 24
Dr Casimir MANENGU	WHO	Technical support for drafting the report	manenguc@cf.afro.who.int Tel.: 00 236 70 17 15 20
Pierre SIGNE	UNICEF	Technical support for drafting the report	spierre@unicef.org Tel.: 00 236 70 98 95 29
Léon KAPENGA	UNICEF	Technical support for drafting the report	lkapenga@unicef.org Tel.: 00 236 72 29 92 68

The primary stages:

The report was drafted by the team from the DEP. At the departmental level, the draft was circulated to the DPEV, the General Manager of Central Services, which prepares the DEP, the Cabinet Director, who is the Coordinator of the Sector Committee.
Following the circulation through the Ministry, the report was forwarded to the representatives of the designated partners (Cf. preceding table) for analysis and contributions. The comments or supplemental information provided were integrated into the report, to then be submitted to the Sector Committee for approval.

[5] The Strategy Document to reduce Poverty serves as a reference document for planning in the sector for the period of 2008 through 2010.

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.*]

The data produced come from the following documents:

- the RSS proposal;
- activity implementation reports;
- report on the status of facilities in the five districts supported by GAVI/RSS, produced by consultants;
- the PEV report for immunisation coverage indicators (in the table);
- the decision letter of the GAVI Secretariat;
- the MICS 2006 survey report.

The data (RSS proposal, activity implementation reports, facilities status report) were validated by the HIV-Health sector committee; for the PEV verification was by the CCIA. The validation of the MICS III report prepared by the Ministry for the Plan was carried out before its publication by the authorized authorities.

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?

1. The difficulties to be highlighted may be classified into several categories:

   Delay in consultants sending reports;
   In the schedule of activities to be implemented in the submission, a facilities condition report must be prepared at the start of the programme. Three teams, each including a public health physician, a biomedical engineer and a building engineer or architect for the civil engineering aspect of the facility condition reports were established. After the contractual term, all the expected reports were not filed. Therefore it was difficult to conduct a thorough analysis of the GAVI/RSS support zones in order to have the indicators in the monitoring framework.

   Measures were taken to obtain the missing data. The use of documentation must be carried out in order to complete data that was not available.
   Additional work is in progress with the teams of executives in order to complete the facilities condition report.

2. Difficulty in finding cosignatories at the local level to open accounts: in the submission, the procedure for managing bank accounts of the regions and districts specifies cosignatories, including a member of the executive team for the district (or his alternate) and a representative of the U.N. system or a community participation organization at the decentralized level.

   The proposed solution is to request that the WHO Representative designate executives to cosign with the ECDs.

3. A delay in the validation of multi-year development plans for health regions and districts that were prepared, with activities planned for 2010.

4. Failure to disburse the 2009 budget due to the external audit not having been conducted.

5. Official notification of the postponement of support to 2012 has not yet been received. This is an impediment to the scheduling of activities.
The country has only been informed verbally about the annual meeting of Focal Points of the health system in Central Africa, held at Libreville (Gabon), January 18-21, 2010.

6. Certain activities currently in progress cannot be measured by indicators at the time this report is being prepared.

7. The delay in disbursement for scheduled activities related to the GAVI decision-making procedure regarding RAS and the response time to the country.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009 and beginning of 2010: 4
Please attach the minutes **(Document No. .....)** 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 No. .....)16.**

A meeting of the CCSS Sector Committee was organized in 2009 and 2 were organized in 2010, the latter of which was for reallocation of the RSS funds to the SSV activities in June 2010.

1. The validation meeting for the 2008 progress report (document No. 14)

During this meeting, the committee noted the delay in the start-up of implementation of RSS support in 2008.

2. Meeting of the HIV/AIDS Health Sector Committee on February 4, 2010 (Document No. 15)

The items on the agenda were as follows:

- The return of technical reports of the facilities condition study, carried out by three teams of National Consultants in the five Prefectures referenced above;
- The presentation of the issues with opening bank accounts for Regional Offices 2 and 4 and for the five Districts;
- The provision of health training for the five Prefectures covering Essential Generic Medications financed with GAVI/RSS support, and available at the Medication Transfer Unit (UCM) which is the purchasing centre at the national level.

In accordance with the discussions, the following recommendations were made in order to accelerate the process of implementing the project over time. The management and monitoring tool for all the recommendations involves the Office of Research and Planning and the other structures involved in implementation of the support.
It involves:

For the study of the condition of facilities:

- Performance through Agents, the documents available, relative to care for diseases in order to guarantee the quality of care to users of FOSAs;
- Introduction into the minimum package of activities of the audit of maternity deaths;
- Involvement of Partners in the entire process of the new breakdown recommended in the report;

- Identification of a strategy to fill the void left by certain consultants who have not filed their reports;
- Consideration of base indicators to measure progress achieved;
- Return of the results of this study to the populations visited, in order to allow them to contribute effectively to the preparation of their District plan;
- Over time, undertake actions to rehabilitate/build based on the sphere, within a spirit of selecting prioritized actions.
- Finalization and validation of updated standards;
- Review of the health map of targeted zones, based on updated standards;
- Consideration of planning/programming carried out by other Partners; (UNFPA, UNICEF, WHO, etc.) ;
- Quick finalization and filing of technical reports by consultants for the quick use of funds allocated to this end;
- Consideration of reviving management entities of FOSAs in the planning process;
- Only the reports filed by consultants and submitted to the meeting of the Sector committee must follow the procedure for payment of remaining fees after considering the comments made by the participants.

For opening district accounts

- Designation of WHO officials at the central level as cosignatories with the health regions and districts;

For the provision of health information regarding medications

- Review of the decree regarding creation of DPCMs and designation of their Managers of the UCM to take into consideration the management problem often posed by them (bankruptcy of many DPCMs);

Misc.

- Acceleration of the process for holding a sector roundtable in the context of financing interventions provided for in the Poverty Reduction Document. It must be emphasized that since 2009 the country has reached the point of completing the initiative of Very Indebted Poor Countries.

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3. Meeting to validate the 2009 progress report on 11-12 May 2010 (Document No. 16)

The recommendations issued from this meeting are as follows:

- *The option by CAR for the vaccine against pneumococcus type PCV31 for which the opportunity is offered to the detriment of the PCV10 type, which the country initially submitted. Recommendation to submit for approval of the CCIA.*

- *Lobby the national treasury committee to improve the process for disbursing public funds allocated for the joint financing of vaccines;*

- *3. Strengthening of the SNIS in terms of the collection, validation, use of data at the local level and the exchange of information with other levels through the Internet, if possible.*

- *The immediate launch of the process for conducting the external audit for the RSS and SSV during financial year 2008 and 2009, a quid pro quo for the disbursement of funds for PEV and RSS.*

- *Acceleration of the implementation of activities of the RSS, for which financing had been acquired since 2008.*
-

4. Validation meeting for réallocation of GAVI/RSS funds for implémentation of activities Under SSV on 7 June 2010 (Document No. 16 bis)

The recommendations from this meeting are as follows:

- *Accelerate the external audit to be financed with technical assistance.*

The establishment of a restricted follow-up Committee for planned activities.

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) in USD		**1893000**	**591000**	**359000**	**320000**				
Revised annual budgets (if revised by previous Annual Progress Reviews)			**1892985.38**	**1493787.48**					
Total funds received from GAVI during the calendar year		**1893000**	**0**						
Total expenditure during the calendar year			**839363.63**	14468.06[6]					
Balance carried forward to next calendar year		**1892985.38**	1053621.74	1039153.68[7]					
Amount of funding requested for future calendar year(s)		**0**	**591000**[8]	**359000**	**320000**				

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)*:

The late disbursement (April 2008) and the delay in information form the government regarding the first disbursement (late July 2008) after verification of what was available in the account from the bank as well as the difficulties related to the establishment of the management team mentioned in the previous report had repercussions on the start-up of activities for Year 1 (2008). The implementation of the program actually began in January 2009.
The filing of the facilities condition study report that was to provide information and indicators as to the starting point in the support zone and assist the Executive Teams in preparing their action plan to better allocate resources for the implementation of their activity was carried out late. It must be pointed out that our executive teams from the targeted districts and regions have insufficient human resources and insufficient programming capability. A training session in scheduling was organized in order to allow them to prepare their action plan to be financed. Based on the foregoing, the action plan in the districts is currently being validated.
Furthermore, the procedure initially defined for opening and managing district accounts experienced some difficulties described in Item 5.1.8 above. The transfer of the fund to the decentralized level is currently being prepared.
For 2010 planning, it would be desirable for GAVI to disburse the 2009 financing initially specified

[6] Amount of expenses from 1 January through 30 April 2010.
[7] This amount is the balance as of 30 April 2010.
[8] 591000 USD is the financing requested for the 2009 calendar year, not disbursed, and requested for the 2010 calendar year.

in the disbursement plan sent to the Government. The results of the facilities survey and the planning for 2010 show that if the country does not receive financing in 2010, certain activities that are planned will not be carried out. It was proposed that the country finance the required external audit through the funds that are available, in order to validate the financial management for the 2008 period.

Table 12: RSS Activities during 2009 that are covered in reports

Primary Activities / by field of intervention	**Activity planned for 2009**	Explanation of differences in the activities and expenses in comparison to the initial proposal or changes previously approved, and detail of accomplishments
Objective 1/ 1st Field of Intervention	**Support for making Health Districts operational**	
Activity 1.1:	Build and/or rehabilitate the CSs or PSs	The filing of reports prepared by consultants on the condition of facilities is late. The status report of health trainings has been prepared. The call for bids document is currently being prepared to recruit companies for work. Completion status: 0%.
Activity 1.2:	Equip the CSs or PSs with medical equipment and cold chain	The list of equipment is being finalised with the UNICEF catalogue. The funds will be drawn from UNICEF for the purchases. In the procurement procedures for equipment specified in the submission, UNICEF was selected as the partner to support this Activity. Completion status : 0%
Activity 1.3:	Supply the CSs or PSs with essential medications and specific supplies	Medications were purchased at the level of the Medication Transfer Unit (UCM), which is the national central exchange. The 29 CSC/PS were supplied. Completion status: 100%.
Activity 1.4:	Organise trainings / refresher programs for health personnel from health centres	Action plans for the districts were prepared. Difficulties in opening accounts delayed the transfer of funds to peripheral entities in order to carry out this Activity. Completion status: 0%.
Activity 1.5:	Train executives from Health Districts in the management of Health Districts	The modules were selected for training, certain of them require revisions before organising the training sessions. Completion status: 0%.
Activity 1.6:	Organise training / refresher sessions for ECDs in the pilot Health Districts	The training modules have been selected. Technical Assistance is necessary for development of a district model.
Activity 1.7:	Organise training sessions / refresher sessions for personnel from the HDSs	In progress, after identification of the needs of each HDS, in accordance with the action plan of the districts.
Activity 1.8:	Supply Health Districts with vehicles (all terrain vehicle)	Five districts and two regions were equipped with a vehicle. Attainment is 100%

Activity 1.9:	Supply Health Districts with computer equipment	Purchasing is currently in process.
Activity 1.10:	Recruit and pay the 1` agents under contract for the CSs and PSs	Activity in progress, needs in relation to budget have been prepared. Awaiting transfer of money to the districts' accounts.
Activity 1.11:	Supervise Activities of CSs and PSs	Activity to be carried out upon transfer of funds.
Activity 1.12:	Supply HDSs with essential medications	Medications were bought at the UCM level, which is the national supply centre. The 5 HPDs and 16 CSAs[9] have been supplied.
Activity 1.13:	Supply HDSs with medical equipment	Same as for Activity 1.2
Activity 1.14:	Payment of performance bonuses to personnel on site	Same as for Activity 1.10
Objective 2: 2nd Field of Intervention	**Strengthening normalisation and technical support for the Health Districts**	
Activity 2.1:	Conduct a condition survey of the sector in the regions in question	The study was carried out in the five districts by the national consultants. Two reports out of six are still outstanding. Completion status: 70%.
Activity 2.2:	Prepare the Human Health Resources development plan	The analysis of status is being completed. The monitoring of activity requires the support of International Technical Assistance that is yet to be mobilized.
Activity 2.3:	Update/prepare the national health map	The survey to be carried out the analysis and drafting of the report are in progress. Completion status: 50%.
Activity 2.4:	Prepare standards of operation and organisation for each level of the health system	The standards have been prepared. Completion: 100%
Activity 2.5:	Organise meetings of the CNP for the Sector Strategy	The HIV/AIDS health sector committee has had 3 meetings.
Activity 2.6:	Organise training sessions for ECRs in Planning, monitoring, evaluation and supervision	8 members of ECRs and 20 from districts were trained in planning, monitoring and evaluation, i.e. 100%
Activity 2.7:	Support for supervision of the health districts	The supervision of districts is the responsibility of the Regional Executive Teams. support is in progress and will be implemented after the transfer of funds to the regions' accounts.

[9] The Category A Health Centers (CSA) are health facilities that have the same Supplemental Package of Activities as District Hospitals (HD) and are located in the sub-prefectures.

Activity 2.8 :	Organise the annual reviews of the health sector.	The establishment of this review requires, for starters, Technical Assistance.
Objective 3: 3rd field of intervention	**Decentralisation of Health financing**	
Activity 3.1:	Establish a basket fund in targeted areas	The activity is carried out subject to short-term Technical Assistance that has not been mobilized. Steps are currently being taken for its recruitment.

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.

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:

The management of the fund at the central level respected the procedure defined in the submission, with co-management by the Ministry of Health and the WHO Representative.
For management at the decentralized level (health region and health districts), considering the difficulties in representing structures of the UN System, the HIV/AIDS/Heath Sector Committee (equivalent of the CCSS in the Central African Republic), it was decided to have the co-management, where the WHO designates one of its executives at the central level to co-sign the check with the supervisor of the target districts and regions.

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:

The five executive teams from the districts and the two health regions received training in planning and evaluation during the period of this report. The monitoring-evaluation aspect was part of the training modules. In their plans of action which are currently being validated, these activities are scheduled to be implemented. The involvement in this monitoring of the primary health care entities or implementing parties of the Strategic Document to Reduce Poverty must be underlined.
The Health Information System (SNIS) at all levels is the important pillar for monitoring and evaluation. Considering the weaknesses observed during the evaluations, the partners have recommended that it be revived to supplement the actions planned by GAVI/RSS Support.

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:

The technical assistance fields that are indispensible for implementation of the program, monitoring and evaluation are as follows:

- Review of the health sector;
- Reform of the SNIS component for management of districts (preparation of the SNIS development plan, definition of indicators, preparation of media for collecting and processing data);
- The organization of training/refresher sessions for the ECDs of the pilot Health Districts for the development of a model;
- Preparation of the development plan of HRSs;
- Implementation of a basket fund in the Targeted Regions.

International consultants at the level of the WHO (IST, Afro, HQ), UNICEF, UNFPA; other organizations; independent experts; cooperation with international institutes or schools of public health to be identified are indispensable to support these activities. The skills available in these domains are lacking at the country level. This Assistance will allow strengthening of national skills at the beginning for the purpose of appropriation.

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: RSS Activities planned for 2010

Primary Activities	Activities planned for 2010	Original budget for 2010 (approved in the RSS proposal or as adjusted during the examination of previous annual reports)	Revised budget for 2010 (proposed)	Actual expenses in 2010 as of April 30, 2010	Explanation of differences in activities and budgets in comparison with the proposal initially approved, or any adjustments approved previously
Field of Intervention 1	**Support the operational implementation of Health Districts**				
Activity 1.1 :	Build and/or rehabilitate CSs or PSs	140,000	350,000	0	The construction/rehabilitation is in progress, due to the delay caused by the analysis of situations in the targeted districts. The results of the infrastructure facilities report show a significant number of CSs and PSs that are dilapidated or made of local materials and in a very advanced state of deterioration. The 2008 budget currently being used ($210,000) only allows a small volume of rehabilitations of CSs or PSs and no new construction, according to the experts (consulting architects). The call for bids documents for the recruitment of companies for the works are in progress based on the funds available. It is desirable that the disbursement of funds requested me carried out to allow the implementation of construction work in the zones that are not covered.
Activity 1.2 :	Equip CSs or PSs with medical equipment and cold chain	180,000	300,000	---	**Amount reallocated for new activities 1.2.1 and 1.2.2**
Activity 1.2.1. :	**Equip 12 Health Districts with supplies from CDF.**	**0**		**42,000**	**The purchase of PEV consumables for the 5 districts of the GAVI/RSS project zone and 7 other districts of the country with a high density of the targeted population.**
Activity 1.2.2 :	**Equip the CSs or PS with medical equipment and cold chain (Refrigerators)**	**0**		**138,000**	**The purchase of cold chain equipment and SONU equipment for the GAVI/RSS districts from the remainder.**

Activity 1.3	Supply the CSs and/or PSs with essential medications and specific supplies	40,000	40,000	0	The 2009 disbursement is not, the priority health facilities, and sheltering the PEV Centres awaiting this disbursement in order to receive supplies. [sic] The improvement of their financial capacity will allow the cost of petrol for the cold chain to be included in the mandatory expenses.
Activity 1.4	Organise training / refresher sessions for health personnel from health centres	28,000	42,000	---	Amount to reallocate for training of 225 health agents in PEV management at the operational centres at the level of the major facilities in the Prefectures.
Activity 1.4.1	**Train health personnel in PEV management in the GAVI/RSS districts**	**0**		**28,000**	**This amount will be supplemented with USD 15,000 taken from Line 1.6 for a total of USD 43,000 in order to carry out this activity.**
Activity 1.5	Train executives from the Health Districts in Health District management	90,000	86,376	---	**The amount of USD 86,376 is distributed among the activities for which training details are shown in 1.5.1 through 1.5.8.**
Activity 1.5.1	Train executes from the Health Districts responsible for administration and management on the financial management software CIEL Compta) and human resources	1.1.1.	1.1.2.	**5,389**	The facilitator (a consultant) has been identified and the software is available. Training is subject to the contribution of computers anticipated within the framework of the programme.
Activity 1,5.2	Former les ECD en SNIS	1.1.3.	1.1.4.	**7,670**	The training module must be revised. The SIS is in the midst of a revamping, following the latest evaluations carried out by the partners (UNFPA, European Union, from a project finance on the 9th FED) in collaboration with the department.
Activity 1.5.3	Organise a workshop to prepare and validate district and regional plans	1.1.5.	1.1.6.	**15,000**	The multi-year development plan was prepared after training in scheduling. Each district must prepare an annual plan of action to be implemented. The validation will have participation from multiple sectors.
Activity 1.5.4	Revise the supervisory training manual	1.1.7.	1.1.8.	**4,778**	The revision of the existing manual is necessary in order to correct the deficiencies in the document (failure to include items from certain programs) before the training is conducted.
Activity 1.5.5	Train ECDs in supervision	1.1.9.	1.1.10.	**8,222**	Dependent on the availability of the revised manual.
Activity 1.5.6	Review the monitoring training manual	1.1.11.	1.1.12.	**4,778**	Idem Activity 1.5.6
Activity 1.5.7	Train ECDs and ERs in monitoring	1.1.13.	1.1.14.	**8,411**	To be implemented after revision of the manual.
Activity 1.5.8	**Organise monitoring in the districts targeted by the Project**	**0**		**32,128**	**The coordination of monitoring shall take into consideration all the health programs, including PEV.**
Activity 1.6	Organise training/refresher sessions for ECDs in the pilot Health Districts	1.1.15.	30,000		Activity not carried out in 2009, carried forward to 2010, and requires technical assistance for a portion of its implementation. Cf. Activity 1.6

Activity 1.7	Organise training/refresher sessions for personnel from HDS	42,000	0	---	**USD 12,000 will be reallocated to Activity 1.7.1 and 30,000 for the training of agents in SONU.**
Activity 1.7.1	**Revive the Primary Health Care entities**			**27,000**	**The CCIA strongly recommended reviving the units of the SSPs to support the health system and to serve as a link to the PEV.**
Activity 1.7.2	**Train health personnel in SONI in the 12 targeted districts**			**30,000**	**The SONU activities will encourage good care for the mother-child.**
Activity 1.8	Supply health districts with computer equipment	1.1.16.	15,000		2009 activity rescheduled for 2010 following purchasing procedures.
Activity 1.9	Recruit and pay agents under contract with CSs and PSs	60,000	120,000	0	The evaluation of needs in terms of human resources shows an insufficient number of health personnel in health trainings in the targeted districts. Transfers from the fund to the districts experienced a difficulty related to the procedures for opening accounts, which have now been corrected.
Activity 1.10	Supervise CS and PS activities	48,000	94,410	---	**USD 48,000 was distributed between Activities 1.10.1 and 1.10.2.**
Activity 1.10.1	**Organise the advanced strategy in the 12 accessible districts.**	**0**		**22,000**	**This amount will be taken from Activity 1.10 in order to improve Vaccine Coverage in the 12 targeted districts.**
Activity 1.10.2	**Organise supervision in CSs and PSs**	**0**		**26,000**	**This activity will be carried out after the training of ECDs and ERs.**
Activity 1.11 :	Supply HDSs with medical equipment	300,000	154,354	141,646	**The remainder (141,646) will be used to purchase petiole to supply the operational PEV centres.**
Activity 1.11.1	**Supply the operational PEV centres with petiole**	**0**		**165,000**	**The amount of 141,646 is taken from Activity 1.11 for the purchase of petiole for PEV centres.** **The supplement of 24,000 was taken from the category "Technical Assistance.**
Activity 1.14 :	Pay performance bonuses to personnel on-site	45,000	90,000 5..		To be implemented after definition of the procedures for allocating bonuses and needs of the districts.
Field of Intervention 2 :	**Strengthening of the function of normalization and technical support to Health Districts**		1.1.17.		
Activity 2.1 :	Prepare a summary of the facilities of the sector in the corresponding regions		25,540	5..	The balance of consultant fees will be paid from what is available. The finalisation of plans of action for the districts with the collection of supplemental data shall be carried out on line.

Activity 2.2 :	Prepare the RHS Development Plan		9,951	5..	Activity currently being carried out, mobilization of a consultant will allow the document to be finalized.
Activity 2.3:	Update/prepare the national health map		9,650	5..	The survey was carried out in 2009. The analysis and drafting of the final report remain.
Activity 2.5 :	Organise meetings of the CNP (HIV/AIDS Health Sector Committee) on the Sector strategy	2,000	2,000		N/A
Activity 2.6 :	Organise training of ECRs in Planning/Follow-up-Evaluation and Supervision	20,000	20,000	0	Activity carried out.
Activity 2.7 :	Support for supervision of Health Districts	20,000	40,000	---	Activity not carried out in 2009 due to funds not being available at the level of the districts, related to the difficulties opening accounts and the updating of the media mentioned above. **The amount of USD 20,000 that was not used is reflected under Activity 2.7.1**
Activity 2.7.1	**Support from the ECR for monitoring data added in the Project Zone**	**0**		**20,000**	**This activity will be used to oversee ECDs in monitoring aggregate data.**
Activity 2.8 :	Organise annual reviews of the health sector	20,430	45,431		In 2009, the review was not carried out. Technical assistance is necessary for the implementation of the activity. The revision of the budget will allow a review in the first half of 2010 and another at the end of the first quarter of 2011.
Field of Intervention 3 :	**Rationalisation of Health Financing**				
Activity 3.1 :	Implement the basket fund in Targeted Regions				Financing of this activity is included in Technical Assistance.
Support Cost					
	Administrative Cost	31,000	50,796		The monitoring of the programme by the central level requires that resources be available. Activities carried out since the beginning of the project are carried out by this level thanks to the first disbursement. The remaining amount available does not allow the operation for monitoring of the program, if the requested budget is not disbursed.
	External Audit	0		20,000	In the original budget, the audit was scheduled every year starting in 2009, until the end of the support. The country had no financing for this activity. The budget has not be revised.

	Technical assistance	52,000	78,000	---	Based on the area of support requiring technical assistance, the revised budget must allow the implementation of activities scheduled following the acknowledged delay. **The amount (USD 52,000) is distributed among the following three categories:** **- Activity 1.11.1: USD 24,000 intended for the purchase of petiole.** **- External audit: USD 20,000.** **- Audit missions: USD 8,000.**
	Carry out audits in districts receiving GAVI support.	**0**		**8,000**	**This amount is taken from the balance of the category "Technical Assistance" in order to ensure the rational use of resources.**
TOTAL COSTS		**591,000**	**1,632,800**		The revised budget takes into consideration the original 2009 budget postponed to 2010, and the balance from the first disbursement (original 2008 budget).

Table 14: RSS activities planned for the following year (i.e. Fiscal Year 2011). *This information will assist GAVI in planning its Financial commitments.*

Primary Activities	Activities planned for 2011	Original budget for 2011 (approved in the RSS proposal or as adjusted during the examination of previous annual reports)	Revised budget for 2011 (proposed)[10]	Explanation of differences in activities and budgets in comparison with the proposal initially approved, or any adjustments approved previously
Intervention Field 1	**Support for operational implementation of Health Districts**			
Activity 1.1 :	Build and/or rehabilitate CSs or PSs		70000	2010 Activity scheduled for 2011 due to the delay in starting up implementation of support.
Activity 1.2 :	Equip CSs or PSs with medical equipment and cold chain		60000	idem Activity 1.1
Activity 1.3	Supply the CSs and/or PSs with essential medications and specific supplies		28000	idem Activity 1.1
Activity 1.4	Organise training / refresher sessions for health personnel from health centres	60000	120000	If the end of the CAR program is extended, all ongoing activities will be continued through the end of 2012. There will be no sum in the revised budget column.
Activity 1.5	Supervise activities of CSs and PSs	48000	96000	idem Activity 1.4
Activity 1.6	Pay performance bonuses to personnel on site	45000	90000	idem Activity 1.4
Field of Intervention 2:	**Strengthening the function of normalization and technical support for Health Districts**			

[10] The revised budget presented in this column is the sum of the original 2010 and 2011 budget, in the initial disbursement plan reported to the country. If the end of the programme phase is extended to 2012, the original 2011 budget will be scheduled for 2012.

Activity 2.1	Prepare a summary of the facilities of the sector in the corresponding regions	50000		If the program for the CAR is extended to 2012, this activity will be postponed for this year.
Activity 2.2	Organise CNP meetings on the Sector Strategy	2000	4000	idem Activity 1.4
Activity 2.3	Support for the supervision of health districts	20000	40000	idem Activity 1.4
Activity 2.4	Organise annual reviews of the health sector	25000	50000	idem Activity 1.4
Field of Intervention 3:	**Rationalisation of health financing**			
Activity 3.1	Implement basket funds in the Targeted Regions			
	Support cost			
	Management cost	24000	68800	idem Activity 1.4
	External Audit	20000	40000	idem Activity 1.4
	Technical Assistance	26000	32000	idem Activity 1.4
TOTAL COSTS		**320000**	**698800**	The total original 2011 budget in the submission is $ ***319,680***. The notification letter from the Executive Director of GAVI dated February 18, 2008 and addressed to the Minister, mentioned the amount of ***$320,000.*** *This discrepancy of $320 has been added back in to support 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.*

- The report on the condition of facilities in the support districts was carried out with national consultants, considering the delay in the start-up of the program. This solution was proposed, hoping to save time, unfortunately the contract for these consultants provided for one month of work, however their report was filed in part after at least 5 months for certain of them and for others the reports have not yet been filed. The data coming from these studies should help the districts to analyze their action plan, but also to have the base indicators that should be the subject of follow-up. Lastly, the Sector Health Committee met on February 4 to validate the available reports in order to allow progress in scheduling GAVI support..
- The ECDs were trained in planning/scheduling to allow them to have skills to prepare their multi-sponsor plan of action in which GAVI/RSS will finance a portion. To date, most of the targeted districts have submitted drafts of their plans of action. These supervisors who were trained need oversight to finalize their plans, have them validated and to implement them.
- The opening of accounts for districts was problematic, as already indicated above. Changes in District physician were just made according to assignments, so 3 districts out of 5 were affected by these changes and we will have to revise the signatures on the accounts.
- Regulatory texts currently in preparation with the support of the programme require support from technical assistance in order to be finalized, i.e.: the Strategic Plan for the Development of Human Resources; the document of standards of the department, and if necessary the health map of the country.

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.

CSOs working in support zones are involved in implementing the programme. They participate in meetings of the sector committee for contributions and decision-making. In the targeted districts, several CSOs have approved their participation in preparing action plans in the districts and their implementation. These are CORDAID, MERLIN, ASSOMESCA, CARITAS, etc.
These NGOs that manage health structures will be the subject of research for contracts within the context of GAVI support.

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. *The GAVI/RSS support account was opened in a Commercial Bank (ECO BANK Centrafrique). It is jointly managed by the Minister of Health and the WHO representative. As indicated above, the accounts of the districts and regions (sub-accounts) are in progress of being opened. They will be jointly managed by the District Physician or his alternate and a party designated by the WHO.*

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 No. 17).** *(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 No. 18)**.

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 No. .....)**.

The HIV/AIDS Sector Health Committee, in its meeting of 11-12 May 2010 gave its approval for recruitment of an external auditing firm for verification of the SSV and RSS accounts **(document No. 16)**. The procedure is in progress, the report will be sent once the auditor's work is done.

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**[11]
1. National coverage with Penta 3 (%)[12] National coverage - DTC 3	PEV Annual Report	ND 45.6%	PEV Annual Report PEV Annual Report	2005	92 %	2011
2. Number / percentage of districts reaching ≥80% coverage with Pentavalent 3 Number/percentage of districts reaching ≥80% coverage with DTC3[13]	PEV Annual Report	ND 5	PEV Annual Report PEV Annual Report	2005 2005	100% (24/24) ND	2011
3. Morality rate of children less than five years of age (per 1000)	Multi-indicators Survey (MICS3)	176	Multi-indicators Survey (MICS3)	Mars 2007	ND	2013
4. Rate of births assisted by qualified personnel	Multi-indicators Survey (MICS3)	53.4%	Multi-indicators Survey (MICS3)	Mars 2007	ND	2011
5. Number of Health Districts, for which at least 70% of the population has access to quality health care within a radius of 5 Km[14].	Condition of sector fac. in the targeted Health Districts[15]	Not available	Condition of sector fac. in the targeted Health Districts	2008	ND *Partial fac. cond. report was*	2011

[11] The deadline for measurement of impact indicators is 2013, i.e. two years after the anticipated project ending date of 2011. For results indicators, the deadline corresponds to the ending date of the project (GAVI-RSS Proposal).

[12] The data relative to this indicator are those of the routine PEV, the initial base values in the submission are those for DTC3 for 2005. The RCA in September of 2008 introduced Pentavalent. DTC 3 is no long measured since that date. The indicator that will be the subject of follow-up in the context of the implementation of the program will be Pentavalent 3 (**DTC-HepB+Hib**).

[13] Idem indicator 1 above.

[14] No recent data exist for this indicator; the most recent available data are from 2000. The condition of facilities in the sector in the targeted Health Districts was carried out at the beginning of implementation of activities in the proposal to have the current baselines for certain indicators, including that related to access by populations to quality health care. Unfortunately this indicator has not been reported.

[15] A report on the condition of facilities in the sector in the targeted Health Districts will be carried out before implementation of the proposal to determine the base values for a certain number of indicators, and at the end of the project to evaluate the results obtained from the implementation of the proposal.

					avail. in Feb. 2010	
6. Maternal mortality rate[16] (per 100,000 live births)	General survey of the population and habitation.	1355	General survey of the population and habitation.	December 2003	N/A	2013

[16] The report on the 3rd Multi-indicator Survey did not include data related to maternal mortality. The data included in the proposal and this report are from 2003 (General Survey of the Population and Habitation).

Activity Indicators

Indicators	Numerator	Denominator	Data Source	Reference Value	Reference Value Date	Reference Value Source	Objective - 2009
1. Percentage of Health Centres rehabilitated and/or built.	Number of CSs and PSs built and/or rehabilitated,	Total number of CSs and PSs to be built and/or rehabilitated	Annual progress report for the proposal				50% CS/PS were built or rehabilitated
2. Number of persons trained in health centres	Number of persons trained in health centres	Number of persons to be trained in health centres	Annual progress report for the proposal				40 agents were trained
3. Number of Health District supervisors trained in primary health care management	Number of health district supervisors trained in primary health care management	Number of health district supervisors to be trained in primary health care management	Annual progress report for the proposal				**31** Health District and Health Region supervisors were trained in management
4. Proportion of health centres that were the subject of at least six visits during the past year, during which a quantified checklist was used	Number of health centres that were the subject of at least 6 visits during the past year, during which a qualified checklist was used.	Total number of health centres	Annual progress report for the proposal				All the Health District health centres supported were supervised 4 times during the year

5. Percentage of persons recruited as agents under contract with CS and PS	Number of persons recruited and paid	Number of persons to be recruited	Annual progress report for the proposal				15 agents were recruited per district and paid
6. Percentage of Hospitals in Health Districts supplied regularly with essential medications	Number of HDS planned to be supplied with essential medications	Number of HDS regularly supplied with essential medications	Annual progress report for the proposal				The 5 HDSs did not record breakage of their medication inventory
7. Percentage of districts supported with a vehicle	Number of districts equipped with a vehicle.	Total number of districts specified in the support	Annual progress report for the proposal				The 5 districts were equipped with vehicles for supervisors
8. Percentage of regional management equipped with a vehicle	Number of regional departments equipped	Number of regional departments specified in the support	Annual progress report for the proposal				The 2 regional departments were equipped with vehicles for supervisors
10. Number of central structures equipped with vehicles	Number of vehicles provided	Number of vehicles specified	Annual progress report for the proposal				The central level was equipped with a vehicle for implementation of activities
11. Number of central structures equipped with vehicles motorcycles equipped at the central level [sic]	Number of motorcycles	Number of motorcycles to be bought	Annual progress report for the proposal				The manager was provided a motorcycle
12. Number of sites rehabilitated at the local	Number of sites rehabilitated	Number of sites to be rehabilitated	Annual progress report for the proposal				The site providing accounting

level							was rehabilitated
13. Number of sites equipped with furnishings and computer and office equipment at the central level	Number of sites equipped with furnishings and computer and office equipment	Number of sites to be equipped with furnishings and computer and office equipment	Annual progress report for the proposal				The management structure at the DEP level was equipped

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:**

Indicators of incidence and results.

Since September 2008, the CAR included the pentavalent vaccine in its vaccination policy. The indicator for DTC3 coverage initially specified for monitoring in the submission is no longer measured, but it has been replaced by Pentavalent 3 in the immunization schedule. The pentavalent form includes **DTC-HepB+Hib antigens.**

Process indicators

Indicators 8 through 13 in the foregoing table do not appear in the submission. They are defined in this report to indicate the activities carried out in 2009, scheduled in the proposal and the plan of action.

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

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

Table 16: Trends of values achieved

Indicator name *enter indicators as they appear in the foregoing table, with each indicator on a separate line)*	**2007**	**2008**	**2009**	**Reasons that the objectives were not attained**
1. National coverage - Pentavalent 3 (%)		51	76	There are several reasons that the objectives were not achieved: • The low functionality of CPEVs (frequently break in petrol), • The lack of CDF consumables;

				• Under-financing of the PEV for training and supervision of agents, • failure to extend PEV centres anticipated for 2009) ; • suspension of GAVI/SSV support
2. Number / percentage of districts achieving ≥80% coverage – Penta 3		2/24 (8, 33%)	11/24 (46%)	Idem above
3. Morality rate of children less than five years of age (per 1000)				Current figures are from 2006, obtained from the MICS III survey. This indicator will be measured in the next MICS IV survey, which is in preparation.
4. Rate of births assisted by qualified personnel				Current figures are from 2006, obtained from the MICS III survey. This indicator will be measured in the next MICS IV survey, which is in preparation.
5. Number of Health Districts, for which at least 70% of the population has access to quality health care within a radius of 5 Km				The facilities condition report did not report this indicator.
6. Maternal mortality rate (per 100,000 live births)				Since the general survey of the population which reported this indicator, nothing has been done to determine the current progress status for this indicator.

Process Indicators

Indicator name: (*Enter indicators as they appear in the foregoing table, with each indicator on a separate line)*	**2007**	**2008**	**2009**	**Reasons that the objectives were not attained**
Intervention Area 1: Support for implementation of operation of health districts				

1. Percentage of Health Centres rehabilitated and/or built.		0	0	Activity should have followed the condition report. Delay in the condition report and filing of reports has delayed the start-up of the activity. The call for bids documentation is being prepared.
2. Number of persons trained in health centres		0	0	The transfer of funds for implementation of activities at the regional and district level is in process.
3. Number of Health District supervisors trained in primary health care management		0		Twenty executives from the districts were trained in planning and evaluation at the beginning of 2010, which was planned for 2009, and carried forward to 2010, considering the number of modules scheduled.
4. Proportion of health centres that were the subject of at least six visits during the past year, during which a quantified checklist was used		0	0	Idem indicator comments 2
5. Percentage of persons recruited as agents under contract with CS and PS		0	0	Idem above
6. Percentage of Hospitals in Health Districts supplied regularly with essential medications		0	100	
7. Percentage of districts supported with a vehicle		0	100	This involves the 5 districts targeted by RSS support
8. Percentage of regional management equipped with a vehicle			2	The health regions of support No. 2 and 4 were equipped after decision of the sector health and HIV committee
Intervention Field 2: Strengthening of normalization function and technical support to the Health District				
9. Percentage of executive team members trained in planning, monitoring and evaluation				8 members of the ECRs and 20 members of the District Executive Team trained were trained in planning. The training in supervision will be conducted in management

Intervention Field 3: Rationalisation of health financing				
Cost of support				
10. Number of vehicles purchased at the central level			2	Two vehicles were bought at the central level for monitoring, implementation of activities.
11. Number of motorcycles provided at the central level			1	Idem above.
12. Number of sites rehabilitated at the local level			1	A site at the Department of Research and Planning (DEP) was rehabilitated for the fund manager after being resolved by the HIV/AIDS Sector Health Committee.
13. Number of sites equipped with furnishings and computer and office equipment at the central level			2	The central management team of the program at the DEP level was supplied with materials after resolution of the HIV/AIDS Sector Health Committee.

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

1. **Delay in preparing the facilities condition report**

The preparation of the facilities condition report, an activity prior to others, has had several difficulties. The recruitment of national consultants and the filing of reports have been considerably delayed. Other activities conditioned on the results of this study have been postponed or are currently being carried out, for example the preparation of plans of action for the districts, the rehabilitation/construction of health centres and health stations; identification of health facilities to be equipped, etc.

2. **Delay in availability of funds at the decentralized level.**

In the funds management mechanism specified in the CAR proposal, it specifies that the funds will be transferred from the central level to the peripheral areas through banks. The health regions supported, as well as the Health Districts will have bank accounts for GAVI support for RSS. These accounts will be countersigned by the representatives of the offices of the United Nations system at the intermediate level, or by the representatives of the local community participation entities." The situation on the ground shows that the representation of the United Nations System organizations at the decentralized level are non-existent in the districts targeted by GAVI/RSS support. The representatives of the community participation organizations are not operational. Certain International NGOs are able to cooperate but they must consult their hierarchy, which is a long process. All these factors have delayed the opening of bank accounts for the targeted districts and region, in order to make it possible to use the funds for activities in the support zones.

The sector committee to resolve this problem decided in their meeting on _____ that supervisors from the WHO Office in Bangui would be appointed to co-sign the account with the health officials at the district and region levels.

3. Insufficiency of Human Resources

At the level of Research Management and Planning, the personnel with skills to distribute or delegate tasks are lacking. Skills in other Departments are involved in implementing scheduled interventions. However, it is a matter of their schedule, often there is an overlap with their schedule or that of other partners. This situation leads to the postponement of activities with implementation being delayed or not taking place at all.
At the level of districts and regions, the members of the supervisory teams are very much in demand by other vertical programs, and they are not always available to implement certain activities where they are the targets. In addition, the fact that no PDA validated in 2009 is available is one of the causes of difficulties in implementation. The absence of integrated, multi-sponsor plans of action and the insufficiency of coordination of intervention supported by the various partners encourages this *status quo*.
Efforts are being made at the Department level to provide responses to the problems of rational personnel management. Recruitment of agents by the Government at the beginning of 2010 represents an opportunity to alleviate the insufficiency of human resources.

4. The difficulty with technical assistance

Several scheduled activities anticipate technical assistance in order to be accomplished, but the mobilization of these skills is difficult. There are several

reasons for this situation: (i) The narrow local availability of certain experts who have been requested; (ii) the lack of a database of experts and international institutions for certain support areas; (iii) the burden or long process for recruitment.

5.9 *Other sources of funding in pooled mechanism for HSS*[17]

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 RSS funds in a shared mechanism

Donor	Amount in USD	Term of support	Objective of the GAVI RSS proposal to which this support contributes
WHO	1,146,480	2008-2011	
European Union (9th FED)	12,730,000	2008-2012	Contributes to improving the health condition of Central African populations, in particular the highest at-risk birth and the poorest.
UNICEF	3,780,000	2008-2011	Contribute to reducing infant-juvenile and maternal mortality in the Central African Republic by increasing the supply and use of quality health care in Health Regions 2 & 4 through 2011
UNFPA	6,588,743	2008-2011	Idem above
World Bank	1,973,000	2008-2010	Idem above
Agence Française de Développement	7,911,816	2008-2010	Idem above
Banque Arabe de Développement Economique en Afrique	3,330,000	2008-2012	Idem above

[17] Experience with the shared mechanism has not yet started. The process for recruiting technical assistance for the country is ongoing. The financing presented in the table come from partners participating in RCA in certain regions or in GAVI support zones and that contribute to attaining the objectives of RSS pursued by the national plan. Their participation constitutes an opportunity to implement the shared mechanism.

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[18]

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 No.** .....).

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.

[18] 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[19]

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

[19] 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.

implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

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 No. .....).** *(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 No. .....)**.

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.

Dépenses non salariales						
Entretien et frais généraux	2 500 000	5 218	1 000 000	2 087	1 500 000	3 131
Autres dépenses						
Équipement	3 000 000	6 262	4 000 000	8 349	-1 000 000	-2 087
Travaux d'infrastructure	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTAL POUR L'ACTIVITÉ 1.2	**18 000 000**	**37 570**	**11 792 132**	**24 613**	**6 207 868**	**12 957**
TOTAUX POUR L'OBJECTIF 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**