Annual Progress Report 2009

Submitted by

The Government of

TOGO

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: ……4 May 2010……

Deadline for submission: 15 May 2010

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

any hard copy could be sent to :

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

By filling this APR the country will inform GAVI about :

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

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

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

For the Government of [*Name of Country*]……..……

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):
Mr. Komlan Mally
Title: Minister of State, Minister of Health……

Signature: ……

Date: ……

Minister of Finance (or delegated authority):
Mr. Badawasso T. Gnaro
Title: …Secretary-General of the Ministry of the Economy and Finance……

Signature: ……

Date: ……

This report has been compiled by:

Full name Dr **Danladi I. Nassoury**. Position....Chief, Epidemiology Division..... Telephone.. +228 2214194/ 9223497..... E-mail....dinassoury@yahoo.fr.....	Full name .. Abeyeta Djenda..... Position.....Executive director of the Union of NGOs of Togo (UONGTO).. Telephone..... +228 914 68 27..... E-mail... aristidedjenda@yahoo.fr.....
Full name .. Dr. Kodjovi E. Adjeoda Position.....WHO EPI Administrator..... Telephone..... +228 221 33 60/ 064 56 01..... E-mail.....adjeodak@tg.afro.who.int.....	Full name: Anani Laclé Position: Director of Immunization Department..... Telephone: +228 221 41 94/912 95 23..... E-mail..... lacleae@yahoo.fr..... Full name: Dr Akouété Afanou Position: UNICEF EPI Administrator Telephone: +228 223 15 00/ 904 14 63 E-mail: aafanou@unicef.org

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
Mr. Komlan Mally, Minister of State, Minister of Health	Ministry of Health		
Dr Pierre M'Pele Kilebou, WHO Resident Representative for Togo	World Health Organization		
Dr. Narcisse de Medeiros, deputy representative of UNICEF-TOGO	UNICEF-TOGO		
Dr. Koku Sika Dogbe, General Director of Health	Ministry of Health		
Mr. Aftar Morou, Research Officer for the Budget Division	Ministry of the Economy and Finance		
Mr. Issaka Laguebande, Cabinet Attaché	Ministry of Planning and Land Development		
M. Gbehomilo - Nyelolo Tomegah, President of the National Polio Plus Commission	Rotary International		
Mr. Joseph Baah-Dwomoh, World Bank Representative	World Bank		
Mr. Frédéric Merlet, Special Envoy/Head of Mission	Mission for Cooperation		
Mrs. Rosine Sori Coulibaly, Resident Representative	United Nations Development Program		
Dr. Aristide Aplogan, Agency for Preventive Medicine (AMP)	Agency for Preventive Medicine (AMP)		
Mr. Adama Koulibaly, Resident Representative Plan-Togo	Plan-Togo		
Dr. Kuami Guy Battah, Health Coordinator	Togolese Red Cross		
Dr. Sylvain Atayi Komlangan, Director	Directorate of Primary Health Care		
Dr. Afefa Amivi Baba, Director	Directorate of Healthcare Establishments		
Dr. Atany Nyansa, Director	Directorate of Pharmacies, Laboratories and Technical Equipment		
Mr. Hokameto Edorh, Director	Directorate of Planning, Training and Research		
Mr. Okaté Akpo-Gnandi, Director	Directorate of Commune Affairs		
Dr. Danladi Nassoury, Chief EPI Division Coordinator	Epidemiology Division		

Mr. Edem Koffi-Kuma, Department Chief	National Information Education Communication Department		
Dr. Kassouta Komlan Tchiguiri N'Tapi, Chief, Family Health Division	Family Health Division		

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:

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The observations made during the review workshop by the APR peers in Dakar were taken into account in this report

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HSCC Signatures Page Not applicable

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date

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

Comments from partners:

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Comments from the Regional Working Group:

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

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

Name: …… Abeyeta Djenda……

Post: ……Executive Director……

Organisation:……Union of Non-Governmental Organizations of Togo (UONGTO)...

Date: ……4 May 2010……

Signature: ……

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

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

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

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

Document N°	Title	APR Section
1	Calculation of Togo's ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
2	Minutes of all the ICC meetings held in 2009	1.5
3	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
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	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year ***Not applicable***	3.2.3
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	Minutes of the ICC meeting endorsing the country request for extension of new vaccine support for the years..... (if not included among the above listed minutes) ***Not applicable***	3.6
	Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report ***Not applicable***	5.1.8
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1. General Programme Management Component

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

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

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

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

No difference between the figures presented in table 1 and those mentioned in recent reference documents

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

No difference between the figures in table 1 and those mentioned in recent reference documents

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

The changes made to the objectives pertain to the following points:

- **BCG vaccine coverage: the 2010 and 2011 objectives which were 96% and 97% respectively have been adjusted to 93% by reason of the fact that the BCG coverage obtained in 2009 is 91% and the BCG vaccine coverage has fluctuated around 91% for 3 years.**
- **VPO3 vaccine coverage and DTP-HepB-Hib 3 coverage: in 2011, the objective is 95% in the reference documents compared to 92% in table 1. This change is related to the fact that the difference between the 2010 objective (91%) and that of 2011 (95%) mentioned in the reference documents is too great to be covered in one single year with regard to DTP3 or DTP-HepB-Hib 3 obtained in the last three years (88% in 2007, 89% in 2008 it 2009).**
- **The VPO1 vaccine coverage and that of DTP-HepB-Hib : the objective in 2011 which is 96% in the reference documents is 95% in table 1, because of the DTP-HepB-Hib1 coverage obtained in 2009 which is 93%.**
- **Vaccine coverage for MEAS and for VAA: the objectives were 85% and 90% respectively for 2010 and 2011 against 86% and 88% respectively in table 1. This change is related on one hand to the fact that the coverage obtained in 2009 (84%) exceeded the objective that was set (83%) and on the other hand, to the fact that the difference between the 2010 objective (85%) and that of 2011 (90%) in the reference documents is too great to be covered in only one year, in view of the change during these last three years in the MEAS vaccine coverage, which went from 80% in 2007 to 84% in 2009.**
- **The immunization dropout rate for the anti-measles vaccine: the change concerns the immunization dropout indicator. The indicator used in the reference documents is the BCG/MEAS dropout rate and the one used in table B is the DTP-HepB-Hib1/MEAS dropout rate which better translates the completion of the immunization series. The objectives mentioned in table 1, namely 10% in 2010 and 9% in 2011 account for the result obtained in 2009 (10%)**

- **The immunization dropout rate for the pentavalent vaccine (DTP-HepB-Hib): the change applies to the immunization dropout rate objective for DTP-HepB-Hib1/ DTP-HepB-Hib3 in 2011 which is 3% (table 1) instead of the 1% mentioned in the reference documents. This change is justified by the new objectives for vaccine coverage set for 2011 as regards the DTP-HepB-Hib3 which is 92% (table 1) compared to 95% in the reference documents.**

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

No difference between the figures

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:

The objectives set for 2009 by the Program and that appear in the 2008 annual progress report were particularly affected:
The 2009 pentavalent and VPO 3 coverages are 89%, compared with an expected coverage of 90%. So they only increased by one point with regard to what was achieved in 2008 (88%). BCG coverage remained stagnant compared with 2008 (91%). VAA and MEAS (84%) saw their coverage increase by one point with regard to the 2009 forecasts (83%). The dropout rate for pentavalent (4%) remained within the limits of the forecasts (5%).

In 2009, the main activities in the framework of strengthening immunization were carried out with the financial support of the partners (GAVI, WHO, Unicef, Rotary) and the contribution of the Health Management Groups (COGES):

These were:

- ✓ **Continuing the implementation of the "RED" (Reach Every District) approach in the country's 35 districts on the basis of the microplans of the districts and regions.**
  - **Immunization activities (at fixed, advanced and mobile sites),**
  - **Supervision,**
  - **Monthly monitoring meetings**
  - **Involving community relays and community radio stations in social mobilization**
  - **Searching for those lost to follow up with the use of tickler files**
  - **Holding two meetings of those responsible for the EPI and of integrated disease surveillance focal points of regions and districts, with the participation of Regional, Prefectorial and central level Health Directors, in July and December 2009. These meetings enabled problems to be identified and solutions for improvement to be proposed.**

- ✓ **The cold chain equipment and logistics inventory at the central level and at the regional and district levels.**

- ✓ **Supplying vaccines and consumables**

Supplying the country's EPI vaccines and consumables was done through the intermediary of UNICEF thanks to a purchase-assistance agreement signed between this institution of the United Nations and the Togolese State. Regions are supplied once per quarter. The vaccines and consumables were acquired thanks to the financing of the State, GAVI, and UNICEF.

- ✓ **Evaluated the introduction of the pentavalent vaccine in the 6 regions (6 regional directorates, 6 districts and 19 health trainings) in October 2009.**

- ✓ **Strengthening skills of program managers through trainings carried out in collaboration with the partners (WHO and UNICEF).**

Outside of activities related to strengthening routine immunization mentioned above, Togo carried out an epidemic response campaign (January 19-21 2009) and a preventive campaign against polio, in three rounds (February 27 to March 1st; March 27-29; and May 29 to 31 2009)

The main problems encountered are:

- ✓ **The lack of mastery or application of preventive cold chain maintenance directives by some officers, resulting in malfunctions and breakdowns of refrigerators at the operational level.**
  - ➢ ***Solution given: the maintenance component has been integrated into the EPI training module used for training new chief district physicians and EPI focal points***

- ✓ **Inadequate financial resources to implement EPI and IDSR activities related to:**
  - **The non-availability of an operating budget for the Division of Epidemiology**
  - **The difficulties of mobilizing local financial resources (State) with stock ruptures of vaccines as a consequence;**
  - **The limiting of the partnership to a few agencies (WHO, UNICEF and Rotary)**
    - ➢ ***Solution given: An organizational reform of the General Directorate of Health which should establish the Division of Epidemiology as a Directorate is in progress. At the end of this reform, the EPI central coordination will have an operations budget available. A plea made by the Ministry of Health to the Ministry of Finance and Economy led to the increase in the budget line dedicated to the purchase of vaccines which is expected to go from 200 million CFA to 300 million.***

- ✓ **Poor performance as regards certain indicators (vaccine coverage and the dropout rate) in some districts related to:**
  - **Inadequate and outdated cold chain equipment and transportation means (automobiles and motorcycles) at all levels limiting the implementation of advanced strategies and supervision**
  - **Inadequate qualified personnel at the operational level**
  - **The posting of new officers recently recruited into civil service to the EPI who do not master EPI management**
  - **The low frequency of supervision of activities at all levels;**
  - **The frequent stock rupture of vaccines**

➢ ***Solutions given:***

- Strengthen the cold chain at the operational level through the acquisition of:

- ***25 refrigerators and 20 ice chests purchased by Rotary***
- ***10000 vaccine carriers purchased by UNICEF and 80 by Rotary***
- ***replacement parts purchased by Rotary***

- training of new chief district physicians and EPI management focal points was organized to strengthen EPI management skills. In addition, training was organized for executive teams of the Maritime region on the use of PDAs for integrated supervision.

✓ **Inadequate data quality related to:**

- **The use of demographic data obtained on the basis of estimates, due to the fact that the last general census of the population dates back to 1980.**
- **The lack of mastery by some officers of directives for filling out program management tools, in particular immunization registries, monthly report forms, and the vaccine and consumables management aids at the operational level**
- **Manual data entry in some districts**
- **Inadequate archiving of activity reports**

➢ ***Solution given: a series of training sessions was organized:***

- ***In EPI management for new chief of district physicians and focal points***
- ***In computerized vaccine and immunization data management for EPI focal points***
- ***On the use of EPI info and Health Mapper software for executive teams from the Maritime region districts***

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

The reasons are primarily due to the lack of financial resources for carrying out the action plans of the RED approach which translates into:

- **Inadequate advanced vaccination strategy outings**
- **Inadequate supervision**
- **Low community involvement in social mobilization in favor of immunization**

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].

Not applicable

[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*

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.

Not applicable

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

Not applicable

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.

Not applicable

1.4 *Overall Expenditures and Financing for Immunisation*

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

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

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional Vaccines[2]	326 200	317 265	323 610
New Vaccines	3 124 764	2 847 395	2 904 343
Injection supplies with AD syringes (safety boxes, AD syringes)	32 521	261829	267 066
Injection supply with syringes other than Ads (dilution syringes only)	0	0	0
Cold Chain equipment	5 324	185 947	189 666
Operational costs of RED	155 668	210 745	221 285
Monitoring	87 977	111 695	117 280
Operational Costs	104 276	1 715 337	1 739 968
Other (please specify)	0	0	0
Total EPI	3 836 730	5 650 213	5 763 217
Total Government Health	36 481 687	37 203 105	38 170 385

** Total expenditures paid for by the government regarding immunization in 2009

Exchange rate used	1 USD = 474. 51 FCFA

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

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.

An analysis of the change in program expenditures from 2006 to 2009 shows a progression with ups and downs in the achievements. In all cases, these achievements are, by far, well below the cMYP forecasts.
The difference between the forecasts and real expenditures can be explained by:

- ✓ **Inadequate financial resources for Program activities.**
- ✓ **Difficulty estimating needs and forecasts in planning for operations.**
- ✓ **Difficulties related to the mobilization of local financial resources (State and local partners);**
- ✓ **Financial partnerships limited to a few agencies (WHO, UNICEF, and GAVI)**

If this trend continues, the program's viability will be put in a difficult position. The funding sources for the EPI must be diversified.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? .....**3**.....
Please attach the minutes **(Document N°02A, 02B and 02C)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report (**document 02D**).

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4
Nothing to report

The main recommendation of the ICC :

- **Strengthen routine immunization activities, in particular the advanced strategy, supervision, monitoring, and vaccine and cold chain management to increase vaccine coverage and reduce the dropout rates in all districts; this is to limit the frequency of immunization campaigns in a general context where financial resources are lacking**

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

List CSO member organisations:

No.	**First and Last Name**	**Organization**	**Position**
1	**Mr. Gbehomilo - Nyelolo Tomegah**	**National Polio Plus Commission**	**President**
2	**Dr Kuami Guy Battah**	**Togolese Red Cross**	**TRC Health Coordinator**
3	**Mr. Abeyeta Djenda**	**Union of Togolese Non-Governmental Organizations (UONGTO)**	**Executive Director**
4	**Mr. Raven Edu**	**Federation of Non-Governmental Organizations in Togo (FONGTO)**	**President of Board of Directors**
5	**Sister Véronique Mdendzi**	**Organization for Charity and Integral Development (OCDI)**	**Coordinator**

The involvement of CSOs in EPI activities is in the beginning stages.

CSOs are associated with the planning and implementation of the cMYP. They participate, alongside the Ministry of Health and all of the technical and financial partners, in the implementation of the Expanded Program on Immunization (EPI). Thus, CSOs are involved in:

- **Making a plea to opinion leaders to implement the different activities linked to the EPI (new vaccines, immunization campaigns, search strategies for lost to follow up, advanced strategy vaccination, community mobilization, etc.)**

- **The implementation of the new global immunization vision and strategies (GIVS) in its different aspects and in particular the one regarding the integration of activities at the operational and central level.**

- **The different awareness-raising campaigns for communities taking over immunization activities.**

All of these efforts were crowned by the award for the Best Civil Society Organization and its involvement in immunization activities, awarded to Togo by GAVI during the 4th Partners' Forum that took place in Hanoi (Vietnam) in November 2009.

The process of developing an integrated communication plan (ICP) for the expanded program on immunization is in progress. It began by analyzing the situation as regards communication for the EPI that was carried out in October 2009 through a documentary review and an on-site survey for data collection. Civil society organizations will be fully involved in the next steps of this process, namely the development of the districts' and regions' ICPs, their validation and their implementation.

1.6 *Priority actions in 2010-2011*

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

The priority activities for 2010-2011 regard:

- carrying out an immunization campaign against polio
- carrying out an immunization campaign against measles
- updating the cMYP for a better application of GIVS and GFIMS
- revitalizing the implementation of the RED approach (advanced strategy, monitoring, communication, planning/management, training supervision)
- extending the PDA-assisted supervision to other regions
- revising the EPI management aids
- introducing DQZ in routine immunization
- strengthening the cold chain at the operational level
- strengthening AEFI surveillance
- strengthening collaboration with private structures, civil society and traditional medicine structures
- strengthening integrated disease surveillance
- development of an integrated communication plan

2. Immunisation Services Support (ISS)

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

Funds received during 2009: US$.....**161,977.62**.....
Remaining funds (carry over) from 2008: US$..**204,520.21**.....
Balance carried over to 2010: US$..**155,088.36**.....

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

Activities carried out thanks to ISS funds in 2009 :

- **Implementation of the RED approach (advanced strategies, training supervision, monitoring, communication, planning and management)**
- **Maintenance of the cold room**
- **Providing cold chain equipment**
- **Providing computer and transport logistics equipment**
- **Participating in the Division of Epidemiology's operation costs**

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.

Not applicable

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.

EPI action plans of districts, regions and the central level are validated by the ICC. The partners (WHO, UNICEF and Rotary) give their opinions on the financing of activities with regard the GAVI ISS funds.

The Division of Epidemiology draws up the requests for financing, which are submitted for the approval of the Director General of Health and of the Ministry of Health. These requests are then addressed to the partners for financing (WHO, UNICEF and Rotary). Once the requests have been approved by the partners, the funds are routed at the operational level by wire transfer into the health regions' accounts. After carrying out the activities, each region sends the supporting documentation and the technical report to the Division of Epidemiology, which verifies them and in turn addresses them to the partners concerned. The report of Program activities is presented to the ICC, which validates the use of ISS funds.

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

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°....3.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached **(Not applicable.....)**.

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)? Fill Table 4.

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

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Anti-amaril vaccine received from GAVI	**200,900**	**October 6, 2008**	**200,900**	
Anti-amaril vaccine purchased by the State	**50,600**		**0**	
Pentavalent vaccine received from GAVI	**792,200**		**792,200**	
Pentavalent vaccine received from the State	**33,200**		**33,200**	

* *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?...)*	• **No problem was encountered.** • **The difference between the quantity of anti-amaril vaccine received and the quantity indicated in the decision letter is due to the fact that the Togolese State had reserves of AAV from the immunization campaign against yellow fever in 2007 and a reimbursement from UNICEF of an order from 2008. The quantities available in 2009 were sufficient for the year and didn't require other additional orders.**
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)	• **This difference did not require an adjustment to the vaccine shipment plan**

3.2 *Introduction of a New Vaccine in 2009*

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

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

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

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

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

Not applicable

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

Not applicable

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

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

Not applicable

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

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

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

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine: anti-amaril vaccine	June to November	August	June to November
2nd Awarded Vaccine: pentavalent vaccine	June to November	August	June to November

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine: anti-amaril vaccine	00	00
2nd Awarded Vaccine: pentavalent vaccine	119,520	33,200

Q. 3: Sources of funding for co-financing?
1. Government
2. Donor: UNICEF
3. Other: nothing to report

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?

1. 1. Co-financing was not taken into account in a specific way (overall budget allowance) in the budget line dedicated to the purchase of vaccines
2. The disbursement of State funds experienced a delay related to administrative procedures

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

Not applicable

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

Not applicable
When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]* **Not applicable**

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

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

Not applicable

When is the next EVSM/VMA* planned? *[September 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:

Not applicable

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

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

Not applicable: the NVS ends in December 2011

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 N°.....).**

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 N°.....)**

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

[YES, I confirm**]**

If you don't confirm, please explain: **Not applicable**

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)*

Not applicable

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

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

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

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

Health facilities have De Montfort-type incinerators available where all of the safety boxes filled with sharps waste from immunization activities are incinerated. A waste collection and elimination plan is developed at the beginning of every year by each district and implemented in the course of the year. The financing of these activities is provided by the State and the community.

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	**0.05 ml AD syringe** **2 ml Re-constitution syringe** **5 ml Re-constitution syringe**	State
Measles	**0.5 ml AD syringe** **5 ml Re-constitution syringe**	State; UNICEF
Anti-amaril vaccine	**0.5 ml AD syringe** **5 ml Re-constitution syringe**	State
TT	**0.5 ml AD syringe**	State; UNICEF
DTP-containing vaccine	**0.5 ml AD syringe**	State

Please report how sharps waste is being disposed of:

- **The systematic use of safety boxes for collecting used syringes is in effect in all of the immunization centers.**
- **Each district has at least 2 De Montfort-type incinerators for destroying sharps waste resulting from immunization activities.**
- **A collection and elimination plan is developed at the beginning of each year by each district and implemented throughout the year to carry out the collection and elimination of waste from all health facilities organized in networks around incineration sites.**

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)

Yes, the country has an injection safety policy based on the systematic use of AD syringes for injections, safety boxes for collecting used AD syringes and incineration as a method for destroying sharps waste.
The main problems concern malfunctions, incinerator breakdowns, inadequate and outdated equipment of the personnel responsible for incineration at the sites.

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

Not applicable

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

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

Table 9: Expenditure for 2009 activities

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

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

Table 10: Planned activities and budget for 2010

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

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

Background to the 2010 HSS monitoring section

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

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

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

5.1 *Information relating to this report*

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

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

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

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

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

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

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

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

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

5.1.8 Health Sector Coordinating Committee (HSCC)

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

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

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

Table 11: Receipt and expenditure of HSS funds

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

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

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

5.3 *Report on HSS activities in 2009 reporting year*

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

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

Table 12: HSS activities in the 2009 reporting year

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

5.4 *Support functions*

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

5.4.1 Management

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

5.4.2 Monitoring and Evaluation (M&E)

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

5.4.3 Technical Support

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

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

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

Table 13: Planned HSS Activities for 2010

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

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

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

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

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

5.5.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

5.6 *Management of HSS funds*

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

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

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

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

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

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

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

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

5.8 *General overview of targets achieved*

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

Table 15: Indicators listed in original application approved

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

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

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

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

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

Table 16: Trend of values achieved

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

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

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

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

Table 17: Sources of HSS funds in a pooled mechanism

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

6. Strengthened Involvement of Civil Society Organisations (CSOs)

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

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

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

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

ICC	Inter-Agency Coordinating Committee for Immunization
HSCC	Health Sector Coordinating Committee
IRC	Independent Review Committee
MSU	Management Support Unit
SSC	Support Steering Committee
CRISTO	Centre de Recherche et d'Ingénierie Sociales du Togo [Togo Social Research and Engineering Center]
TWG	Technical Working Group
FONGTO	Fédération des Organisations Non Gouvernementales au Togo [National Federation of Non-Governmental Organizations in Togo]
WHO	World Health Organization
NGO	Non-Governmental Organization
UN	United Nations
CSO	Civil Society Organization
EPI	Expanded Program on Immunization
LDC	Least Developed Country
PNDS	Plan National de Développement Sanitaire [National Health Development Plan]
UNDP	United Nations Development Program
cMYP	Complete Multi-Year Plan
GNI	Gross National Income
HSS	Health System Strengthening
TOR	Terms of Reference
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UONGTO	Union des Organisations Non Gouvernementales du Togo [Union of NGOs of Togo]

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N**°...**4A**.....).

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

Togo, through the Health Sector Coordinating Committee (HSCC), solicited the support of GAVI Alliance to strengthen the participation of Civil Society Organizations (CSOs) in immunization, children's health, and health system strengthening activities.

The first phase for implementing this support consisted in taking inventory of the most active CSOs in the area of immunization, mothers' and children's health, and health system strengthening.

METHODOLOGY OF THE MISSION

Taking inventory occurred following the activities below:

- Methodological workshops;
- Pre-testing of data collection tools;
- Searching for CSOs;
- Data collection;
- Processing and analyzing data and drawing up the provisional report;
- Validating the provisional report;
- Finalizing and sending the report

Methodological workshops

The methodological workshops allowed the team responsible for the inventory mission to gather, first of all, the information necessary for a draft version of data collection and analysis tools. The second methodological workshop consisted in amending and adopting the data collection and analysis tools.

Pre-testing of data collection tools

The pre-test of the tools was carried out with seven (7) CSOs (off study). This process allowed for comprehension of the questionnaire's content to be assessed and to verify the questionnaire's consistency, comprehensiveness, and how long it takes to administer it.

Searching for CSOs and data collection

Searching for CSOs

Searching for CSOs active in immunization, maternal and children's health, and health system strengthening activities was done at two levels:

(i) The first level consisted in analyzing the databases of the Ministry of Health's technical directorates and their divisions, the directories of umbrella organizations and networks of NGOs/Associations and finally the directories of technical and financial partners operating in the field of health.

(ii) The second search took place on site with the listed organizations and heads of health districts.

Data collection

Data collection took place from April 6th to May 13th (see calendar in the annex).

Data collection was done systematically with the 59 CSOs that were located.

Tabulation, processing and analysis of data and drafting of the provisional report

At this stage, we proceeded to verifying the comprehensiveness and the consistency of the questionnaires administered.

The analysis of data was above all qualitative and consisted in establishing the different logics on the basis of techniques of content analysis and structural analysis. The results of these analyses served as a framework for writing the provisional report. The amendments added in the course of this workshop allowed the final report to be drafted.

Validation of the inventory report

At the end of the data collection and the drafting of the provisional report, the support steering committee carried out a pre-validation.

Afterwards, the report was validated during a national workshop that included the participation of executives of the Ministry of Health and of representatives of the NGOs/Associations from all five of the country's regions.

Expected results

At the end of the mission the following results are expected:

- A reliable list of active CSOs or ones that contribute to activities related to immunization, children's health and the strengthening of the health system is drawn up;
- The abilities and skills of different CSOs are assessed;
- The CSOs that are to contribute to the cMYP are identified;
- The mechanism to encourage the CSOs to pool information together is formulated.

The mission's timeline

The inventory activities will take place in precisely two months from the second to the third month of the implementation of support. The inventory timeline is shown in **Annex of the inventory report**.

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.

No major difficulty was observed in the process of taking inventory of the CSOs.

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. (**document 4B : nomination report)** 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).

Steps of the nomination process

The nomination process for representatives of the CSOs to HSCC-Togo was a participative, transparent process open to all CSOs. This process followed the following steps:

- Setting up a representatives selection commission;
- Drawing up selection criteria and conditions;
- Launching a call for expressions of interest through the press;
- Receiving and going through applications;
- Evaluation of applications and selection of representatives;
- drafting the selection report putting forward to the President of HSCC-Togo the representatives of the CSOs that are to be nominated.

Selection Commission

In the framework of this process, a multi-sectoral selection commission was set up. This commission is made up of:

- The President of the Board of Directors of FONGTO;
- The Assistant of the Executive Director of UONGTO;
- The GAVI HSS Focal Point at the Ministry of Health;
- The Technical Advisor of the Ministry of Health;
- The WHO Advisor for Health System Planning and Management;
- The EPI Program Administrator at UNICEF;
- And the Coordinator of the Project Management Unit.

This commission's mission was to conduct the selection and nomination process of representatives of CSOs to HSCC-Togo in particular, developing the selection criteria, launching the call for candidates, evaluating the applications and putting forward the candidates for nomination by the President of the HSCC.

Launching the call for expressions of interest

A call for expressions of interest was published in the national daily newspaper "Togo Presse." (See report annexes). Publishing this had as its objective to inform all of the players concerned and the public at large on the nomination process for CSO representatives to the HSCC and on the criteria and conditions for participation.

Results of the evaluation of applications

Following the call for expressions of interest, six (6) applications were received and registered. The evaluation of applications was done in two stages following the evaluation grid validated by the selection commission.
The first stage consisted in going through and evaluating the applications according to the eligibility criteria. Following this first stage, two (2) applications out of the six (6) were judged to be ineligible since they had come from CSOs that had not been retained during the inventory stage. The second stage relates to the evaluation of the technical rating for the four (4) applications deemed to be eligible. To this end, an evaluation session was organized on Friday, October 23, 2009 at 10:00 at the headquarters of UONGTO. With a view to making this session more practical, the curricula vitae and diplomas of candidates were sent in advance to the members of the selection commission for an in-depth analysis. This allowed for focusing the evaluation session on verifying the technical grading done by each evaluator and on calculating the arithmetic mean going by the total amounts allocated to each candidate.

Out of the four (4) applications that had been deemed eligible, the following two (2) candidates obtained the highest point scores. The scores obtained are, in addition, above the required minimum of 60 points.
In order of merit, they are:

1st: Dr. Komivi Mawusi Aho, Executive Director and Medical Coordinator of the Centre de Réflexion et d'Initiatives pour la Promotion de la Santé (CRIPS) [Center of Reflection and Initiatives for the Promotion of Health];

2nd: Mr. Komi Agbeko Tsolenyanu, Executive Director of the Association pour la Santé de la Mère, du Nouveau-Né et de l'Enfant (ASMENE) [Association for the Health of Mothers, Newborns and Children].

On the basis of these results, the selection commission put forward:

- **Dr Komivi Mawusi Aho** for the nomination to the HSCC in the capacity of CSO representative regarding immunization, children's health, and heath system strengthening
- **and Mr. Komi Agbeko Tsolenyanu as alternate**.

The selection criteria that were defined.

- **Drafting evaluation criteria of applications**

With a view to guaranteeing the objectivity of the evaluation of applications, an evaluation grid was drafted and validated. This grid includes six (6) minimum conditions and four (4) main criteria for the technical grading taking into account:

- Basic education,
- Work experience regarding the management of health projects/programs,
- Work experience in the field of maternal and children's health, immunization, and health system strengthening,
- And finally, work experience in the field of coordination/management of a multidisciplinary and/or multicultural team.

The total score for the technical grading is 100 points and the required minimum is set at 60 points.

Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target.

-initial number of CSOs represented in the HSCC: 6
-current number: 7
-final target: 11

Please state how often CSO representatives attend meetings (% meetings attended).

The CSO representatives participate in all HSCC meetings with the exception of rare absences of some representatives for certain meetings.

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.

The Terms of Reference for the CSOs in the HSCC has not been defined and no directive has been enacted to this end. However, the CSO representatives within the HSCC participate in the debates and contribute to the recognition of CSOs in the development of policies and programs regarding health. Thus, information sharing meetings were organized at the initiative of these representatives. Having recourse to the internet also allows useful information to be disseminated to the CSOs.	

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.

The Ministry of Health has involved the CSOs more in the development of policies and programs, as well as their implementation. This is the due to, among other things, their participation in national coordination mechanisms (CCM, HSCC). *The head of HSS-GAVI serves as a liaison with the CSOs within the Ministry. He played an important part in the implementation of type A support to the CSOs. Among other things, it was about facilitating the understanding of the form, the organization of the validation meeting proposing type A support by the HSCC, and facilitation during the inventory phase.* *Generally speaking, collaboration between Togolese CSOs is poor. This is explained by the national context of Togo marked by the rarity of financial resources, poor coordination of the CSOs, the lack or inadequacy of initiatives such as those of GAVI-Alliance, and the Global Fund to Fight HIV/AIDS, tuberculosis, and malaria, to encourage the building of strategic alliances.* *Thus, with the type A support, the main players in the field are known; the report's conclusion encourages the implementation of a mechanism for sharing information between the players. This database has contributed to improving the collaboration between the CSOs through, for the moment, a better transfer of information.*	

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$.....**23, 270**.....
Remaining funds (carried over) from 2008: US$.....**0**.....
Balance to be carried over to 2010: US$.....**55.98**.....

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]
NOT APPLICABLE

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

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

6.2.1 Programme implementation

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

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

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

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

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

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

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

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

Table 18: Outcomes of CSOs activities

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

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

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

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

6.2.2 Receipt and expenditure of CSO Type B funds

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

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

6.2.3 Management of GAVI CSO Type B funds

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

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

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

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

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

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

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

6.2.5 Monitoring and Evaluation

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

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

Table 20: Progress of CSOs project implementation

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

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

7. Checklist

Table 21: Checklist of a completed APR form

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

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

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

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

The implementation of the third year of the 2007-2011 multi-year plan of the Expanded Program on Immunization, was mainly marked in 2009 by the organization of four rounds of polio NIDs, the evaluation of the introduction of the pentavalent in routine immunization, and the implementation of the RED approach in the six regions of the country with the technical and financial support of the partners (GAVI, WHO, UNICEF and Rotary) and the COGES.
It should be noted that there was an improvement of indicators with regard to 2008. Thus, vaccine coverage against measles went from 77% in 2008 to 84% in 2009. Regarding DTP-HepB-Hib, the coverage remained stable at 89%, yet more than 6000 additional children were immunized.
The submission process for the support of health system strengthening (HSS) was pursued in 2009 with an approval with conditions.

Togo began the process of involving Civil Society organizations in the improvement of vaccine coverage. This process resulted in receiving a special award, the "Award for the Best Civil Society Organization and its involvement in immunization activities" awarded in Togo by GAVI during the 4th Partners Forum which took place in Hanoi (Vietnam) in November 2009.

However, the support conditions for immunization services as regards rewards deserve to be reviewed. Indeed, for vaccine coverage above 85%-88%, the effort to immunize an additional child requires enormous resources.
The ICC suggests that above a certain vaccine coverage (88%), the support to immunization services should include a fixed share defined according to the demographic size of a country and one share linked to the progress made with regard to the number of additional children immunized.

Once again, the ICC is pleased with the results obtained and thus would like to congratulate the GAVI Alliance, all of the partners and the Government for the multifaceted support, and the fruitful and effective collaboration that resulted in a significant improvement of the quality of the immunization program in Togo.

~ End ~

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

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

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

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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