Annual Progress Report 2008

Submitted by

The Government of

REPUBLIC OF ARMENIA

Reporting on year: __2008__

Requesting for support year: _2010/2011_

Date of submission: __15 MAY 2009_________

Deadline for submission: 15 May 2009

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

and 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.

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

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

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

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

Ministry of Health:

Title: Minister of Health, Chair of ICC

Signature: ..../H. Kushkyan/

Date: ……………………………………

Ministry of Finance:

Title: Deputy Minister of Finance

Signature: ..../P. Safaryan/

Date: ……………………………………

This report has been compiled by:

Full name: ....Sahakyan Gayane...

Position: ....Manager of the National Immunization Program.................................

Telephone: ....(37410)650553..

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ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organisation	Signature	Date
H. Kushkyan / Minister, Chair of ICC	Ministry of Health		
H.Darbinyan / Deputy Minister	Ministry of Health		
A Manukyan / Deputy Minister	Ministry of Health		
P. Safaryan / Deputy Minister	Mnistry of Finance		
S. Barseghyan / Deputy Minister	Ministry of Territorial Management and Substructures Coordination		
F. Berikyan / Deputy Minister	Ministry of Labour and Social Affaires		
L. Rukhkyan / Deputy Minister	Ministry of Agriculture		
B. Yesayan / Deputy Minister	Ministry of Education and Sciense		
R. Harutyunyan / Deputy Head	National Security Service		
S. Avdalyan / Chief of Hygiene and Anti-Epidemic Service	Ministry of Defence		
V. Gabrielyan / Deputy Head	National Rescue Service of Ministry of Teritorial Managment		
A. Shaboyan / Deputy Head	Committee of State Incomes of the Government		
H. Hunanyan / Deputy Head	National Police		
G. Gevorgyan / Member of State Statistic Comitte	National Statistic Service		
A. Vanyan / Chief of State Hygienic and Anti-Epidemic Inspectorate	Minstry of Health		
V. Poghosyan /Head of Health Care Departement	Minstry of Health		
G. Sahakyan / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and Anti-Epidemic Inspectorate		
E. Danielyan / Head of WHO Country office	WHO Country Office		
L. Hovakimyan / Manager of Health and Nutrition programmes	UNICEF		
R. Gyurjyan / Executive Manager	VRF		
S. Hayrapetyan / Representative of WB	World Bank/ Yerevan		
R. Jamalyan / Program Managment Specialist	USAID /Armenia		

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n Yes

Section 1.1.3 As discussed during the meeting, please do not forget to provide the requested additional documentation on auditing, if available. If not available, they should provide information on planned actions. –***Accepted***

Section 1.2.3 What is understood that ARM did not receive the $100.000 vaccine introduction grant yet? Please confirm- ***Accepted***

Section 1.2.4 You may wish to refer to current cMYP, which already includes the mentioned recommendations as activities to strengthen the National Immunization Programme - ***Accepted***

Table 1.2 This table is only for vaccines that are supported by GAVI, not for all NIP vaccines. Therefore only provide information on Hib containing combined vaccine- ***Accepted***

Section 1.3.1 Please indicate that provided support is part of NVS not INS. Normally answer should be No to this question. ***Accepted***

Section 1.3.2 Please indicate if available funding is enough to maintain injection safety function of the NIP. This section questions if injection safety is sustained or not, after GAVI INS support provided during phase 1. ***Accepted***

As understood there is not a proper waste disposal. Is there a national policy on safe disposal of waste? I guess there is not. It could be mentioned as problem. ***Accepted***

Section 2. Figures should reflect the full cost of new vaccines. Please refer to cMYP attached to new vaccine application. ***Accepted***

Section 3 Please indicate clearly the source of data presented in Table B. And make reference to the data presented in JRF and application form ***Accepted***.

Section 4.1 Make an astrix and refer in 4.6 to explanations in the proposal section 2.2 on "overview of national strategy plan" ***Accepted***.
There should be a name here – choose a MoH person who is the main HSS person when it comes to GAVI HSS ***Accepted***.

HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

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

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

Name/Title	Agency/Organisation	Signature	Date

<u>*Comments from partners*</u>*:*
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

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

Name: ……………………………………………………………………………………

Post: ……………………………………………………………………………………

Organisation:.…………………………………………………………………………...

Date: ……………………………………………………………………………………

Signature: ……………………………………………………………………………………

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

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

Name: ……………………………………………………………………………………

Post: ……………………………………………………………………………………

Organisation:.…………………………………………………………………………...

Date: ……………………………………………………………………………………

Signature: ……………………………………………………………………………………

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

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

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI*)***New vaccine introduction Application form -2008***

Number		**Achievements as per JRF**	**Targets**						
		2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Births		41 238	39,318	39,515					
Infants' deaths		444	900	865					
Surviving infants		37,120	38,223	38,453					
Pregnant women		44 440	50,859	51,114					
Target population vaccinated with BCG		36,383	37,949	38,532					
BCG coverage*		98%	97%	98%					
Target population vaccinated with OPV3		33 ,802	36,775	37,745					
OPV3 coverage**		91%	94%	96%					
Target population vaccinated with DTP (DTP3)***		32,882	36,384	37,352					
DTP3 coverage**		89%	93%	95%					
Target population vaccinated with DTP (DTP1)***		38,928	39,122	39,318					
Wastage[1] rate in base-year and planned thereafter		19%	7%	5%					
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of Hib………..			35,210	37,352					
…………. Coverage**			90%	95%					
Target population vaccinated with **1st dose** of Hib……..			39,122	39,318					
Wastage[1] rate in base-year and planned thereafter			10%	5%					
Target population vaccinated with **1st dose** of Measles		33,206	39,122	39,318					
Target population vaccinated with **2nd dose** of Measles		29, 194	39,122	36,383					
Measles coverage**		94%	93%	94%					
Pregnant women vaccinated with TT+		NA	NA	NA					
TT+ coverage****									
Vit A supplement	Mothers (<6 weeks from delivery)	NA	NA	NA					
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		8%	7%	5%					
Annual Measles Drop out rate (for countries applying for YF)		NA							

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

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

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	41 238	41 250	41 280	41 300	41 320	41 340	41 360	41 380
Infants' deaths	444	440	435	430	425	420	418	416
Surviving infants	37,120	38,223	38,453	38 500	38 530	38 550	38 585	38 700
Pregnant women	44 440	50,859	51,114	51 200	51 300	51 350	51 400	51 450
Target population vaccinated with BCG	36,383	37 436	37 485	37 534	37 583	37 986	38 001	38 016
BCG coverage*	98%	98%	98%	98%	98%	99%	99%	99%
Target population vaccinated with OPV3	33 ,802	35 908	36 338	36 768	37 200	37 219	37 617	37 632
OPV3 coverage**	91%	94%	95%	96%	97%	97%	98%	98%
Target population vaccinated with DTP (DTP3)***	32,882	35 144	35 955	36 385	36 816	37 219	37 617	37 632
DTP3 coverage**	89%	92%	94%	95%	96%	97%	98%	98%
Target population vaccinated with DTP (DTP1)***	38,928	20800						
Wastage[2] rate in base-year and planned thereafter	19%	10%	7%	7%	5%	5%	5%	5%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3rd **dose** of HIB		19 140 /July 2009/	37 352	37 383	37 882	37 997	38 102	38 558
………… Coverage**		90%	95%	95%	96%	96%	96%	97%
Target population vaccinated with 1st **dose** of HIB..		20 800	39 318	39 350	39 460	39 580	39 690	39 750
Wastage[1] rate in base-year and planned thereafter		10%	10%	8%	8%	7%	7%	7%
Target population vaccinated with 1st **dose** of Measles	34 893	36 290	36 720	37 151	37 200	37 603	37 617	37 632
Target population vaccinated with 2nd **dose** of Measles	29, 194	34 368	35 263	36 205	36 084	36265	36 157	36 378
Measles coverage**	94%	95%	96%	97%	97%	98%	98%	98%
Pregnant women vaccinated with TT+	NA							
TT+ coverage****								
Vit A supplement — NA								
Vit A supplement								
Annual DTP Drop out rate [(DTP1 - DTP3)/DTP1] x100	7%	6%	5%	5%	4%	4%	3%	3%
Annual Measles Drop out rate (for countries applying for YF)	NA							

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

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

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Yes. At the end of 2006 (December 18, 2007) ICC discussed the proposal of NIP budget for 2008, which was calculated using funds received for ISS. ICC approved budget expenditures proposal for 2008 and recommended to submit this proposal for adoption by the Minister of Finance.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

National Immunzation Programme Manager develops the Annual Budget for the upcoming year and distributes to ICC members. An official ICC meeting discusses proposed Annual Budget. After the approval of ICC already endorsed by the Ministry of Health the Annual Budget is being submitted to the Ministry of Finance for the final approval. Funds are alowed to use only after the cofirmation by the Minister of Finance. In order to implement the Approved Budget, EPI Manager prepares a bid that is submitted to the Financial Department of the Ministry of Health. The Financial Department on the basis of bid prepare a separate form (if requested sum exceeds one million AMD) that is submitted to an independent agency entitled as State Procurement Agency. The last announces a tender, collects the bids and defines the winner of the tender. Duration of the tender from the day of announcement up to the date of decision making on the winner of the tender lasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance. Further, on a quarterly basis, the Ministry of Health reports to the Ministry of Financeon ICC used funds during the quarter and requaires approval for the next quarter. During the ICC meetings NIP Manager reports to ICC members about Immunization activities implemented during the previous quarter and also upcoming activitis.

1.1.2 Use of Immunization Services Support

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

Funds received during 2008 _______**NA**_________
Remaining funds (carry over) from 2007 __33 125 300 AMD (**108 607 US$,** 1US$=305AMD, January 1, 2009)_
Balance to be carried over to 2009 _19 314 100 AMD (**63 325 US$,** 1US$=305AMD)_______________

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	25539.3	1400	4800	19339.3	
Maintenance and overheads					
Training	8388.2	0	1700	6688.2	
IEC / social mobilization	6196.7	1000	2500	2696.7	
Outreach					
Supervision					
Monitoring and evaluation	2210.5	0	500	1710.5	
Epidemiological surveillance					
Vehicles					
Cold chain equipment	2947.9	0	0	2947.9	
Other …………. *(specify)*					
Total:	45282.6	2400	9500	33382.6	
Remaining funds for next year:	63325				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? ___2______

Please attach the minutes (DOCUMENT N°1) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **YES**
if yes, which ones?

List CSO member organisations
Rostropovich-Vishnevskaya Foundation NGO

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

During 2008 following major activities were implemented:
1. Three days training course on WHO training course "Immunization in Practice" was conducted . Totally 1741 paediatricians and epidemiologists engaged in Immunization have been trained and received Certificate. This activity was conducted jointly with UNICEF and WHO using UNICEF, WHO and GAVI ISS funds.
2. Monitoring of Immunization activities was conducted: during visits epidemiologists and pediatricians support HW engaged in immunization to implement their responsibilities in line with WHO recommendations.
3.Polio supplementary Immunization campaign and Measles- Rubella supplementary Immunization among child bearing women were conducted. During 10 days (in 2 stages: September-October) 290 793 doses of polio vaccine were administered children of age group 0- 5 years. All HF's were provided with fuel and uninterrupted communication for coordination and transmission of necessary data .
4. Advocacy and Social mobilization were conducted: three TV programs were developed and broadcasted about the importance and necessity of vaccination for prevention infectious diseases. including poliomyelitis.
4. Cold chain was upgraded. 9 health facilities were provided with new refrigerators.

Attachments:

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

a) Signed minutes (DOCUMENT N° 1) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred. Until now no external audit was conducted. No information is available regarding planned audits.
c) Detailed Financial Statement of funds (DOCUMENT N°3) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

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

Not applicable.

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

YES [ ] *NO* [√]

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Plan of action to improve the reporting system is included in cMYP. In 2008 new reporting forms on Immunization were introduced into National Reporting system. Therefore, continuous training and monitoring were planed and implemented in 2008.

<u>Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC</u>. *[mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted: *During 2008 studies were not conducted.* *List challenges in collecting and reporting administrative data:* *Immunization forms are introduced into national reporting system recently, therefore still reports come with some errors.*

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

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

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

[List new and under-used vaccine introduced in 2008]

Not applicable.

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

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Hep B	**single dose**	**82 300 (two shipments)**	**1999**	**17 April, 2008**
				06 June, 2008

Please report on any problems encountered.

[List problems encountered]

No problems to report.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Conduct trainings for Health workers giving more attention to medical staff in child care hospitals and maternity hospitals in order to raise awereness about cotraindications, Adverse Events folowing Imunization and Standard Immunization practices operating in Armenia.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received in ***January , 2009***.

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

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

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

Last Effective Vaccine Store Management was conducted in November, 2008 . Report is attached (Document N2).

Recommendations for the indicator "Pre-shipment and arrival"

As the graph on indicator shows, there are clear improvements from the previous assessment. Some minor recommendations however will help strengthening this indicator and reduces the risks of vaccine shipments at the moment it arrives in country:

1. VAR form represents a monitoring tool of the vaccine quality at the moment the international shipment arrives in central store. Therefore VAR form has to be accurately filled EACH TIME a vaccine shipment arrives regardless it is required or not from the procurement/financing agency.

2. When completing the VAR form, each section need to be filled with accurate information since all questions describe the process of international shipment and help to assess the quality of the vaccine through all steps from the manufacturer till the country central store. Therefore, any problem identified regarding the international shipment need to be accurately documented in the corresponding VAR form and then immediately followed with the vaccine procuring agency.

3. VAR form has to include a copy of the tracing temperature from the continuous temperature monitoring device when this device accompanies the vaccine shipment.

4. Starting from the positive experience the Understanding Letter (or Memorandum) needs to be extended in order to ensure that each international vaccine shipment, at the moment it arrives inside the country, always is transported immediately to the cold store regardless to any problem liked with the relative documents corresponding to the shipment.

Recommendations for the indicator "Temperature monitoring"

The following recommendations refer to what was given during the previous assessment. Therefore strong support is needed from NCDC administration and donors for EPI staff to address direct link activities with the corresponding recommendations:

1. After installing, PC-based temperature monitoring system to be tested in order to ensure the maximum reliability and accuracy. Following the instalment of PC based system following activities need to be strengthen/introduced:

a. Internal reviews of continuous temperature records done on monthly bases with all cold store staff;

b. Contingency plan need to be modified based on the available information provided from PC based temperature monitoring system.

c. Continuous temperature records need to be checked against the manual temperature sheets and both sheets need to be stored for at least a three year period.

Recommendations for the indicator "Cold store capacity"

The level of implementation for this indicator has been evaluated as excellent.

The only recommendation for the EPI staff is to get the necessary skills to apply in their routine the volume calculation formula. It would help the EPI manager and Store manager when preparing the 6-months vaccine forecast and/or assessing the available storage room in case of national vaccination campaigns.

Recommendations for the indicator “ Building, equipment and vehicles”

Although this indicator has reached a good score (87%) there are some clear recommendations that help to improve further the vaccine primary store:

1. Although not depending on the EPI staff, need to be done the physical rehabilitation of the other rooms, within the Central Store. All rooms need to be provided with fire extinguishers and their number has to be sufficient to the number of rooms.

2. A sufficient lay out area, for ensuring icepacks conditioning; need to be created close to the other cold chain equipments (where frozen ice packs are stored).

3. The store manager office needs to be provided with essential communication links, although from the inspection process they don’t seem to impact her daily operating routine. The distance of store manager with primary store doesn’t allow a continuous supervision of cold chain equipments. This could be improved if within the cold room, there could be established a small office where relevant documents could be stored and staff of primary store could stay/work there.

4. PC alarm system (which allows continuous temperature monitoring for all cold chain equipments) needs to be installed and tested in order to ensure a proper performance in case of failure of cold chain equipment. The PC based system need to be connected with all equipments which store any type of vaccine and in the same time should generate automatic alarm through a phone line to the appropriate staff that could intervene immediately to take corrective actions.
A stand-by generator (automatic), which already has been purchased need to be installed and linked only with vaccine store equipments. The fuel tank needs to be big enough to ensure enough time of independence. Additionally, sufficient funds need to be allocating in order to replace fuel and ensure effective periodic maintenance.

Recommendations for the indicator “Effective maintenance”

As the graph concerning the effective maintenance shows, this indicator needs significant effort and commitment from the Ministry of Health and the administration of the institution (NCDC) in order to get a certification score (at least 80%). The following recommendations summarize our findings:

1. A building maintenance plan should be developed which need to be itemized by different activities (like maintenance, repairing, replacement etc). This process will not only produce a more realistic budget, but will introduce technical protocols for different group of items (building, consumables, electric equipments, vehicles etc). Allocation of specific budget for each line will improve the overall performance.

2. Preventive maintenance protocols need to be developed and followed by qualified technicians.

Recommendations for the indicator “Stock management”

As the graph concerning stock management shows, there is still room for improvement in order to reach the certification level for this indicator. The following recommendations are meant to help in getting this achievement:

1. Stock management system (introduced last year) should become official. It, however, need to be

added with some additional records as vaccine/diluent manufacturer name; bin location; separate record for VVM and FW (when applicable).

2. Add the "arrival section" to the delivery form developed when the intermediate store comes and collect vaccine/diluent and consumables on quarterly bases. In both delivery and arrival section need to be added separate columns for the vaccine temperature monitoring indicators like VVM and FW.

3. As soon as the "National Sanitary Rules for medical waste disposal" are finalized, EPI staff has to develop its protocol for discarding policy in case of vaccine antigens. This policy has to comply with WHO guidelines for vaccine disposal procedures.

4. A protocol need to ensure that computer based records, as part of stock management system, are backed up regularly and systematically.

5. Safety and maximum vaccine stock levels need to be calculated for each vaccine/diluent. These levels should help deciding *when* and *how much* vaccine to forecast for the next shipment in the country. This recommendation need to be extended toward intermediate cold store level as well.

Recommendations for the indicators " Vaccines deliveries and minimizing damage"

As the graph concerning vaccines deliveries and minimizing damage shows, these two indicators are just above the certification criteria. Therefore there are only few essential recommendations which could improve the vaccine monitoring process:

1. It needs to be added the "arrival section" in the vaccine distribution form. In both sections (delivery and arrival), as part of the distribution form, to be added separate columns in order to record the status of two temperature monitoring indicators: FreezeWatch and Vaccine Vial Monitor. The receipt of "arrival section" back to primary store will allow to monitor the vaccine quality during the transportation to intermediate level.

2. Better forecast, in terms of timing and quantity of the vaccine, will prevent primary store from breaching the safety stock and running the risk of vaccine stock out.

Recommendations for the indicator " Standard operating procedures"

No scoring and graph was made for this indicator. The main issue that need to be taken into consideration and is easy to be implemented relates to revision of SOPs in order they could become some practical guidelines for each level of EPI that defines the main tasks and gives the necessary information/skills how to handle with those responsibilities.

After new/improved SOPs are developed and tested, they have to be produced in sufficient copies in order to be sent to all vaccination points throughout the country.

Recommendations for the indicator "Human and financial resources"

No scoring and graph was made for this indicator. The main issues, which need some improvements are:

1. Discussing with senior officials in NCDC with the intention to allocate some more salary funds for additional staff within EPI team: store keeper (whose tasks are currently covered by store manager making not an effective time of this technical person); and cold chain technician which could cover intermediate levels and help the primary store to monitor the quality of cold chain equipment and introduce nationwide maintenance protocols in order to improve and make longer these equipments performance.

2. Drafting of a work plan and the allocation of specific budget to activities which are normally

covered by donors such as EPI staff training
Maintain the current motivation amongst EPI staff. Professional opportunities keep high motivation for the staff like participation in training activities. It would be working out in the same direction by roving their working conditions.

Was an action plan prepared following the EVSM/VMA?

No

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

Although there is no special plan addressed to implementation of the recommendations, MoH addresses these recommendations by implementation of routine activities which are included in cMYP.

When will the next EVSM/VMA* be conducted? *[expected in 2010]*

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

Table 1.2

Vaccine 1: DPT-HepB-HIB	
Anticipated stock on 1 January 2010	**5000doses**
Vaccine 2:	
Anticipated stock on 1 January 2010	
Vaccine 3:	
Anticipated stock on 1 January 2010	
Vaccine 4:	
Anticipated stock on 1 January 2010	
Vaccine 5:	
Anticipated stock on 1 January 2010	
Vaccine 6:	
Anticipated stock on 1 January 2010	

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies**? NO. Provided support is a part of NVS.**

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD syringes (0.5)	**87 400**	**02 June, 2008**
Safety Boxes	**975**	**02 June, 2008**

Please report on any problems encountered.

[List problems]

No problems.

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

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

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

National Immunization Program has a separate budget line for procurement of injection safety supplies. Available funding is enough to maintain injection safety.

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Current method of disposal is burning of sharp waste collected in Safety Boxes. There is no difference in disposal of sharp waste between urban and rural facilities.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

A national policy on safe disposal of waste is adopted in November 2008 and will come in force only in June 2009. Therefore implementation phase will be after June 2009.

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

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

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

Not applicable.

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	335 000$	390 000$	500 000$
New Vaccines	30 000$	677.064$	602.142$
Injection supplies	25 000$	75 000$	75 000$
Cold Chain equipment			
Operational costs	364 590$	367213$	413 849$
Other (please specify)			
Total EPI	754 590$	1 509 277$	1 509 991 $
Total Government Health	178 360 655$	262 295 081$	334 426 230 $

Exchange rate used	1$=305 AMD (January 1, 2009)

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

During the reporting year immunization actual expenditures and financing are more than planned. For the next year VRF /Vishnevskaya-Rostropovich Foundation/ is going to reduce or stop its contribution to immunization program. To ensure sustainability of Immunization program it is projected to cover all expenditures for procurement of vaccines and injection supplies by the Government since 2010.

Future Country Co-Financing (in US$)

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

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

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

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

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

1st vaccine:…………………………………………..		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		10.45%	12.72%	15.63%	22.68%	28.57%	30.47%
Number of vaccine doses	#	16.583	16.669	20.552	29.912	37.786	40.345
Number of AD syringes	#	16.901	16.669	20.554	29.914	37.789	40.346
Number of re-constitution syringes	#	9.203	9.251	11.406	16.601	20.971	22.391
Number of safety boxes	#	290	288	355	516	652	696
Total value to be co-financed by country	**$**	55.531	52.425	60.487	69.908	80.678	80.775

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

2nd vaccine:………………………………………….		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

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

3rd vaccine:………………………………………….		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (DTP-HepB-Hib)	NA	NA	March, 2010
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (DTP-HepB-Hib)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

Not applicable.

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

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

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

*Are there changes between table A and B? **Yes***

If there are changes, please describe the reasons and justification for those changes below:

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

Data on projected number of births for 2009-2010 in table A come from ARM New Vaccines 2008 application form and birth data in the current Annual Progress Report (table B) is based on actual number of births for 2008, which became available in 2009, when JRF for 2008 was prepared and submitted to WHO and UNICEF (source: Bureau of registration of marriages).

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

In the Joint Reporting Form are included data reported from HCFs, particularly surviving infants who are registered in primary HCFs.

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

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

Vaccine 1: ....

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

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; ......)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	37352	37383	37882	37997	38102	38558
Target immunisation coverage with the third dose	*Table B*	#	95%	95%	96%	96%	96%	97%
Number of children to be vaccinated with the first dose	*Table B*	#	39318	39350	39460	39580	39690	39750
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.11	1.11	1.11	1.11	1.11	1.11
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.35$	0.40$	0.46$	0.53$	0.61$	

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

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

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	142.079	114.393	11.941	101.989	94.473	92.073
Number of AD syringes	#	144.810	114.396	110.950	101.998	94.480	92.077
Number of re-constitution syringes	#	78.854	63.488	61.572	56.604	52.433	51.100
Number of safety boxes	#	2.483	1.975	1.915	1.760	1.631	1.589
Total value to be co-financed by GAVI	**$**	475.792	359.781	326.514	238.362	201.711	184.341

Vaccine 2: ....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

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

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

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

Vaccine 3: ....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

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

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

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

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from January (month) to December (month).

b) This HSS report covers the period from January, 2008 (month/year) to December, 2008 (month year)

c) Duration of current National Health Plan is from NA (month/year) to …………(month/year).* See explanation in section 4.6 of this report

d) Duration of the immunisation cMYP: 2007-2010

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for 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 clarifications			
Dr Gayane Sahakyan	Ministry of Health	Finalization of the report	epid@ph.am; +374 10 650305
Other partners and contacts who took part in putting this report together			
Dr Tigran Avagyan	WHO Country Office for Armenia	Technical support for preparation of the report, facilitation of provision comments by the Regional Working Group	tavagyan@who.am; +374 10 512082

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

This issue should be addressed in each section of the report, as different sections may use different sources. 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.*

g) 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?

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved		94 500	90 000	107 000					
Date the funds arrived		December, 2008	NA	NA					
Amount spent		0	NA	NA					
Balance		94 500	NA	NA					
Amount requested		94 500	90 000	107 000					

Amount spent in 2008: 0
Remaining balance from total: 94 500

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[3] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1:	**Component 1. Health Workforce Development**	**0**	**3.600**	**0**	**3.600**	As funds were received late (in December, 2008) MOH could not implement the planned activities according to the approved plan. Therefore activities planned to conduct in 2008 were moved to 2009.
Activity 1.1:	Activity 1.5. Upgrade pre-service training according to the needs identified in Activity 1.1 (e.g., public health issues and patient counselling	0	3600	0	3600	

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

	skills)					
Activity 1.2:						
Objective 2:	**Component 2. Establishment of regular and high quality integrated supportive supervision for primary and public health services**	**0**	**7.700**	**0**	**7.700**	As funds were received late (in December, 2008) MOH could not implement the planned activities according to the approved plan. Therefore activities planned to conduct in 2008 were moved to 2009.
Activity 2.1:	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	0	6000	0	6000	
Activity 2.2:	Activity 2.3. Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3rd year 50 % GAVI	0	1700	0	1700	

	funded, conditioned that in the 3rd year, the GoA provides 50% of total budget needs					
Objective 3:	**Component 3. Improving access to PHC and PH services, including immunization, in remote, mountainous, and near boarder areas**	**0**	**74.500**	**0**	**74.500**	As funds were received late (in December, 2008) MOH could not implement the planned activities according to the approved plan. Therefore activities planned to conduct in 2008 were moved to 2009.
Activity 3.1:	Activity 3.1. Establish outreach teams to deliver basic health services (maternal and child health services) in remote, mountainous, and near boarder areas) and procurement of 5 vehicles to support outreach activities in selected poor performing and remote districts	0	50000	0	50000	

Activity 3.2:	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	0	4500	0	4500	
Activity 3.3:	Activity 3.5. Procure a refrigerated-truck to be used for vaccine and supplies delivery to sub-national levels	0	20000	0	20000	
Objective 4:	**Component 4. Strengthening the surveillance systems for communicable diseases, including vaccine-preventable diseases (VPDs) and adverse events following immunization (AEFI)**	**0**	**4.500**	**0**	**4.500**	As funds were received late (in December, 2008) MOH could not implement the planned activities according to the approved plan. Therefore activities planned to conduct in 2008 were moved to 2009.
	Activity 4.3. Provide operational support (printing of reporting and case	0	4500	0	4500	

	investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems					
Support Functions		0	4200	0	4200	As funds were received late (in December, 2008) MOH could not implement the planned activities according to the approved plan. Therefore activities planned to conduct in 2008 were moved to 2009.
Management		0	3000	0	3000	
M&E		0	1200	0	1200	
Technical Support		0	0	0	0	

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	**Component 1. Health Workforce Development**	**65.150**	**3.600**	**61.550**	
Activity 1.1:	Activity1.3. Training of district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM	12800	0	12800	
Activity 1.2:	Activity 1.5. Upgrade pre-service training according to the needs identified in Activity 1.1 (e.g., public health issues and patient counselling skills)	13600	3600	9000	
Activity 1.3:	Activity 1.6. Train outreach staff during three-days trainings on maternal and child health using IMCI, Safe Motherhood, Immunization in Practice and Reach Every District, Patient Counselling skills training modules	2100	0	2100	

	Activity 1.7. Conduct one-day trainings of staff at marz and district level responsible from supplies management and delivery	8850	0	8850	
	Activity 1.8. Train marz and district level programme staff during two-days trainings responsible for surveillance using WHO's integrated surveillance training module (20 trainings)	6400	0	6400	
	Activity 1.9. Train reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers (75 trainings, each training group -12 participants)	17700	0	17700	
	Activity 1.10. Train marz and district level public health managers during one-day trainings on supportive supervision with specific emphasis to programme management and reporting (20 trainings)	4700	0	4700	
Objective 2:	**Component 2. Establishment of regular and high quality integrated supportive supervision for primary and public health services**	**11.650**	**7.700**	**3.950**	
Activity 2.1:	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected	7500	6000	1500	

	public health programmes				
Activity 2.2:	Activity 2.3. Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3rd year 50 % GAVI funded, conditioned that in the 3rd year, the GoA provides 50% of total budget needs	4150	1700	2450	
Objective 3:	**Component 3. Improving access to PHC and PH services, including immunization, in remote, mountainous, and near boarder areas**	**80.200**	**74.500**	**5.700**	
Activity 3.1:	Activity 3.1. Establish outreach teams to deliver basic health services (maternal and child health services) in remote, mountainous, and near boarder areas) and procurement of 5 vehicles to support outreach activities in selected poor performing and remote districts	50000	50000	0	
Activity 3.2:	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	10200	4500	5700	
	Activity 3.5. Procure a refrigerated-truck to be used for vaccine and supplies delivery to sub-national levels	20000	20000	0	
Objective 4:	**Component 4. Strengthening the surveillance systems for communicable diseases, including vaccine-preventable diseases (VPDs) and adverse**	**17.500**	**4.500**	**13.000**	

	events following immunization (AEFI)				
	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	17500	4500	13000	
Support costs		**10.000**	**4.200**	**5.800**	
Management costs		6500	3000	3500	
M&E support costs		3500	1200	2300	
Technical support					
TOTAL COSTS		**184.500**	**94.500**	**90.000**	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1:	**Component 1. Health Workforce Development**	**64.350**	**0**	**64.750**	
Activity 1.1:	Activity1.3. Training of district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM	12800	0	12800	
Activity 1.2:	Activity 1.6. Train outreach staff during three-days trainings on maternal and child health using IMCI, Safe Motherhood, Immunization in Practice and Reach Every District, Patient Counselling skills training modules	2100	0	2100	
Activity 1.3:	Activity 1.7. Conduct one-day trainings of staff at marz and district level responsible from supplies management and delivery	11800	0	11800	
Activity 1.4:	Activity 1.8. Train marz and district level programme staff during two-days trainings responsible for surveillance	6400	0	6400	

	using WHO's integrated surveillance training module (20 trainings)				
Activity 1.5:	Activity 1.9. Train reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers (75 trainings, each training group -12 participants)	26550	0	26550	
Activity 1.6:	Activity 1.10. Train marz and district level public health managers during one-day trainings on supportive supervision with specific emphasis to programme management and reporting (20 trainings)	4700	0	4700	
Objective 2:	**Component 2. Establishment of regular and high quality integrated supportive supervision for primary and public health services**	**2.950**	**0**	**2.950**	
Activity 2.1:	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	500	0	500	
Activity 2.2:	Activity 2.3. Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3rd year	2450	0	2450	

	50 % GAVI funded, conditioned that in the 3rd year, the GoA provides 50% of total budget needs				
Objective 3:	**Component 3. Improving access to PHC and PH services, including immunization, in remote, mountainous, and near boarder areas**	**5400**	**0**	**5400**	
Activity 3.1:	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	5400	0	5400	
Objective 4:	**Component 4. Strengthening the surveillance systems for communicable diseases, including vaccine-preventable diseases (VPDs) and adverse events following immunization (AEFI)**	**28.900**	**0**	**28.900**	
Activity 4.1:	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	28900	0	28900	
Support costs		**5.400**	**0**	**5.400**	

Management costs		3500	0	3500	
M&E support costs		1900	0	1700	
Technical support		0	0	0	
TOTAL COSTS		**107.000**	**0**	**107.000**	

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

As funds were received late (in December, 2008) MOH could not implement the planned activities according to the approved plan. Therefore activities planned to conduct in 2008 were moved to 2009. Thus, project implementation period was expanded for one year. * For explanations regarding National Health Plan please refer to ARM HSS application form section 2.2.

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

NA

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

NA

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

NA

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation non achieve
		National DTP3 coverage (%)	32 882 x 100%	37 120	MOH, NIP	86,8%	MOH, NIP	2006	95%	2010	89%	
		% of districts achieving ≥80% DTP3 coverage	48 x 100%	51	MOH, NIP	69%	MOH, NIP	2006	100%	2010	94%	
		BCG – DTP3 drop out rate at national level (%)	(98%-89%) x 100% (BCG coverage-DTP3 coverage)	98% (BCG coverage)	MOH, NIP	3.6	MOH, NIP	2006	<3%	2010	9.2%	Baseline low is due to appr of BCG and The reason of 2008 is non BCG and DT
		Under five mortality rate (per 1000)			NSS	15.8	NSS	2006	<12	2010	15.5 /2007/	
		Number of annual average PHC contact per person			MOH, SHA	2.4	MOH, SHA	2005	3	2010	2.4 /2007/	

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name: Abraham Manukyan

Title / Post: Deputy Minister

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[4]

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

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

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

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

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

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

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

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

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

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

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

5.2.1 Programme implementation

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

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

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

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

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

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

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

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

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

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

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

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

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

5.2.3 Management of funds

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

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

5.2.4 Monitoring and Evaluation

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

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

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

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

6. Checklist

Checklist of completed form: conducted

Form Requirement:	Completed	Comments
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	No	Not conducted
Reported on use of Vaccine introduction grant	No	NA
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Yes	
HSS reported on	Yes	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	No	Will be sent later

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~