GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Democratic Republic of the Congo (Kinshasa)

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/15/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2012

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2013	2015

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2011: Yes

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Democratic Republic of the Congo (Kinshasa) hereby attests 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 this Annual Progress Report (APR).

For the Government of Democratic Republic of the Congo (Kinshasa)

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Félix KABANGE NUMBI MUKWAMPA	**Name**	Mr. Patrice KITEBI KIBOL MVUL
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) 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.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr.. Félix KABANGE NUMBI MUKWAMPA/Minister of Health	Government		
Dr. Léodegal BAZIRA/Representative	OMS		
Ms. Barbara BENTEIN/Representative	UNICEF		
Ms. Connie DAVIS/Head of Health Program	USAID		
Mr. Ambroise TSHIMBALANGA/Pres.	Rotary International		
Dr. Audry MULUMBA/EVP Director	Health Ministry		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

IVD/IST center confirms that the DRC participated in the review by the RSA pairs and that the document has been examined by the pairs March 23-25, 2012 in Kinshasa and reviewed by IVD/IST center on May 4, 2012. The country has just completed an outside review of the national vaccination program and the vaccination coverage survey has been underway since April 2012. The first results are expected the end of July 2012. The revision of the cMYP will be scheduled once the results are available. No other objections for its first transmission to the GAVI Secretariat.

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), Dr. Pierre LOKADI OTETE OPETHA, Dr. Léodegal BAZIRA, Ms Barbara BENTEIN, Connie DAVIS, Dr. Hyppolite KALAMBAY , 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/Organization	Signature	Date
Dr. Pierre LOKADI OTETE OPETHA/General Secretary for Health	Government		
Dr. Léodegal BAZIRA /Representative	OMS		
Ms. Barbara BENTEIN /Representative	UNICEF		
Ms. Connie DAVIS /Head of the Health Program	USAID		
Dr. Hyppolite KALAMBAY /DEP Director	Government		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

The partners congratualate the new Government of the DRC for its commitment to pay US$1.2 million as cofinancing for the introduction of new vacines in the DRC.

Comments from the Regional Working Group:

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

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).

2.4.1. CSO report editors

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

Name/Title	Agency/Organization	Signature	Date

Ms. Liliane DIATEZULWA / Project Manager COP	Sanru		
Dr. Adrien NSIALA / Project Manager	Sanru		

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date
Dr. Pierre LOKADI OTETE OPETHA/General Secretary for Health	Government		
Dr. Hyppolite KALAMBAY /DEP Director	Government		
Ms. Barbara BENTEIN /Representative	UNICEF		

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

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	3,028,634	3,028,634	3,119,493	3,119,493	3,213,077	3,213,077	3,309,470	3,309,470	3,408,754	3,408,754
Total infants' deaths	386,151	386,151	397,735	397,735	409,667	409,667	421,957	421,957	434,616	434,616
Total surviving infants	2642483	2,642,483	2,721,758	2,721,758	2,803,410	2,803,410	2,887,513	2,887,513	2,974,138	2,974,138
Total pregnant women	3,028,634	3,028,634	3,119,493	3,119,493	3,213,077	3,213,077	3,309,470	3,309,470	3,408,754	3,408,754
Number of infants vaccinated (to be vaccinated) with BCG	2,725,770	2,340,483	2,869,933	2,869,933	2,988,162	2,988,162	3,143,996	3,143,996	3,238,316	3,238,316
BCG coverage	90 %	77 %	92 %	92 %	93 %	93 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	2,246,110	2,262,152	2,367,929	2,449,582	2,495,035	2,495,035	2,598,761	2,598,761	2,676,724	2,676,724
OPV3 coverage	85 %	86 %	87 %	90 %	89 %	89 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	2,378,235	2,586,240	2,504,017	2,504,017	2,607,171	2,607,171	2,743,137	2,743,137	2,825,431	2,825,431
Number of infants vaccinated (to be vaccinated) with DTP3	2,246,110	2,371,406	2,367,929	2,449,582	2,495,035	2,495,035	2,598,761	2,598,761	2,676,724	2,676,724
DTP3 coverage	93 %	90 %	81 %	90 %	89 %	89 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	4	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.04	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	2,378,235	2,586,240	2,504,017	2,504,017	2,607,171	2,607,171	2,743,137	2,743,137	2,825,431	2,825,431
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	2,246,110	2,371,406	2,367,929	2,449,582	2,495,035	2,495,035	2,598,761	2,598,761	2,676,724	2,676,724
DTP-HepB-Hib coverage	85 %	90 %	87 %	90 %	89 %	89 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	4	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.04	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	2,378,235	1,667,624	2,313,494	2,367,929	2,467,001	2,467,001	2,598,761	2,598,761	2,676,724	2,676,724
Yellow Fever coverage	80 %	63 %	85 %	87 %	88 %	88 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	20	13	20	20	20	18	20	18	15	15
Wastage[1] factor in base-year and planned thereafter	1.25	1.15	1.25	1.25	1.25	1.22	1.25	1.22	1.18	1.18

Maximum wastage rate value for Yellow Fever, 5 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	1,373,873	473,967	2,041,318	2,041,318	2,607,171	2,607,171	2,743,137	2,743,137	2,825,431	2,825,431
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	1,373,873	232,735	1,769,142	816,527	2,495,035	2,495,035	2,598,761	2,598,761	2,676,724	2,676,724
Pneumococcal (PCV13) coverage	52 %	9 %	65 %	30 %	89 %	89 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	3	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.03	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	2,113,986	2,243,746	2,313,494	2,367,929	2,467,001	2,467,001	2,598,761	2,598,761	2,676,724	2,676,724
Measles coverage	80 %	85 %	85 %	87 %	88 %	88 %	90 %	90 %	90 %	90 %
Pregnant women vaccinated with TT+	2,422,907	2,547,180	2,651,569	2,713,959	2,827,508	2,827,508	2,978,523	2,978,523	3,067,878	3,067,878
TT+ coverage	80 %	84 %	85 %	87 %	88 %	88 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	13,802,683	14,073,855	14,216,763	14,216,763	14,643,266	14,643,266	15,082,564	15,082,564	15,535,041	15,535,041
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	8 %	5 %	2 %	4 %	4 %	5 %	5 %	5 %	5 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 – 2015 in Table 4 Baseline and Annual Targets 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 fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  At the beginning of each year, the population to be used the following year is generated by extrapolation (population from the prior year × 1.03)

- Justification for any changes in **surviving infants**

  Same as previous section

- Justification for any changes in **targets by vaccine**

  In 2011, the objectives by vaccine have not been changed.

- Justification for any changes in **wastage by vaccine**

  In 2011, the vaccine wastage objectives have not been modified.

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

- In general, vaccination coverages achieved in 2011 have remained below the coverage achieved in 2010 for all the antigens except for pentavalent vaccine and measles. This decrease in performance is explained in particular by the low availability of vaccines at all levels and injection supplies. In contrast the good performance observed for measles and pentavalent vaccine, which not had out of stock problems, is due to the organization of intensified vaccination activities in catching up with children during the SVA.
- The out of stock problems for vaccines and injection supplies explains the coverage difference between DTP3 and OPV3 and also between measles and yellow fever which are antigens given at the same time.

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

In 2011 the following obstacles were encountered:

- The unavailability of some vaccines and other inputs, especially operationally. In fact, the stock level remained under the reserve threshold throughout the year, specifically: <?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />

- 218 days for BCG
- 308 days for DTP-HepB-Hib
- 247 days for OPV
- 95 days for measles
- 320 days for yellow fever
- 54 days for tetanus

The central level was out of stock for 53 days for BCG, 36 days for pentavalent vaccine and 38 days for measles; these out of stock conditions are recorded cumulatively throughout the year. This low availability of

vaccines caused frequent out of stock conditions in the provinces, antennas, health zones and Health Areas. Added to that are central and peripheral vaccine supply difficulties

- Nonpayment of the cofinancing share for vaccine acquisition in 2009, 2010 and 2011.

- The low mobilization of internal financing for vaccine purchases and for meeting operational costs including implementing the five components of the RED approach

- The small cold chain capacity, in particular at the intermediate and operational levels, which led to the increase of the shipment frequencies.

- Insufficient involvement of the community in identifying and catching up with unvaccinated children.

- The presence of a large number of people not trained in EVP management.

To overcome these obstacles, the following actions were conducted:

- Mobilizing additional resources from the partners to provide for the shipments. The opportunities for shipments of campaign inputs were used for sending routine vaccines and inputs to the provinces.
- Mobilizing outside resources which led to the financing of the AVI in 50 health zones and systematic strengthening of the EVP in 515 health zones during the polio SVA.
- Increasing the cold chain coverage from 52% to 55% through acquisition of cold chain equipment through partner and GAVI RSS fund financing
- Advocacy at the highest level of the country in order to purchase vaccines and injection supplies by the Government and for the payment of the Cofinancing with the involvement of various partners
- Strengthening communication abilities of various mid-level managers from the provinces in order to raise the community's awareness in favor of EVP.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

5.4. Data assessments

5.4.1. 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)

During 2011 there wasn't a vaccination coverage survey. <?xml:namespace prefix = o /> The vaccination coverage survey has been underway since April and the results are expected in June 2012.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

- In November and December 2011, the central level accompanied the intermediate level in performing data quality evaluations using DQS in 23 health zones of eight provinces: Bas-Congo, Bandundu, Equateur, Katanga, Kinshasa, Province Orientale, Nord Kivu and Sud Kivu. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Seven monthly meetings for review and confirmation of the immunization data were held with feedback given to the provinces.
- Some provinces have organized at least one quarterly review (Nord Kivu: September 2011; Sud Kivu: September 11-14, 2012; Maniema: May 2011, September 2011, December 27, 2011).
- A midcourse and an annual review were held for 2011 at the central level (July 11-15, 2011 and February 9-12, 2012).

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- Training of trainers on immunization data quality evaluation with the support of IVD/ IST center in November 2011, with application in Bas Congo, Bandundu, Equateur, Katanga, Kinshasa, Province Orientals, Nord Kivu and Sud Kivu provinces.
- Vaccination data quality self-evaluation exercises were done <?xml:namespace prefix = o />
    - In November 2009 in 58 health zones having organized intensified vaccination activities
    - in 2010 in 36 health zones
    - in 2011 in 23 health zones
- Monthly monitoring meetings were organized in the health zones for analyzing the health area data and taking necessary corrective measures
- Quarterly reviews were organized in the antennas:
    - 7 of 176 antennas in 2009
    - 44 of 176 antennas in 2010
    - 46 of 176 antennas in 2011
- Twice annual reviews were organized at the coordination level:
    - 12 of 22 coordinations in 2009
    - 11 of 22 coordinations in 2010
    - 11 of 22 coordinations in 2011 for analyzing the health zone/antenna data and taking necessary corrective measures
- Each year a midcourse review and an annual review were organized centrally
- Providing full IT kits in 11 coordinations and 25 antennas in 2009
- *Data validation meetings were conducted centrally and in the provinces*

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

- Continue the organization of data review and validation meetings nationally and in the provinces <?xml:namespace prefix = o />
- Systematically apply the DQS tool in all the health zones
- Continue the organization of periodic meetings at all levels

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in

immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 920	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2011**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**USAID/PROSANI**	**Rotary International**	**BANQUE MONDIALE**
Traditional Vaccines*	1,995,437	0	0	1,995,437	0	0	0	0
New and underused Vaccines**	66,643,500	0	66,643,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,627,072	1,865,642	610,170	151,260	0	0	0	0
Cold Chain equipment	740,210	0	0	740,210	0	0	0	0
Personnel	1,623,442	1,623,442	0	0	0	0	0	0
Other routine recurrent costs	5,933,769	360,362	0	4,423,276	344,552	805,579	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	50,408,013	150,059	0	18,334,776	26,752,072	0	171,106	5,000,000
NONE		0	0	0	0	0	0	0
Total Expenditures for Immunisation	129,971,443							
Total Government Health		3,999,505	67,253,670	25,644,959	27,096,624	805,579	171,106	5,000,000

* 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 state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

There was no difference between the financing and expenditures because the $129,971,443 raised was completely spent.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

In 2011, the EVP raised $128,383,066 relative to the planned budget of $120,098,136, which is due to the funds raised for implementing a different polio response campaign. In fact, in 2011 the routine vaccination costs came to $41,488,683 for which the financing was 59%assured. The following activities were underfinanced: vaccine distribution, cold chain operation, availability of injection supplies, training and supervision.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

For 2011, the Government did not allocate funds for purchasing traditional vaccines. For 2012 and 2013: If the Government does not finance the purchase of traditional vaccines, were going to fall back on financing from traditional partners But, Advocacy is being done with members of the Government.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	3,773,878	3,881,096
New and underused Vaccines**	75,891,500	62,766,992
Injection supplies (both AD syringes and syringes other than ADs)	2,242,611	2,310,441
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	4,168,068	4,500,000
Personnel	8,897,006	10,322,595
Other routine recurrent costs	9,596,421	9,167,989
Supplemental Immunisation Activities	20,151,143	46,813,827
Total Expenditures for Immunisation	124,720,627	139,762,940

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

In the current context it is difficult to receive all the funds included in the 2012 budget. The following are the reasons:

- The funds allocated for health by the government remain low.
- For the State's portion, the budgeted funds cannot be disbursed or insufficiently disbursed.
- The EVP does not have secured financing.
- Nonpayment of the State's cofinancing puts the State in default for cofinancing.
- Some partners do not hold to their commitments.

- The following are the categories which can suffer: cold chain, new vaccines, recurring cost for systematic vaccination.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes, we are anticipating financing difficulties for 2013. To fill them, we will have to seed processes for expanding our partnership and advocating at all levels.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Planning, budgeting and coordination	Yes
Disbursing funds	Yes
Awarding procurement contracts	Yes
Internal audit	Yes
External audit	No
Arrangements involving bank accounts	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly State exactly what has been implemented

The above table, in the implementation portion, shows the progress accomplished relative to the requirements and conditions agreed to in the Aide-Memoire. The application of the recommendations is already effective in all structures of the Ministry of Public Health.

The following were done:

1. Planning, budgeting and coordination

- The Management Support Cell for the Ministry of Public Health (MSC) and the AGEFINE were set up.
- The KPMG trust company was selected.
- The budgeted annual plan was developed (Operational Action Plan 2012).

2. Disbursing funds

- A specific bank account for GAVI funds is open at RAWBANK.

3. Awarding procurement contracts

- Only the MSC has a role in awarding procurement contracts.

4. Internal audit

- At the EVP, the Internal Audit is operation. However, the most recent audits go back to October 2010.

5. External audit

- External audit: the process is in progress.

6. Arrangements involving bank accounts

- The bank account for GAVI was created according to the instructions contained in the Aide-Memoire.

If none has been implemented, briefly State below why those requirements and conditions were not met.

The internal audit was not implemented in 2011 for lack of financial resources.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **8**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and

annual targets to 5.5 Overall Expenditures and Financing for Immunisation

The following recommendations were prepared by the ICC in 2011:

Related to the improvement of the denominator and numerator:

- EVP coordination in order to improve the data completeness and correct the DVD-MT formulas from the database for the Sud Kivu province.
- With the support of the partners, continue to hold data validation meetings and provide feedback to the provinces each time.
- Update the list of Health Zones with large numbers of unvaccinated children and provide feedback to the provinces each time.
- Use the population from the 2011 EVP macro plan recalling that since 1984 no census has taken place to provide the country a reliable population number. Since the source is the EVP.
- Organize the teleconference with the coordinators in order to update the data.
- Strengthen/restart the Reach Every District strategy.
- Organize the outside review of the EVP coupled with the vaccination coverage survey in October 2011.
- Organize the MLM course according to the training plan prepared August 2011.
- Set up a mixed commission for enriching the analysis of the results
- With the support of the partners, continue to hold data validation meetings and provide feedback to the provinces each time.

Related to vaccination financing

- Improve the awareness of provinces needing to introduce new vaccines, finalize the budget and proposed timeline for the introduction
- Strengthen advocacy for acquisition of vaccines and inputs with a specific emphasis on the World Bank and disbursing of the Government's portion
- Restart the activities of the finance commission
- Advocate with the Government of the DRC for purchasing routine vaccines and inoculation equipment and payment of the cofinancing for new vaccines.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Croix Rouge de la République Démocratique du Congo (CRRDC)
Catholic Relief Sevice (CRS)
Association of Rotary Clubs of the Congo (ARCC)
Sanru
Conseil National des ONG oeuvrant dans la santé (CNOS)
Sabine Institute
Management Sciences for Health (MSH)
Maternal Child Health Integrated Program (MCHIP)

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

The main EVP objectives are:

- For the Systematic EVP
    - Reduce at least 10% the number of children not vaccinated with pentavalent 3 by the end of 2012.
    - Improve the vaccination data quality at all levels by December 2012
    - By the end of 2012, introduce pneumococcus vaccine (PCV 13) in all healthcare areas
    - Reach vaccination coverage of 92% for BCG, 87% for DTP-HepB-Hib3 and OPV3, 85% for measles, yellow fever and TT2+ and 65% for PCV 13.

However it should be noted that during the 2011 EVP annual review, the objectives for some antigens were reviewed: OPV 3: 90%; DTP-HepB-Hib3: 19%, 87% for measles, yellow fever and TT2+; 30% for PCV-13.

- For the SVA:
    - Interrupt the circulation of wild polio virus (WPV) throughout the country by the end of June 2012
    - Reduce the number of measles epidemic outbreaks in the entire country from 17 per month to less than five by the end of 2012
    - Reduce the number of health zones at high risk for MNT from 31 to 0 by the end of December 2012
- For monitoring EVP target diseases
    - Attain and sustain the polio eradication certification standards
    - Improve the indicators for measles, yellow fever and MNT monitoring and for monitoring of PBM and rotavirus gastroenteritis at sentinel sites
- For EVP communication
    - Increase demand for vaccination services
    - Reduce the proportion of children not vaccinated during the SVA to under 10% nationally
    - Strengthen the base community disease monitoring
- For program management
    - Provide program management review at all levels
    - Make the necessary resources available for implementing vaccination activities at all levels
    - Strengthen the coordination of the actions of all vaccination stakeholders
    - Provide for staff motivation

The country's priority activities are:

- Reproduce the EVP management tools, standards, strategies and directives
- Acquire fuel for operating wheeled vehicles and cold chain equipment (diesel, gasoline and kerosene)
- Send the wheeled vehicles and cold chain equipment into the provinces and health zones
- Update the tools, strategies, standards, directives and data collection and management tools

- Organize internal and external audits at all levels
- Organize monthly meetings of the technical ICC and quarterly meetings of the strategic ICC
- Provide joint supervision and all provincial coordinations and antennas with problems.
- Conduct data quality inspection missions
- Participate in single reviews of the Ministry of Health
- Hold monthly data validation meetings
- Organize internal post-PCV 13 introduction evaluations in the provinces of Bas Congo, Nord Kivu and Sud Kivu
- Provide post-PCV 13 introduction follow-up in seven provinces (Bandundu, Kasaï Occidental, Kasaï Oriental, Province Orientale, Equateur, Maniema, Katanga)

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	SAB	UNICEF
Measles	SAB	UNICEF/GOVERNMENT
TT	SAB	UNICEF/ GOVERNMENT
DTP-containing vaccine	SAB	UNICEF/GAVI/ GOVERNMENT
PCV-13	SAB	GAVI
VAA	SAB	GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

The country has a written injection policy. This policy calls for the systematic use of auto-disabling syringes, which is already in application. The construction of incinerators in all medical centers (95% of the health structures do not have incinerators).

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

The sharp wastes have been disposed by burning and burying. This practice is unfortunately not widespread in all the health zones. This requires popularization and regular tracking.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	58869	54159480
Total funds available in 2011 *(C=A+B)*	58869	54159480
Total Expenditures in 2011 *(D)*	58402	53729840
Total Expenditures in 2012 *(D)*	467	429640

6.1.1. 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.

- Before the use of the 2010 balance, a meeting of the ICC (EVP and Partners finance subcommittee) will be held in order to decide the allocation of funds according to the GAVI funds management mechanism.

- A plan for dispersing the funds has been developed and confirmed by the members of the ICC/EVP finance subcommittee.

- The VSS fonds are not included in the budget for the national health sector. The process for 2013 is underway with the new government.

6.1.2. 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

Commercial bank accounts are used. The EVP uses RAWBANK and TMB acounts. The EVP budget is prepared duringthe Internal Review and approved by the Strategic ICC. Subnationally, the funds are routed by bank channels or by transfer agents approved by the state (Central Bank). The financial statements are prepared by the EVP and submitted to the ICC both nationally and provincially for amendment and approval.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

- The balance from 2010 was of order $58,869. From this balance, $58,402 was used for purchasing fuel for the operation of the generator for the cold rooms, replacement parts for vehicles, office and logistical supplies, payment of the EVP building construction balance, etc.).

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

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

6.3. 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 original target set in the approved ISS proposal), 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, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	**2011**
				A	**B*****
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			2042176	2371406
2	Number of **additional** infants that are reported to be vaccinated with DTP3				329230
3	Calculating	$20	per additional child vaccinated with DTP3		6584600
4	**Rounded-up estimate of expected reward**				6585000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
Pneumococcal (PCV13)		5,207,500	0
Yellow Fever		2,429,600	0
DTP-HepB-Hib		7,782,500	0

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? …)

  NA

- 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 Supply Division)

  NA

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

If **Yes**, how long did the stock-out last?

The cumulative number of days out of stock of DTP-HepB-HiB vaccines was 38 days.

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

This out of stock was principally due to noncompliance by the supplier with the supply plan. This out of stock observed at the central level had repercussions at intermediate and operational levels. These out of stock situations were at the origin of irregular vaccination session organization.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV-13	
Phased introduction	Yes	04/04/2011
Nationwide introduction	No	01/06/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	- Delay in the activities preparatory to the implementation. - Process suspended for default on payment of the Cofinancing.

7.2.2. When is the Post introduction evaluation (PIE) planned? **April 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary

on the status of implementation of the recommendations following the PIE. (Document N° 20))

The post-PCV 13 introduction evaluation will be organized in two steps.

- For the four provinces (Kinshasa, Bas Congo, Nord Kivu, Sud Kivu) which have already introduced and have undergone an internal evaluation, the country proposes an external evaluation in the third quarter (September 2011).
- For the seven other provinces which have not yet introduced PCV 13, the evaluation will be organized six months after introduction.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	56699	52163080
Total funds available in 2011 (C=A+B)	56699	52163080
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	56699	52,163,080

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

- The training of provincial trainers and middle manager teams in the Health Zones in the four provinces
- Training of the service providers in the Health Zones
- Reproduction of training tools and awareness flyer
- Official launch of the introduction of new vaccine by the Ministry of Health under the official patronage of the first lady
- Internal evaluation post PCV 13 introduction in the city of Kinshasa

Please describe any problem encountered and solutions in the implementation of the planned activities

1. Delay in reproduction and distribution of the revised management tools which led to delays in PCV 13 introduction in the provinces of Nord and Sud Kivu.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

No funds carried forward to 2012 connected with the new vaccine

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,227,000	250,300
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	811,500	202,100
1st Awarded Vaccine Yellow Fever, 5 dose(s) per vial, LYOPHILISED	268,000	394,700
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	None	
Donor	None	
Other	None	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Government
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Government
1st Awarded Vaccine Yellow Fever, 5 dose(s) per vial, LYOPHILISED	March	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The country needs technical assistance for: - revision of the cMYP - advocacy with the top authorities in the country for cofinancing - preparation of a strategy for making resources available by special taxes	

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/about/governance/programme-policies/co-financing/

In March 2012, the Government, through the Ministry of Public Health, made a commitment to pay its share during the years 2012-2013 according to the payment plan review and the letter from the Ministry of Health number 1250/CAB/MIN/SP/286 of March 1, 2012. A copy of this letter is attached to this report. However, to accelerate the bank transfer process, the Ministry of Health is going to establish a mixed commission involving the Ministries of Finance and Budget among others

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Vaccine storage temperature	Install temperature recording devices	Existence of temperature recording system
Storage capacity	Increase storage capacity	Cold Chain equipment acquisition in progress
Buildings, equipment and transportation	Layout loading and unloading spaces	Rehabilitation plan prepared
Maintenance	Prepare a maintenance plan	Maintenance plan being updated
Vaccine distribution	Establish delocalized warehouses	Delocalization plan done
Stock management	Strengthen the stock management capacities	Strengthening plan for staff's capacities developed
Vaccine management	Training on doing sheake test	Same as above
Information and management system, support functions	Institute/Formalize use of DVD_MT	DVD_MT installed in all provinces
Information and management system, support functions	Prepare and distribute the management procedures	Operating procedures being distributed

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

To date there is no change in the improvement paln since the implementation of this document only started in February 2012.

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Democratic Republic of the Congo (Kinshasa) does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, 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. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **10,11**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

If 2012 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 2013 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2015

The country hereby request for an extension of GAVI support for

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccines: for the years 2013 to 2015.At the same time it commits itself to co-finance the procurement of

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2013 to 2015 which is attached to this APR (Document N°**21**). The new costing tool is also attached.(Document N°)

The country ICC has endorsed this request for extended support of

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°)

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB, 2 dose(s) per vial, LIQUID	2					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10					
HepB monoval, 1 dose(s) per vial, LIQUID	1					
HepB monoval, 2 dose(s) per vial, LIQUID	2					
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1					
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB, 2 dose(s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10	
HepB monoval, 1 dose(s) per vial, LIQUID	1	
HepB monoval, 2 dose(s) per vial, LIQUID	2	
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1	
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		
Measles	MEASLES	10.00 %						
Meningogoccal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13)	PNEUMO	5.00 %						
Rotavirus	ROTA	5.00 %						
Yellow Fever	YF		20.00 %				10.00 %	5.00 %

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,642,483	2,721,758	2,803,410	2,887,513	2,974,138	14,029,302
	Number of children to be vaccinated with the first dose	Table 4	#	2,586,240	2,504,017	2,607,171	2,743,137	2,825,431	13,265,996
	Number of children to be vaccinated with the third dose	Table 4	#	2,371,406	2,449,582	2,495,035	2,598,761	2,676,724	12,591,508
	Immunisation coverage with the third dose	Table 4	%	89.74 %	90.00 %	89.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	979,857					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010					
Your co-financing	0.10	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2012	2013	2014	2015
Number of vaccine doses	#	6,367,400	7,603,100	7,915,300	8,028,600
Number of AD syringes	#	8,338,400	8,772,100	9,253,500	9,480,700
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	92,575	97,375	102,725	105,250
Total value to be co-financed	$	16,705,000	18,706,000	17,104,500	15,858,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2012	2013	2014	2015
Number of vaccine doses	#	540,500	690,900	832,800	936,500
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	1,382,000	1,659,000	1,750,000	1,793,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*				
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*				
C	Number of doses per child	*Vaccine parameter (schedule)*				
D	Number of doses needed	*B X C*				
E	Estimated vaccine wastage factor	*Table 4*				
F	Number of doses needed including wastage	*D X E*				
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*				
H	Stock on 1 January 2012	*Table 7.11.1*				
I	Total vaccine doses needed	*F + G – H*				
J	Number of doses per vial	*Vaccine Parameter*				
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*				
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*				
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*				
N	Cost of vaccines needed	*I x vaccine price per dose (g)*				
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*				
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*				
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*				
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*				
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	Total fund needed	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*						

B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*						
C	**Number of doses per child**	*Vaccine parameter (schedule)*						
D	**Number of doses needed**	*B X C*						
E	**Estimated vaccine wastage factor**	*Table 4*						
F	**Number of doses needed including wastage**	*D X E*						
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*						
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*						
J	**Number of doses per vial**	*Vaccine Parameter*						
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*						
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*						
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*						
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*						
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*						
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*						
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*						
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*						
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*						
T	**Total fund needed**	*(N+O+P+Q+R+S)*						
U	**Total country co-financing**	*I x country co-financing per dose (cc)*						
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*						

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	**2015**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*			
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*			
C	**Number of doses per child**	*Vaccine parameter (schedule)*			
D	**Number of doses needed**	*B X C*			
E	**Estimated vaccine wastage factor**	*Table 4*			
F	**Number of doses needed including wastage**	*D X E*			
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*			
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*			
J	**Number of doses per vial**	*Vaccine Parameter*			
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*			

L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*			
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*			
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*			
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*			
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*			
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*			
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*			
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*			
T	**Total fund needed**	*(N+O+P+Q+R+S)*			
U	**Total country co-financing**	*I x country co-financing per dose (cc)*			
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*			

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,642,483	2,721,758	2,803,410	2,887,513	2,974,138	14,029,302
	Number of children to be vaccinated with the first dose	Table 4	#	473,967	2,041,318	2,607,171	2,743,137	2,825,431	10,691,024
	Number of children to be vaccinated with the third dose	Table 4	#	232,735	816,527	2,495,035	2,598,761	2,676,724	8,819,782
	Immunisation coverage with the third dose	Table 4	%	8.81 %	30.00 %	89.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.03	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	3,636,600					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.15	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2012	2013	2014	2015
Number of vaccine doses	#	3,815,400	8,187,100	8,271,900	8,477,100
Number of AD syringes	#	8,175,600	9,176,600	9,253,500	9,480,700
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	90,750	101,875	102,725	105,250
Total value to be co-financed	$	14,440,500	30,557,500	30,873,500	31,639,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

2012	2013	2014	2015

Number of vaccine doses	#	219,600	471,200	476,100	487,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	807,000	1,732,000	1,750,000	1,793,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.44 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	473,967	2,041,318	111,093	1,930,225
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	1,421,901	6,123,954	333,277	5,790,677
E	Estimated vaccine wastage factor	*Table 4*	1	1		
F	Number of doses needed including wastage	*D X E*	1,464,559	6,430,152	349,941	6,080,211
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		1,241,399	67,560	1,173,839
H	Stock on 1 January 2012	*Table 7.11.1*	3,636,600			
I	Total vaccine doses needed	*F + G – H*		4,034,951	219,590	3,815,361
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		8,175,542	0	8,175,542
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		90,749	0	90,749
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		14,122,329	768,563	13,353,766
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		380,163	0	380,163
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		527	0	527
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		706,117	38,429	667,688
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		38,069	0	38,069
T	Total fund needed	*(N+O+P+Q+R+S)*		15,247,205	806,991	14,440,214
U	Total country co-financing	*I x country co-financing per dose (cc)*		806,991		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.44 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.44 %			5.44 %		

B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	2,607,171	141,887	2,465,284	2,743,137	149,287	2,593,850
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	7,821,513	425,661	7,395,852	8,229,411	447,860	7,781,551
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	8,212,589	446,944	7,765,645	8,640,882	470,253	8,170,629
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	445,610	24,251	421,359	107,074	5,828	101,246
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	8,658,199	471,195	8,187,004	8,747,956	476,080	8,271,876
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	9,176,507	0	9,176,507	9,253,499	0	9,253,499
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	101,860	0	101,860	102,714	0	102,714
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	30,303,697	1,649,181	28,654,516	30,617,846	1,666,279	28,951,567
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	30,303,697	0	426,708	30,617,846	0	430,288
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	591	0	591	596	0	596
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,515,185	82,460	1,432,725	1,530,893	83,314	1,447,579
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	42,730	0	42,730	43,089	0	43,089
T	**Total fund needed**	*(N+O+P+Q+R+S)*	32,288,911	1,731,640	30,557,271	32,622,712	1,749,592	30,873,120
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,731,640			1,749,592		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.44 %			5.44 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	**2015**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	5.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	2,825,431	153,765	2,671,666
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	8,476,293	461,295	8,014,998
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	8,900,108	484,360	8,415,748
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	64,807	3,527	61,280
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	8,964,915	487,887	8,477,028
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10%**	*(D + G – H) * 1.11*	9,480,621	0	9,480,621

	wastage) needed				
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	105,235	0	105,235
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	31,377,203	1,707,603	29,669,600
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	440,849	0	440,849
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	611	0	611
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	1,568,861	85,381	1,483,480
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	44,146	0	44,146
T	**Total fund needed**	*(N+O+P+Q+R+S)*	33,431,670	1,792,984	31,638,686
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,792,983		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.44 %		

Table 7.11.1: Specifications for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	2,642,483	2,721,758	2,803,410	2,887,513	2,974,138	14,029,302
	Number of children to be vaccinated with the first dose	Table 4	#	1,667,624	2,367,929	88.00 %	2,598,761	2,676,724	11,778,039
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.15	1.25	1.22	1.22	1.18	
	Vaccine stock on 1 January 2012		#	84,450					
	Number of doses per vial	Parameter	#		5	5	5	5	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.90	0.90	0.90	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.10	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2012	2013	2014	2015
Number of vaccine doses	#	2,472,300	2,382,600	2,531,200	2,490,100
Number of AD syringes	#	2,917,600	2,752,200	2,929,300	2,971,200
Number of re-constitution syringes	#	696,200	671,000	712,800	701,200
Number of safety boxes	#	40,125	38,000	40,450	40,775
Total value to be co-financed	$	2,490,500	2,397,000	2,547,000	2,510,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2012	2013	2014	2015
Number of vaccine doses	#	663,800	639,700	679,600	668,500
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	627,500	604,500	642,500	632,000

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	21.16 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,667,624	2,367,929	501,150	1,866,779
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	1,667,624	2,367,929	501,150	1,866,779
E	Estimated vaccine wastage factor	*Table 4*	1	1		
F	Number of doses needed including wastage	*D X E*	1,917,768	2,959,912	626,437	2,333,475
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		260,536	55,140	205,396
H	Stock on 1 January 2012	*Table 7.11.1*	84,450			
I	Total vaccine doses needed	*F + G – H*		3,135,998	663,704	2,472,294
J	Number of doses per vial	*Vaccine Parameter*		5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		2,917,597	0	2,917,597
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		696,192	0	696,192
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		40,114	0	40,114
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		2,822,399	597,334	2,225,065
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		135,669	0	135,669
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		4,038	0	4,038
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		233	0	233
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		141,120	29,867	111,253
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		13,994	0	13,994
T	Total fund needed	*(N+O+P+Q+R+S)*		3,117,453	627,200	2,490,253
U	Total country co-financing	*I x country co-financing per dose (cc)*		627,200		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		21.16 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	21.16 %			21.16 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	2,467,001	522,117	1,944,884	2,598,761	550,003	2,048,758
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	2,467,001	522,117	1,944,884	2,598,761	550,003	2,048,758

E	Estimated vaccine wastage factor	Table 4	1			1		
F	Number of doses needed including wastage	D X E	3,009,742	636,983	2,372,759	3,170,489	671,004	2,499,485
G	Vaccines buffer stock	(F – F of previous year) * 0.25	12,458	2,637	9,821	40,187	8,506	31,681
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	F + G – H	3,022,200	639,620	2,382,580	3,210,676	679,509	2,531,167
J	Number of doses per vial	Vaccine Parameter	5			5		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	2,752,200	0	2,752,200	2,929,233	0	2,929,233
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11	670,929	0	670,929	712,771	0	712,771
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	37,997	0	37,997	40,427	0	40,427
N	Cost of vaccines needed	I x vaccine price per dose (g)	2,719,980	575,658	2,144,322	2,889,609	611,558	2,278,051
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)	2,719,980	0	127,978	2,889,609	0	136,210
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	3,892	0	3,892	4,135	0	4,135
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	221	0	221	235	0	235
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	135,999	28,783	107,216	144,481	30,579	113,902
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	13,210	0	13,210	14,058	0	14,058
T	Total fund needed	(N+O+P+Q+R+S)	3,001,280	604,440	2,396,840	3,188,728	642,136	2,546,592
U	Total country co-financing	I x country co-financing per dose (cc)	604,440			642,136		
V	Country co-financing % of GAVI supported proportion	U / (N + R)	21.16 %			21.16 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	21.16 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	2,676,724	566,503	2,110,221
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	B X C	2,676,724	566,503	2,110,221
E	Estimated vaccine wastage factor	Table 4	1		
F	Number of doses needed including wastage	D X E	3,158,535	668,473	2,490,062
G	Vaccines buffer stock	(F – F of previous year) * 0.25	0	0	0
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	F + G – H	3,158,535	668,473	2,490,062
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	2,971,164	0	2,971,164
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11	701,195	0	701,195
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	40,764	0	40,764
N	Cost of vaccines needed	I x vaccine price per dose (g)	2,842,682	601,626	2,241,056

O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	138,160	0	138,160
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	4,067	0	4,067
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	237	0	237
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	142,135	30,082	112,053
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	14,247	0	14,247
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,141,528	631,707	2,509,821
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	631,707		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	21.16 %		

8. Injection Safety Support (INS)

Democratic Republic of the Congo (Kinshasa) is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of

further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **15149548** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	21525562	15717188	11909538	7660518		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)		21525562	20139390	15149548		
Total funds received from GAVI during the calendar year (*A*)		41665000				
Remaining funds (carry over) from previous year (*B*)			41556480	35708687	17248126	
Total Funds available during the calendar year (*C=A+B*)					17248126	
Total expenditure during the calendar year (*D*)					351842	
Balance carried forward to next calendar year (*E=C-D*)						16896284
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	15149548

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets	1077483535	9525244616	10772534407	6984707102		

(*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)		10774835315	18216682437	13813054875		
Total funds received from GAVI during the calendar year (*A*)		25250656600				
Remaining funds (carry over) from previous year (*B*)			37589082854	32558466779	15920020298	
Total Funds available during the calendar year (*C=A+B*)					15920020298	
Total expenditure during the calendar year (*D*)					324750166	
Balance carried forward to next calendar year (*E=C-D*)						15544581280
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	13813054875

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	527.88	523.28	680.77	909.89	920.5	920
Closing on 31 December	500.56	606.8	904.53	911.78	923	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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 HSCC in this process.

In may 2011, the RDC Government signed an Aide-Memoire which sets the terms for management of GAVI

fonds replacing the memo of understanding signed in 2008 between the Ministry of Public Health and its partners for the management of these funds. The Aide-Memoire describes the following structures with their assignments:

The annual action plans are prepared at all levels of the national health system starting from the operational level to the provincial and central level, with the support of the Ministry of Public Health Studies and Planning Direction which provides technical coordination for implementation of the proposal according to GAVI Alliance directives. The plans thus developed by the beneficiaries are consolidated by this Direction. The consolidated plan is submitted to the National Steering Committee for approval through the HSS GAVI Ad Hoc Committee which is part of it. <?xml:namespace prefix = o />

The report from the Ad Hoc Committee meeting together with the approved plan are items which trigger the disbursing process. To accomplish this, the plan is broken down into quarterly disbursement plans which are submitted to the GAVI Alliance according to the instructions from the Aide-Memoire for obtaining disbursement authorization. Once the authorization is granted, the disbursement plan is filed with the Support and Management Cell (SMC) for scheduling of the disbursement and the funds related to it are moved from the main account cosigned by the Minister of Public Health and WHO Representative into the secondary account managed by KPMG.

The funds will be disbursed by KPMG and its network of provincial financial management agencies for the benefit of the users on the basis of the disbursement plan prepared by the SMC. Once the activity is completed, the supporting documents are gathered by KPMG through its provincial network of financial management agencies. KPMG develops the quarterly financial report which it sends to the SMC, once this report is approved by the Ad Hoc Commission it will be sent to GAVI with a new quarterly plan for disbursement for the non-objection for the next quarter. The funds are housed in a commercial bank, the Banque Internationale pour l'Afrique au Congo (BIAC). The main account (cosigned by the Ministry of Public Health and the WHO Representative) and the secondary account managed by KPMG are both housed in the bank and signed by them.

The funds are housed in a commercial bank, the Banque Internationale pour l'Afrique au Congo (BIAC). The main account (cosigned by the Ministry of Public Health and the WHO Representative) and the secondary account managed by KPMG are both housed in the bank and signed by them.

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number:)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1.1	Support for EVP for purchasing cold chain equipment, introducing new anti-pneumococcal vaccine and vaccine transport in the provinces	100	Annual Report of the EPI
Activity 1.2	Prepare the middle-	100	Minutes from TCC-HS

	management for tracking and evaluation of the NHDP		
Activity 1.3	Preparation of the development plan for the health human resources	100	Minutes fromTCC-HS
Activity 1.4	NHIS support in the targeted provinces	100	Assignment Reports
Activity 1.5	Support assignment for preparation of provincial operational plans (OAP)	100	Assignment Reports
Activity 1.6	Quarterly meeting of the National Steering Committee TCC-HS	100	Meeting minutes
Activity 1.7	Organize contacts and advocacy with the Governor of the Central Bank and the Ministers of Health for recovery of the HSS fonds housed with the Banque Congolaise declared bankrupt	100	Memo and addressed letters
Activity 1.8	Support the organization of the annual provincial review	100	Report and minutes of meetings
Activity 1.9	Meeting of the National Steering Committee	100	Report and minutes of the meeting
Activity 1.10	Organize the annual national health sector review	100	Report and minutes from this review
Activity 1.12	Organize meetings of the ad hoc GAVI-HSS commission	100	Meeting minutes
Activity 1.13	Organize the reprogramming workshop for HSS support with all the participation of the experts from other windows (VSS and CSO) and also the sector partners from	100	Workshop report, plan for HSS support reprogramming for 2011-2013

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1 :Drive the central level health system	6/28 activities were done. Obstacles encountered: late authorization of funds by the GAVI independent exam committee
2: Drive the Provincial Health System	2/20 activities were done. Obstacles encountered: late authorization of funds by the GAVI independent exam committee
3: Develops 65 Health Zones	1/15 activities were done. Obstacles encountered: late authorization of funds by the GAVI independent exam committee
4: Develop Health Human Resources	No activities were done. Obstacles encountered: late authorization of funds by the GAVI independent exam committee

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

The funds were not dispersed on time following certain restrictive conditions.The first wwasith the signature of the Aide-Memoire which was the item triggering the disbursement in 2011. Although it was signed in May 2011, the disbursement was subject to a second condition which was the approval of the 2010 ASR and the first quarterly plan. The IRC which examined these two documents recommended to rescheduling of the HSS components in view of the new vaccination challenges.The Ministry of Public Health in fact did this rescheduling, but the GAVI Board of Directors did not grant its non-objection until December 2011. This meant that the Ministry of Health could not implement the scheduled activities.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

In 2011, the funds were not used in connection with the payment of human resources, in consideration of the reasons given above.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Proportion of provinces with functional CPP	0%	DEP in 2005 (RA)	100%	100%	0%	0%	0%	54%	81%	provincial annual reviews	The GAVI target health zones have not yet had all their financing from high provincial AGEFIN
Rate of health care coverage in the target health zones	20%	DEP in 2005 (RA)	80%	100%	20%	20%	20%	50%	75%	provincial annual reviews	The GAVI target health zones have not yet had all their financing from high provincial AGEFIN
Number of provinces with functional funding basket	0	DEP 2005 (RA)	54%	60%	0	0 %	0%	54%	63%	provincial annual reviews	Process is underway in the other provinces
DTP HepB HIB 3 vaccination coverage in the health zones	77.2%	EVP 2006 (RA)	90%	90%	82%	83.16%	91.1%	77.8%	89,7%	EVP (RA)	
Measles vaccination coverage in the health zones	77%	EVP 2006 (RA)	90%	90%	79.3%	77..1%	86.1%	87%	84.9%	EVP (RA)	The objective set was not reached for this antigen. This poor performance is especially due to: - unavailability of vaccine Performance rate of training supervision remains below 25% - Less than 60% of the health areas organize monthly monitoring meetings for action - At all levels low proportion of personnel trained in EVP management
% of additional children vaccinated for DTP 65 health	0%	EVP 2006 (RA)	20%	20%	ND	ND	11.9%	ND	ND	EVP (RA)	-The specific strategies for getting to children often

zones											difficult to reach have not been organized for lack of support not yet implemented in these health zones - The unvaccinated children are not systematically recovered by the Community Relays for the same reason
% of additional children vaccinated for measles 65 health zones	0%	EVP 2006 (RA)	20%	25%	ND	ND	12%	ND	ND	EVP (RA)	-The specific strategies for getting to children often difficult to reach have not been organized for lack of support not yet implemented in these health zones - The unvaccinated children are not systematically recovered by the Community Relays for the same reason
Infant mortality rate under five years old per 1000 live births	203	MICS2 survey report in 2001	185	<148	185	185	185	185	148	DHS 2007	Although child and infant mortality has been dropping according to DHS-DRC 2007 as compared to the situation in 2001, it still remains a major concern in DRC
Existence of a single national steering committee	0	DEP in 2005	1	1	0	0	1	1	1		
Budgetary execution rate allocated to the health zones	40%	DEP in 2005 (RA)	82%	85%	0%	0.5%	14%	63.3%	4%	RSA 2010 provincial annual reviews	We were expecting a budgetary execution rate of about 85% in 2011 if we had had authorization to use the HSS funds; however this authorization only arrived too late, December 20, 2011, hence this objective was not reached.
Proportion of target health zones with a health zone HDP	0	DEP in 2005 (RA)	100%	100%	0	0	100%	100%	100%	provincial annual reviews	
Proportion of functional health zones among the targets	0	DEP in 2005 annual review	100%	100%	ND	ND	45%	75%	100%	RSA 2010 provincial annual reviews	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

In 2010 although the IEC has asked us to go ahead with rescheduling HSS support in DRC considering the current vaccination supply context, the following results were noted: <?xml:namespace prefix = o />□□

1. Implement financial reform by putting the Management Support Cell into operation
2. Setting up the selected Financial Management Agency <KPMG>
3. Improving the vaccine storage capacity (from 53 to nearly 61%)
4. Extending the geographic coverage of PCV 13 from 2 to 4 provinces
5. Improving the health care coverage in terms of the equipment for 335 health centers and 67 hospitals
6. Improving the National System of drug supply through opening lines of credit for purchasing drugs

[1] This mechanism calls for scheduling of activities by the TCC, ordering by the MSC and payment by AGEFIN (KPMG).

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

1. Generally speaking, encountered as major problems: the unavailability of HSS funds as forecast in the disbursement plan because of the fact that the IRC asked the DRC to reschedule the HSS support in 2011 <?xml:namespace prefix = o />
2. More specifically, as related to the EVP:

The routine strategies insufficiently implemented in the health zones

The specific strategies for reaching children often with difficult access are irregularly organized especially in unsupported health zones

System for catching up with dropouts by the Community Relays not implemented in several health zones

Performance rate of training supervision remains below 25%

Less than 60% of the health areas organize monthly monitoring meetings for action

At all levels low proportion of personnel trained in EVP management

From 2007 to date, the context in which the project was prepared in 2006 has completely changed in the sense that the vaccination service support (VSS) window only purchases the new vaccines to be introduced into the country and no longer supports the vaccination services (routine vaccine purchase, vaccine transport, purchase and transport of vaccination supplies and the cold chain, bonus payments for providers and trainers). UNICEF and WHO, the two key partners, only participate in the in the mass vaccination activities and no longer in the routine ones, the cofinancing from the State to the vaccination service does not exceed 0.5% of the forecast budget.

Despite 100% of children vaccinated during polio and measles supplemental vaccination activities (SVA), the number of cases of wild polio virus continues to surge and the infant mortality rate doesn't stop rising. During these SVA, 16% of the parents refuse to have their children vaccinated again during these SVA. This increases the risk of occurrence of new WPV and measles. The non-financing of the HSS activities in 2011 is essentially due to problems described above: insolvency, and then placement under stewardship of the Central Bank and finally placement in liquidation, did not make it possible for us to disburse sufficient money planned for performing activities as forecast.Right now, it is appropriate to report that most of the difficulties which delayed implementation of HSS are already resolved. KPMG was recruited as central financial management agency and has already established the provincial network of financial management agencies.

The latter were evaluated by KPMG and the capability strengthening plan achieved. A new account was opened in another commercial bank (Banque Internationale pour l'Afrique au Congo) on advice of the Central Bank Governor and the funds previously in Banque Congolaise which went bankrupt were reimbursed (deposited in the new account by the Government) including those from Civil Society Organizations. Additionally, the Management Support Cell (MSC) is already in place and working.

As for the HSS impact on vaccination coverage, this plan proposes activities which should be able to strengthen operationally the application of the RED approach. These activities are: (i) apply health planning with active community participation to vaccination service bottlenecks, (ii) support organization of at least twice weekly vaccination sessions in each health area by fixed, forward and mobile strategy; (iii) support quarterly organization in each health area of an EVP training supervision; (iv) support the organization of EVP data monitoring in each health zone by the health zone management team; (v) support the purchase of social mobilization services to enhance vaccination in the 65 health zones by the organization of civil societies through pertinent performance contracts related with the recovery of children lost from view and or located in health areas difficult to access together with preschool consultations for children from 0 to 49 months old.

The intermediate level (healthcare districts and provincial antennas of the expanded vaccination program) will also be supported in order to strengthen their capacity to provide the organization and supervision of the vaccination services in the Health Zones. The operation of these structures, training of trainers/advisors for the health zones, twice-annual or annual quality data reviews, performance bonuses and supervision are considered in connection with the 2012 and 2013 HSS plans.

The national Expanded Vaccination Program management will also be supported in the areas of preparing standards and directions, performing annual reviews, training for strengthening abilities, participation in other international seminars, national and international consultation, performance bonuses, technical coordination committee meetings, national healthcare information system activities, vaccine transport in the various provinces, etc.

The funds provided for in the original proposal online for rehabilitation of hospitals, mobile hospitals and bonuses allocated to service providers are deassigned and allocated to these priority activities.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

The main provisions of each level's tracking and evaluation are described in detail in the 2011-2015 National Healthcare Development Plan Tracking and Evaluation Framework which is attached to this report. Essentially it involves: <?xml:namespace prefix = o />

Central Level:

Monthly Meetings of the NPC Committees:

These are thematic type meetings which handle problems which hinder the implementation of the health system or SRSS strengthening strategy. There are six committees, including among others: Study and Planning, Management and Rationalization of Human Resources, etc.. A Central Director presides over each committee; the members are middle managers and experts from the Ministry of Public Health and the pertinent decisions made are discussed and approved in the Technical Coordination Committee TCC Meetings over which the General Secretary for Health presides.

TCC Quarterly Meetings

The members are the central directors and the partners from the health and related fields sector. These are meetings which approve all major decisions for strengthening the health sector; their decisions are brought to the NSC to be adopted.

National Meeting of the National Steering Committee:

Once per year, with the possibility of an extra, exceptional meeting. This meeting is held under the patronage of his excellency the Minister of Health and gathers all of Central Directors for directions and programs, partners from the sector, Provincial Inspector Physicians, and Provincial Ministers of Health and also other middle managers and targeted experts.

Once Yearly Health Sector Reviews:

This meeting evaluates the activities of the past year for the entire sector and its makeup is comparable to the NSC.

Periodic Program Reviews:

Each program for the sector around its managers and partners evaluates the performance level of its program via the SWOT method and take steps for improving the execution of the sector's objectives through this program.

A similar situation applies to periodic surveys such as the demographic and health survey (DHS) and the MICS which are done every five years in order to measure several indicators including impact indicators such as maternal and infantile mortality, etc.

Provincial Level:

The description of these various meetings follows the example of the central level, but with the managers, experts and partners from this level.

* Monthly meeting of the commissions from the technical Secretariat of the Provincial Steering Committees (PSC)

* Quarterly meetings of provincial steering committees

* Twice annual meetings of the PSC

* Provincial Annual reviews once per year

* Periodic review of program coordinators

Peripheral Level (Health Zone)

* Monthly monitoring of data in the health zones for preparing monthly report for the National Healthcare Information System (NHIS)

* Monthly meetings of the health zone management councils

* Meetings of the Board of Directors for the health zone twice a year: in the first quarter for improving the health zone action plan and the fourth quarter for evaluating the activities from the year

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

As can be seen in the previous lines, there is a single framework for monitoring and evaluating the health sector. The HSS monitoring and evaluation activities are aligned along this framework. There are no HSS monitoring and evaluation activities which are done outside of those called for in the sector monitoring and evaluation framework. The data needed for preparing the HSS reports are collected in connection with the sector monitoring and evaluation activities For example, these activities are:

<?xml:namespace prefix = o /> 1. In the health zones the monitoring of activities is done monthly whereas in the healthcare districts it takes place at a quarterly rhythm. During these meetings, the health zones present their data and receive feedback from the managers from the healthcare district and other health zones. Provincially, they hold two semiannual reviews each year (July and February). These semiannual reviews are done in connection with the Provincial Committee for Provincial Steering.

2. An annual review is held each year in the capital. All the provinces participate in this review. These national reviews are organized in connection with the NSC-HS.

The main sources of information used in the periodic reviews at the various levels of the national health system are made up of:

- The data from the National Healthcare Information System (NHIS) analyzed during various provincial health reviews, the national health sector review, the various meetings of the National Steering Committee of the Health Sector (NSC-HS), the NSC-HS Technical Coordination Committee and the

GAVI HSS Ad Hoc Committee.

- The monthly, quarterly and annual EVP reports
- The reports from the various periodic surveys (MICS, DHS).
- The joint 2011 Country-WHO-UNICEF report.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

In the DRC, the Health Sector Coordinating Committee is called the **National Steering Committee for the Healthcare Sector (NSC-HS)**. This committee was created by Ministerial order number 1250 /CAB/MIN/079/N0V/2009 of November 3, 2009 covering creation, organization operation of the National Steering Committee for the Healthcare Sector in DRC. At its core it comprises the Technical Coordination Committee (TCC) of the NSC-HS, per Article 5, Paragraph 2 of said order. The NSC-HS includes managers from the Ministry of Health from the central and intermediate levels and the main partners from the health sector including civil society.

For the daily management of the HSS proposal, the **NSC** has delegated power to **six members including**: **one member** from the ministerial cabinet, the Secretary-General for Health, the Director of the DEP, Representatives from WHO and UNICEF and one delegate from Groupe Inter Bailleurs Santé (GIBS). They meet around the Secretary-General in a commission for ruling on any disbursement or problem calling for the opinion of one or the others and decisions made consensually.

The Civil Society Organizations (CSO) participates in implementing the GAVI-HSS proposal at three levels of the DRC healthcare pyramid:

<?xml:namespace prefix = o /> **Centrally:** they participate in the meetings of the NSC-HS in order to share in the decision making and strategic directions for implementing the proposal. They have participated in the brainstorming for the mass vaccination campaigns against polio which is ravaging the DRC full force.

Provincially: **CSO** contribute technical and management support in the implementation of the project, especially in the planning process and the popularization of the HSSS and their active participation in the PSC meetings.

Operationally (Health Zones), the CSO are the true field agents. Typically they work with the targeted health zones to which they provide technical and logistical support in implementing field activities. Through their Representatives (the Community Organizers or CO), they participate in meetings of the Management Council and Health Zone Administration; they motivate the population for visiting the health services in general and the vaccination service in particular through community relays. These Community Liaisons with their RED and/or AVI approach catch-up all the targeted children who have not responded to the appointment and because of that need motivation. It's for all these reasons the service providers' contracts for service with precise indicators are signed for further improving access to the offer of vaccination services in 65 healthcare areas under GAVI HSS support.

Furthermore, to achieve the objectives for the whole project, the CSO are even more essential because they know the environment and the context in which the project is taking place and their contribution to the success of a program is always desirable

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

The CSO are true field agents. Typically they work with the targeted health zones to which they provide technical and logistical support in implementing field activities. Through their Representatives (the Community Organizers or CO), they participate in meetings of the Management Council and <?xml:namespace prefix = st1 />Health Zone Administration; they motivate the population for visiting the health services in general and the vaccination service in particular through community relays. These Community Liaisons with their RED and/or AVI approach catch-up all the targeted children who have not responded to the appointment and because of that need motivation. They actively participate in the monitoring action in the health zones for intervention. The CSO have signed the contract with the MPH on HSS funds: the National Council of Health Organizations in DRC or abbreviated CNOS and the Red Cross of the Congo for a contractual amount over two years of $982,000.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

1. In the institutional context of implementing the proposal, the memorandum of understanding had called for a financial management agency "**AGEFIN**" to manage the funds transparently, and with mutual consent and responsibility with the support of the **Management Support Cell (MSC)** and technical operators in close collaboration with the health administration structures. With the MSC and KPMG joining the dance, the management of GAVI-HSS funds is much more effective and even more so with the ad hoc committee which decides all the disbursement as stipulated in the Aide-Memoire signed between the Ministry of Public Health and GAVI in Geneva May 19, 2011. Internal audits will be organized each quarter and external audits each year.

<?xml:namespace prefix = o />2. There have been obstacles to internal disbursement of funds: Banque Congolaise, the bank where the HSS funds were deposited, was insolvent, the recommendations from IEC/GAVI for reprogramming the financing, the late approval of the disbursement plans, establishing the AGEFIN and nonpayment another time of the members of the MSC.

3. The measures taken for settling the problems and improving the management in 2012: **it is the establishment of KPMG and especially is provincial fiduciary network** over the entire RDC which should manage the GAVI-HSS funds within the instructions from the side Aide-Memoire This network is responsible for: (i) paying for the activities from the intermediate, peripheral and central level, (ii) executing the strengthening of the capacities of the DPS for accounting and good governance.

4. Opening of the main HSS account and the other AGEFIN accounts in a single bank (*Banque Internationale pour Afrique au Congo* or BIAC) would make banking transactions easier in terms of savings, effectiveness and efficiency.

All the problems described above have already been resolved. There are no changes of funds in terms of management procedures for the moment apart from the principles contained in the Aide-Memoire signed by the Government and the GAVI Alliance last May.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Activity 1.1	National Steering Committee operating support	4000	1000			4000
Activity 1.2	Report on locations in the provinces and targeted health zones	0	59194	Report on locations in the provinces and health zones	There is a remaining balance on this activity conducted in 2009 and 2010, carried over to 2011 and 2012 for paying the remainder of the professional fees of the investigators, clerks responsible for data entry from the school of public health after having submitted the final report on health locations in DRC	59194

Activity 1.3	Prepare the National Healthcare Development Plan	0	0	Prepare the framework for tracking and evaluation of the NHDP	The National Healthcare Development Plan or NHDP was finalized in March 2010 with the assistance of all the partners from the sector; its framework for tracking and evaluation will be finalized by June 2011, which explains this budget and which is in fact the balance from the amount which was planned for the NHDP preparation process	20000
Activity 1.4	Preparation of the human resources development plan for health	40000	14808			40000
Activity 1.5	Support NHIS in the targeted provinces	68450	19959			68450
Activity 1.6	Support mission for development of the PHDP	0	18750	Support missions for preparation of provincial operational plans (PAO)	These resources will make it possible at the central level for the Ministry of Public Health to ensure that prepared provincial action plans take into consideration integrally the routine vaccination services and other actions with a high impact on child survival and incorporate the directions of the NHDP	75000
Activity 1.7	Track the PHDP implementation	100000	25000			100000
Activity 1.8	Health systems research	60000	0			60000
Activity 1.9	Participation in international colloquia	0	0		This budget line item is necessary so that the players from the health sector, especially those from the Planning Direction, expanded vaccination program and civil society organizations will be able to participate in international colloquia in order to exchange experience with other countries in the domain of strengthening the health and vaccination system	48400
Activity 1.10	Monthly meetings of the NSC committees	6000	1500			6000
Activity 1.11	Quarterly meetings of the TCC-HS of the NSC	2400	0			2400
Activity 1.12	National Steering Committee meeting	60000	0			60000
Activity 1.13	Establish and operate the HS and RHS observatory	150000	37500			150000
Activity 1.14	Purchase computer and office equipment for the Central level	0	29500	Purchase computer and office equipment for the Central level	the hardware hasn't been purchased yet	30500
Activity 1.15	Purchase two 4 x 4 vehicles for the central level (General Sec. for	100000	0			100000

	facilitating the transport of staf in connection with the development of human resources for health (HRS)					
Activity 1.16	Hold monthly GARSS or TCC-HS meeting	10000	2500			10000
Activity 1.17	Organize the national review	62596	0			62596
Activity 1.18	Short term/national consultancy technical assistance	48500	12125			48500
Activity 1.19	Organize two person international assignment	19200	0			19200
Activity 1.20	Training of NSC members on HS management	20000	0			20000
Activity 1.21	training on contractualization	15000	0			15000
Activity 1.22	Training on health system research	4000	0			4000
Activity 1.23	International course on planning in	15000	0			15000
Activity 1.24	Functional support for EVP Central Direction (transportation of vaccines from Kinshasa to the 11 provinces; training staff on EVP management; office supplies; EVP manager bonuses; electric generator and cold room maintenance)	0	233045	Functional support for EVP Central Direction (transportation of vaccines from Kinshasa to the 11 provinces; training staff on EVP management; office supplies; EVP manager bonuses; electric generator and cold room maintenance)	This activity was added because the EVP Central direction no longer has financing following the stoppage of the GAVI backing – supporting the vaccination service, since then there has only been low vaccination coverage in DTP HepB-HIB 3 77.8% in all health zones and 75% in the GAVI-HSS targeted health zones, and also measles 87% in all health zones and 85% in the 65 GAVI health zones recorded in 2010. 187 health zones or 36% in DRC have experienced vaccine out of stock conditions, low completion rates for training supervision below 25%, low proportion of people trained in EVP management at all levels and poor motivation of service providers and trainers	1493950
Activity 1.25	DEP Extension	0	0	Build a building which is going to house DEP, and disease control management, the MSC and the AGEFIN	Since the building housing DEP has not yet been modified, during a TCC-HS meeting it was decided that with these GAVI-HSS funds together with other funds which the DLM and DEP have through the CTB, that Ministry of Public Health would find space for building a building of two or three floors for housing all the DEP, DLM, MSC and AGEFIN services	194693
Activity 2.1	Prepare healthcare	0	75000	Prepare the	This budget line item is	75000

	development plans for the targeted provinces			PHDP	intended for the provinces for preparing operational action plans for implementing the National Healthcare Development Plan These plans will include all the vaccination activities as called for by the EVP Complete Multiyear Plan	
Activity 2.2	Prepare healthcare development plans for the targeted provinces	0	0	Prepare the PHDP	This budget line item is intended for the provinces for preparing operational action plans for implementing the National Healthcare Development Plan These plans will include all the vaccination activities as called for by the EVP Complete Multiyear Plan	0
Activity 2.3	Purchase computer and office hardware for the targeted Health Districts	0	120000	Purchase computer and office hardware for the targeted Health Districts	These materials planned for year one of the project have not yet been purchased because of AGEFIN hence the activity is planned for 2012.	120000
Activity 2.4	Supply with essential drugs	0	0	Build Central Purchasing of drugs and cold rooms for Kindu for effective and efficient supply of vaccines and EGM in the GAVI health zones of this province	To provide the regular and efficient supply of all 65 health zones under GAVI-HSS support with essential drugs, vaccines and supplies, the members of the NSC ad hoc committee during its meeting April 16, 2009 made the decision to build two CDR at Kindu and Lodja to assure respectively the supply of EGM in the health zones of the Maniema province and Sankuru district of Kasai Oriental which do not have CDR and cold rooms. With the same budget planned in year one of the project which has not been used to date.	1500000
Activity 2.5	Supervise the health zones by the Districts (4 supervisory missions per year per health zone)	151000	37750			151000
Activity 2.6	Supervise the health zones by Province (4 supervisory missions per year per health zone)	40000	10000			40000
Activity 2.7	Establish long-term in province technical assistance	250000	0	Establish long-term in province technical assistance	This line is reduced from 50,000 in order to release resources for supporting vaccination activities per the IRC recommendations	200000
Activity 2.8	Rehabilitate the CDR	150000	0	Provide for the maintenance and rehabilitation of the cold rooms existing in the country	For the most part these rooms are not regularly maintained and are subject to breakdowns which lead to enormous losses of	150000

				purchased with GAVI-HSS support	vaccines stored there	
Activity 2.9	Provide for the rehabilitation of the offices of three targeted Provincial Health Divisions	120000	0			120000
Activity 2.10	Purchase computer and office hardware for the three Provincial Health Districts	0	64500	Purchase computer and office hardware for the three Provincial Health Districts	These materials plan for year one of the project and not yet been purchased because of AGEFIN hence the activity is planned for 2012.	64500
Activity 2.11	Support the organization of provincial annual reviews	175343	0			175343
Activity 2.12	Support planning in the health zones (one mission per health zone)	67200	16800			67200
Activity 2.13	monthly operating costs of the targeted provinces	48000	12000			48000
Activity 2.14	Monthly meetings of the PSC committees	24000	6000			6000
Activity 2.15	Quarterly meetings of the technical secretariat for the PSC of three targeted PHD	11300	1883			11300
Activity 2.16	Annual meetings of the PSC and poor quarterly monitoring of performance	278500	69630			278500
Activity 2.17	Operation of 20 targeted health districts	50000	12500			50000
Activity 2.18	Support for operation of 44 EVP antennas to effectively assure the distribution of vaccines and supplies, the supervision of health zones with EVP vaccination activity	0	377650	Support for operation of 44 EVP antennas to effectively assure the distribution of vaccines and supplies, the supervision of health zones with vaccination activity	59% of the health zones do not apply the “reach every child in the health zone” approach since the stoppage of GAVI-VSS support in the EVP antennas and routine strategies are insufficiently implemented in the health zones of the geographic radius Vaccine out of stock in 44 of the country’s antennas The managers of these antennas no longer perform supervisory training which remained below 25% overall The staff of these antennas are no longer strengthened in EVP managerial capacities	2147600
Activity 2.19	Support for operation of 11 EVP coordinations to effectively assure the distribution of vaccines and supplies, the supervision of antennas with EVP vaccination activity	0	23175	Support for operation of 11 EVP coordinations to effectively assure the distribution of vaccines and supplies, the supervision of antennas with EVP vaccination	The EVP coordinating physicians and other PHD managers no longer perform supervisory training which remains below 25% overall and the cold rooms are no longer regularly maintained The staff is no longer	905000

				activity	strengthened in EVP managerial capacities	
Activity 3.1	Preparation of targeted health zone healthcare development plans	90000	190000	Preparation of operational action plans for the health zones based on the Health Zone Development Plans	Since the health zone development plans were already prepared for five years from 2011 to 2015, they must prepare operational action plans which take into consideration the vaccination activities for each year. It is increased because US$90,500 are insufficient for covering this activity for 65 health zones	190500
Activity 3.2	Rehabilitation of major health centers	2375000	0			2375000
Activity 3.3	Equipping health centers with furniture	540000	0			540000
Activity 3.4	Support management teams from 65 health zones	912000	228000			912000
Activity 3.5	Supervise the health centers	175000	43750			175000
Activity 3.6	Support vaccination and 65 health zones via the RED approach (reach each child in the health zone) purchase four bicycles per health zone, kerosene and replacement parts for refrigerators	1394852	0			1394852
Activity 3.7	Rolling funds for drugs in the health zones	820023	0	supply 65 health zones with EGM via FEDECAM and their CDR	Upon signing the contract with the Ministry of Public Health for providing services for this supply, 75% of the total amount for the services was paid to FEDECAM; 25% remains to be paid to FEDECAM upon confirmation of its intermediate status report as specified in the contract	820023
Activity 3.8	Improvement of water sources or construction of potable water wells in the 65 health zones	270000	0			270000
Activity 3.9	Providing health zones with bicycles for vaccination	27000	27000			27000
Activity 3.10	Providing health zones with outboards	22500	11000			22500
Activity 3.11	Raise awareness of Red Cross volunteers and members of community-based associations for routine vaccination via CNOS (National Council of Health NGO Organizations)	104000	65886			104000
Activity 3.12	Support the	63000	0			63000

	organization of follow-up visits in the 11 provinces by the CSO for confirming the progress of the activities and expected results					
Activity 3.13	Strengthen the capacities of the members of communities in the awareness for routine EVP and recovering children lost from view	144950	108290			144950
Activity 3.14	Support action monitoring meetings in 15 GAVI HSS target health zones via Red Cross volunteers and BCO members	78000	0			78000
Activity 4.1	Organize training/updating of nursing staff from the health centers from the HGR	60000	0			60000
Activity 4.2	Training in health economics	45000	0			45000
Activity 4.3	Training on the health system (ECP; organization and management)	18000	0			18000
Activity 4.4	Training in research on the health system	18000	0			18000
Activity 4.5	International training of contractualization, awarding procurement contracts, planning and managing health services	18000	0			18000
Activity 4.6	Bonuses for members of the NSC	72750	18182			72750
Activity 4.7	Bonuses for members of PSC in three targeted provinces	439000	109750			439000
Activity 4.8	Bonuses for members of the health zone management teams	1350000	337373			1350000
Activity 4.9	Bonuses for agents of the health centers in the targeted health zones	1038000	259370			1038000
Activity 4.10	Bonuses district head physicians	144000	36000			144000
Activity 4.11	Bonuses seven division managers	56000	14000			56000
Activity 4.12	Bonuses for staff from the ITM and IM in reform	125000	31250			31250
Activity 4.13	Additional peak staff centrally	81625	20406			81625
Activity 5.1	Short-term national technical assistance	348308	0			348308
Activity 5.2	Long-term national technical assistance at provincial level	75000	0			75000

Activity 5.3	International consultancy/external audit	100000	0			100000
Management fees	Project management fees (13% of the total for all the activities planned for the year	2556857	1308143			2556857
		15775354	4090169			22447941

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Activity 1.1	Preparation of the plan for human resource development for health (HRDH)	20000			0
Activity 1.2	Support for the NHIS in the targeted provinces	60000			0
Activity 1.3	Mission for supporting development of the PHDP	75000			0
Activity 1.4	Tracking of the implementation of the PHDP	47000			0
Activity 1.5	Participation in international colloquia	48400			0
Activity 1.6	National Steering Committee meeting	16832			0
Activity 1.7	Weekly meeting of the GARSS (TCC-HS)	5600			0
Activity 1.8	Organization of annual national reviews	70000			0
Activity 1.9	Short-term technical assistance/national consultancy	20000			0
Activity 1.10	Training of members of the NSC on HS management	15000			0
Activity 1.11	Training on contractualization	15000			0
Activity 1.12	International course on planning	15000			0
Activity 1.13	EVP operations support	590142			0
Activity 2.1	Preparation of Operational Action Plans for targeted provinces	75000			0

Activity 2.2	Supervision of the health zones by the Districts (4 supervisory missions per year per health zone)	80000			0
Activity 2.3	Supervision of health districts and health zones by province (four missions of supervision per year per health zone)	63250			0
Activity 2.4	Supplying essential medicines (CDR construction with cold room for storing medicines)	1500000			0
Activity 2.5	Support planning in the health zones (one mission per health zone)	66800			0
Activity 2.6	Organization of annual provincial reviews	175343			0
Activity 2.7	Monthly provincial operating fees	48000			0
Activity 2.8	Monthly meetings of the PSC committees	24000			0
Activity 2.9	Bimonthly meetings of the Provincial Steering Committee Technical Secretariat	11300			0
Activity 2.10	Four annual meetings of the PSC and quarterly monitoring of performance	278500			0
Activity 2.11	Targeted health district operation	50000			0
Activity 2.12	Support for operation of 44 EVP antennas in DRC	1369200			0
Activity 2.13	Support for operation of 11 EVP coordinations in DRC	247600			0
Activity 3.1	Prepare operational action plans (HZOAP) based on Health Zone Healthcare Development Plan (HZHDP)	190500			0
Activity 3.2	Support for operation of the Health Zone Management Teams	912000			0
Activity 3.3	Health Center supervision	175000			0
Activity 3.4	Support vaccination in the 65 GAVI health zones via reach every child approach in that Health Zone	478152			0
Activity 3.5	Raise awareness of Red Cross volunteers and members of community based organizations via CNOS for EVP routine and catch up	104000			0

	for children lost from view according to DRC vaccination schedule				
Activity 3.6	Strengthen the capacities of the communities in the awareness of parents for EVP and recovering children lost from view	144950			0
Activity 3.7	Support action monitoring meetings in 15 GAVI HSS target health zones via Red Cross volunteers and BCO members	78000			0
Activity 3.8	Support the organization of follow-up visits in the 11 provinces by the CSO for confirming the progress of the activities and expected results	63000			0
Activity 4.1	Training/updating nursing staff from the Health Centers in that HGR	60000			0
Activity 4.2	Training in health economics	45000			0
Activity 4.3	Training on the health system (ECP; organization and management)	36000			0
Activity 4.4	Training in research on the health system	18000			0
Activity 4.5	Training on contractualization, awarding procurement contracts, etc. (ECP)	36000			0
Activity 4.6	Bonuses for members of the NSC	72750			0
Activity 4.7	Bonuses for members of ECP and PSC in three targeted provinces	439000			0
Activity 4.8	Bonuses for members of the health zone management teams	1350000			0
Activity 4.9	Bonuses for agents of the health centers in the targeted health zones	1038000			0
Activity 4.10	Bonuses district head physicians	144000			0
Activity 4.11	Bonuses seven division managers	56000			0
Activity 4.12	Bonuses for staff from the ITM and IM in reform	125000			0
Activity 4.13	Additional staff centrally	81625			0
Activity 5.1	Short-term national technical assistance	148308			0

Activity 5.2	International consultancy/external audit	100000			0
		12522957			

9.6.1. If you are reprogramming, please justify why you are doing so.

Activities have not been reprogrammed, these are the activities already approved by the Independent Review Committee during the previous review of RSA 2010 which were scheduled for 2012 but carried over to 2013 because those from 2011 had been carried over to 2012 especially since the non-objection from GAVI for the authorization for 2011 funds did not reach us until December 20, 2011, see letter from GAVI dated December 20, 2011 attached (other attachments).

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

.

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
Budgetary execution rate at 65 health zones	1,582,596	10,978,300	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	40% (2005)	DEP	82%	95
Proportion of provinces with operating PSC	0	11	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	0% (2005)	DEP (national and provincial annual review)	100%	100
Proportion of targeted health zones which have an HZDP	0	65	The indicators which are shown here are exactly the same as those which appear in the original	0% (2005)	DEP	100%	100

			approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.				
Proportion of functional health zones among the 65	0	65	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	0% (2005)	DEP	100%	100
Healthcare coverage in the 65 health zones	0	65	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	0% (2005)	DEP	>19%	80
Number of provinces with functional basket funding	0	11	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	0% (2005)	DEP	63%	72
DTP-HepB-HIB 3 vaccination coverage in 515 health zones	2,011,044	2,418,246	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	77.2% (2006)	EVP Annual Report	90%	92
. Measles vaccination	2,011,044	2,418,246	The indicators which are shown	77.2% (2006)	EVP Annual Report	90%	92

coverage in 515 health zones			here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.				
Mortality rate of children under five years old	Not available	2,418,246	The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made because of the delay without changing budget.	203/1000 live births (2001)	MIC2 Survey Report	185	148

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

The indicators which are shown here are exactly the same as those which appear in the original approved request and decision letter. But we added to that the objectives to be reached in 2013 for measuring the progress made.

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

The financial means which are contributed had been the subject of a dialogue between the EVP, DEP and CSO during the reprogramming recommended by the independent review committee of the RSA in 2011 and that was approved by all of the players involved in the system during the ICC and GAVI-HSS Ad Hoc Committee mixed meeting and because of that the Management Support Cell or MSC and that Financial Management Agency or AGEFIN is since January 2012 operational in all 11 provinces; the resources, which had not arrived at the provincial and especially operational level, are getting there easily. There are therefore grounds for hoping that the change will be notable for reaching the project's objectives: the health system strengthened at all levels, the bottleneck for offering general health services and in particular vaccination is removed and the healthcare quality is good in light of the supplies injected into the system at all levels and the vaccination coverage is increased to more than 90% for DTP3.

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Japanese International Cooperation Agency (JICA)	20318939	3 years from 2011-2013	Strengthen 3 levels of the HS
CTB ASSNIC Pharmacy and Medicinal Plant Division	7980000	3 years from 2011-2013	strengthen the intermediate and peripheral level
CTB ASSNIC 1, 2, 3, 4 and 5	28280000	3 years from 2011-2013	strengthen the intermediate and peripheral level

CTB: Trypanosomiasis	6595400	3 years from 2011-2013	strengthen the intermediate and peripheral level
The Global Fund, HSS	8681527	1 year and 2012	Strengthen 3 levels of the HS
Government	2037441873	3 years from 2011-2013	Strengthen 3 levels of the HS
World Bank, Project Supporting Health System Rehabilitation	41280032	1 year and 2012	Strengthen 3 levels of the HS

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
2011 TCC-HS and Ad Hoc Committee meeting minutes	Ad Hoc Committee meeting	
2010 annual sector review meeting minutes	TCC-HS meeting	
2011 bank account extracts	Ad Hoc Committee meeting	
cMYP 2011-2015	ICC	
2011 EVP Annual Report	ICC and sector annual review	
2011 NHIS annual review	NSC and sector annual review	Nothing to report
Reports from various provincial reviews 2011	PSC and provincial reviews	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Filling in tables (9.4, 9.5, etc.) is not easy; the frame seems too tight for reading all the sentences without scrolling. Since the data rate of our interconnections is not yet high-speed, we had difficulty properly filling in this form effectively and efficiently in terms of time and energy; we lost a lot of them.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 14

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. 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 1

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

Not applicable

10.1.1. **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 exercises, 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 number)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

Not applicable

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

Not applicable

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.

Not applicable

10.1.2. **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).

Not applicable

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.

Not applicable

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.

Not applicable

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	Email

10.1.3. **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 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	0	0

Is GAVI's CSO Type A support reported on the national health sector budget? **No**

10.2. 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 support1

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

ARCC: Association of Rotary Clubs of the Congo

HA: Health area

BCG: Bacillus of Calmette and Guérin

BCZ: Health Zone Central Office

BDOM: Diocesan Office Medical Works

ICC: Interagency Coordination Committee

CNOS: National Council of Health ONGs

NSC: National Steering Committee

CODESA: Development and Health Committee

COGE: Management Committee

COP: Chief of Party

CRRDC: Red Cross of Democratic Republic of the Congo

CRS: Catholic Relief Service

HC: Health Center

VC: vaccination coverage

DEP: Studies and Planning Direction

DTP: Diphtheria, Tetanus and Pertussis vaccine

ECC: Église du Christ au Congo

ECZ: Health Zone Management Team

GAVI: Global Alliance for Vaccines and Immunization

HGR: General Reference Hospital

IMA: Interchurch Medical Assistance

IT: Tenured nurse

BCO: Base Community Organization

MDG: Millennium Development Goals

NGO: Non-Governmental Organization

CSO: Civil Society Organization

cMYP: Complete Multiyear Plan

DRC: Democratic Republic of Congo

RECO: Community Relays

HSS: Health Systems Strengthening

VAR: Measles vaccine

TTV: Tetanus vaccine

10.2.1. **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.

unvaccinated or insufficiently vaccinated children. Implementing year two of the project (2011) made the following achievements possible <?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />

- *Support communication plans for 210 base community organizations in 42 health zones which is five BCO per HZ*
- *Advocacy with the Senate and national and provincial assemblies supporting vaccination financing*
- *Advocacy of SANRU with its IMA (Interchurch Medical Assistance) partner which made it possible to grant 58,400 auto-disabling syringes of 0.05 mL size and 362,400 auto-disabling syringes of 0.5 mL size to the antennas supported by the project*
- *Training and involvement of Red Cross and RECO volunteers made possible raising awareness and recovering 22,180 unvaccinated or insufficiently vaccinated children from 2008-2009 and 38,783 in 2011*
- *With reinvigoration of monthly monitoring in the health areas and BCZS the data quality has improved*
- *The supply of kerosene has guaranteed the operation of the cold chain*
- *The transport of vaccines and other supplies to the antennas supported by the project, once the need was felt, made it possible to address some out of stock problems in the health zones supported by the project*
- *The administration of performance contracts with the health zones (supporting the ECZ and supporting forward strategies by the health sector teams) has contributed to the motivation of health staff*
- *Providing EVP management tools to the health zones and health centers*
- *Organization of intensified vaccination activities*
- *Supporting DQS at the antennas supported by the project (DQS organized by the EVP)*

With these accomplishments it was possible to go from 74% in DTP 3 (first half 2007, reference value in writing the project) to 92.2% in DTP HepB HIB 3 in 2011.

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).

- *Delay in starting up global support projects for some activities in some health zones (from Haut Lomami, Bukavu and Uvira) and the lack of global support for other health zones (Kinshasa and part of Haut*

Lomami) meant that the health zones could not count on the project funds (which were not additive)

- *The insecurity in some health zones of Sud Kivu made implementation difficult*
- *The EVP management tools out of stock conditions in some health zones. To deal with that, the project reproduced some EVP management tools and provided them to all 42 health zones.*
- *Unexpected out of stocks of vaccine or syringes reduce the efforts made for raising awareness and catching up with unvaccinated children. The project took charge of transporting available vaccines out to the health zones but some antigens were already unavailable at the central level. The project, through SANRU, also advocated with the IMA (Interchurch Medical Assistance) partner. This made possible a grant of 58,400 auto-disable syringes of 0.05 mL size and 362,400 auto-disable syringes of 0.5 mL size for the antennas supported by project.*
- *The nurses' strike in the Haut Lomami district lasted more than one month. The subsidies given to the health areas by the project for the support of various activities made possible, after negotiations, a minimum service in health centers during this strike period.*
- *The multiple supplemental vaccination activities (SVA: vaccination campaigns, national vaccination days) done in connection with responses to the poliovirus have the consequence that the health staff was more focused on the SVA instead of on the routine EVP activities; some project activities experienced a delay in their execution because they had been postponed.*
- *Difficulties with community relays who more and more frequently call for a motivation*
- *The loss of the acquired knowledge from the first year of implementation following the interruption of more than one year of project activities (second-half 2009 to November 2010). The CSO from the consortium had to re-do the marketing for the project with the players from the health zones benefiting from the support as well as the contractualization with these health zones, which led to a delay in restarting activities but also many questions about the short-term support (one year or two). In fact, they did not always allow strategy changes when this proved necessary during the implementation. From the managerial perspective, this interruption furthermore led to a change of a portion of the staff assigned to the project by some consortium partners, even a large portion of the staff assigned to the project for others. The consequence of this was a new adaptation to the project for new teams which thereby caused a delay in the start-up of activities in some consortium partners.*
- *Insufficient funds for tracking activities thereby reduced the frequency of visits to the field considering the logistical challenges of the DRC (distances, infrastructure, difficult access to some health zones or health areas, etc.).*
- *The absence and/or late start-up of activities for some global support projects meant the health zones could not count on the funds (thought to be only supplemental) from this project.*
- *The delay disbursing the last US$456,703 portion (disbursement which occurred in August 2011 whereas the project should have stopped in September 2011) also disrupted the proper progress of some activities which had to be postponed and also the management of the Project. The Project pushed out the end of some activities to December 2011 with a no-cost extension.*

Main organization responsible for managing the use of the funds

In conformance with what was described in the submission, the funds were transferred to an autonomous account titled "Projet GAVI-OSC-RDC" and managed by the SANRU CSO through a coordination unit, called Chief of Party (COP), of the project's consortium of CSO. Thoughts, it was therefore SANRU which managed the use of the funds. So far, this organization is not changed relative to the initial proposition.

Role of the HSCC (its equivalent in DRC is the NSC).

The Technical Secretariat of the NSC plays the role of supporting all the annual action plans from the partners and financing proposals to the attention of GAVI.

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.

Type B CSO support strengthens their collaboration with the Ministry of Health. In fact, since year 1 and

notwithstanding the suspension for more than one year of the activities from the CSO window, the CSO have continued to stay with the Ministry of Health both in the NSC and the ICC. <?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />

As for the collaboration between CSO, since year 1 with this support it has been possible to establish a consortium of OSC (ARCC, CRRDC, CRS, SANRU and CNOS) who maintained the meetings between them during this period of delay disbursing the funds for year 2, which in particular made possible the development of the year 2 action plan, the advocacy for de-blocking the funds for year 2, and the preparation of a proposal for an extension of the project. The CSO from the consortium, who in the past were not necessarily collaborating, are doing it today because of the support from GAVI.

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 and names of CSOs involved, and the initial number and names of CSOs).

With this support it had been possible during the first year, apart from the five CSO from the consortium, to involve 20 local CSO (such as called for in the first year) who previously did not specifically work in the vaccination domain. In fact, most of the CSO were working more in the HIV-AIDS domain and community participation supporting healthcare activities. However, the interruption of activities for over one year and therefore the tracking of these CSO greatly reduced their participation in vaccination activities. The five CSO from the consortium have all the same maintained their regular involvement in vaccination activities both through participation in ICC meetings and also through support for providing services through various projects (other than GAVI) implemented by them. <?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />

In summary, four CSO were working in vaccination activities or strengthening of health systems at the end of the first year of the project; the five CSO from the consortium plus 20 local CSO were involved in these activities but for lack of tracking due to the interruption of the activities during more than one year, only the five CSO from the consortium maintained their involvement through other projects that they established and/or through their participation in ICC or NSC meetings.

During 2011, the Project changed strategy by choosing to work first of all with the base community organizations which are the base CSO, therefore 210 BCO were identified or five within each health zone in order to lead them to work in communication for vaccination. The project financed the preparation of communication plans for these BCO in collaboration with BCZS.

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

The non-disbursement and consequently the interruption of activities which resulted from it for more than one year led to the loss of the knowledge acquired during the first year both in terms of reduction of monitoring activities with the community in the health areas, irregularity in raising awareness, catching up with children by the relays and reporting and in terms of reduction of project tracking activities, turnover of project staff and other difficulties in the management of the project. After the resumption of activities at the end of 2010, US$456,703 were blocked following the failure of the bank where they were deposited and could only be unblocked much later leading to a delay in the implementation of the activities as planned in the timeline and consequently disruptions in the management of the Project. US$30,000 could only be made available to the CSO in January 2012, after closure of the project's activities. This amount will be carried forward for 2012 is the submissions accepted. ***<?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />***

Furthermore, is turning out to be useful to additionally have global support in the same space as that of implementing type B support.

Also note that the intervention space of the RSS component has not been the same as that as the component of the type B support to the CSO.

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 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2011	Outcomes achieved
210 BCO (see attached list)	No	Communication plan preparation in collaboration with HZ	Communication plan prepared for each BCO
ARCC (NGO) consortium member	Yes	1. Participate in EVP or Ministry of Health Meetings	1. ARCC participated in various meetings and workshops or reviews organized by the EVP or Ministry of Health
ARCC (NGO) consortium member	Yes	2. Participate in project meeting and review	2. ARCC participated in the review of the project's activities and in various other consortium meetings
ARCC (NGO) consortium member	Yes	3. Provide for the distribution of the management tools for the HZ	3. 11 HZ received management tools
ARCC (NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.1. The 11 HZ received monthly financial support which allowed performing nearly 80% of HC supervisions for the implementation period
ARCC (NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.2. The 11 HZ regularly held monthly monitoring meetings with the IT (more than 90%)
ARCC (NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.3. The HC regularly held monthly monitoring meetings with the community (more than 80%)
ARCC (NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.4. The 11 HZ received the funds which allowed them to perform forward strategies in the health areas.
ARCC (NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.5. Two antennas received monthly financial support for performing supervision, monitoring, supplies and cold chain operation.
ARCC (NGO) consortium member	Yes	5. Provide HZ with kerosene for the cold chain	5. 11 HZ received funds for purchasing kerosene for operating the cold chain
ARCC (NGO) consortium member	Yes	6. Support the HZ for cold chain maintenance	6. 11 HZ received funds for cold chain maintenance
ARCC (NGO) consortium member	Yes	7. Provide financial support for the organization of AVI in the HZ	7. AVI were organized in 11 HZ
CNOS (Council of NGO Working for Health) consortium member	No	1. Participate in EVP or Ministry of Health Meetings	1. CNOS was participated in various meetings organized by the EVP or Ministry of Health
CNOS (Council of NGO Working for Health) consortium member	No	2. Participate in project meeting and review	2. CNOS participated in the review of the project's activities and in various other consortium meetings
CNOS (Council of NGO Working for Health) consortium member	No	3. In collaboration with the EC ZS identify the BCO in 42 HZ and support preparation of their communication plans	3. 210 BCO were identified in the 42 HZ and the preparation of their communication plans supported
CNOS (Council of NGO Working for Health) consortium member	No	4. Organize advocacy	4. Advocacy sessions were organized in Katanga, Sud Kivu and Kinshasa
CRRDC (non-denominational	Yes	1. Participate in EVP or Ministry of	1. CRRDC participated in

NGO) consortium member		Health Meetings	various meetings and workshops or reviews organized by the EVP or Ministry of Health
CRRDC (non-denominational NGO) consortium member	Yes	2. Participate in project meeting and review	2. CRRDC participated in the review of the project's activities and in various other consortium meetings
CRRDC (non-denominational NGO) consortium member	Yes	3. Organize training for the community relays and Red Cross volunteers in collaboration with SANRU, CRS, ARCC	3. 1600 community relays and Red Cross volunteers were trained in the HZ supported by the project
CRRDC (non-denominational NGO) consortium member	Yes	4. Provide community relays communication guides and collection sheets for finding unvaccinated children	4. The community relays were provided with communication guides in French and local languages (Lingala, Swahili) and collection sheets)
CRRDC (non-denominational NGO) consortium member	Yes	5. Support activities by the community relays for community mobilization and catching up with unvaccinated children in collaboration with CRS, SANRU and ARCC	5. 38,783 children and 14,052 pregnant women were found in the 42 HZ
CRS (denominational NGO) consortium member	Yes	1. Participate in EVP or Ministry of Health Meetings	1. CRS participated in various meetings and workshops organized by the Ministry of Health
CRS (denominational NGO) consortium member	Yes	2. Participate in project meeting and review	2. CRS participated in the review of the project's activities and in various other consortium meetings
CRS (denominational NGO) consortium member	Yes	3. Provide for the distribution of the management tools for the HZ	3. 16 HZ received management tools
CRS (denominational NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.1. The 16 HZ received monthly financial support which allowed performing nearly 80% of HC supervisions for the implementation period
CRS (denominational NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.2. The 16 HZ regularly held monthly monitoring meetings with the IT (more than 85%)
CRS (denominational NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.3. The HC regularly held monthly monitoring meetings with the community (more than 90%)
CRS (denominational NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.4. The 16 HZ received the funds which allowed them to perform forward strategies in the health areas.
CRS (denominational NGO) consortium member	Yes	4. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	4.5. Two antennas received monthly financial support for performing supervision, monitoring, supplies and cold chain operation.
CRS (denominational NGO) consortium member	Yes	5. Provide HZ with kerosene for the cold chain	5. 16 HZ received funds for purchasing kerosene for operating the cold chain
CRS (denominational NGO) consortium member	Yes	6. Support the HZ for cold chain maintenance	6. 16 HZ received funds for cold chain maintenance
CRS (denominational NGO) consortium member	Yes	7. Provide financial support for the organization of AVI in the HZ	7. AVI were organized in 11 HZ
ECC-SANRU (denominational NGO) consortium member	Yes	1. Prepare the amendment to the memo of understanding between	1. The amendments to the memorandum of

		the coordination unit and consortium's partners	understanding between the COP and each partner of the consortium were prepared and signed
ECC-SANRU (denominational NGO) consortium member	Yes	2. Participate in EVP ICC and/or TCC-NSC meetings	2. The consortium participated in seven ICC meetings in 2011; 1 min. ICC-TCC/NSC meeting and to TCC/NSC meetings
ECC-SANRU (denominational NGO) consortium member	Yes	3. Participate in other EVP or Ministry of Health Meetings	3. The consortium participated in various meetings and workshops or reviews organized by the EVP or Ministry of Health
ECC-SANRU (denominational NGO) consortium member	Yes	4. Organizer meetings between the consortium's partners and review the project's activities	4. The consortium held a mid-course review of the project's activities in June and various other meetings
ECC-SANRU (denominational NGO) consortium member	Yes	5. Advocate with IMA for granting syringes for the benefit of HZ supported by the Project	5. 58,400 auto-disable syringes of 0.05 mL size and 362,400 auto-disable syringes of 0.5 mL size were granted to project HZ according to their need in October 2011
ECC-SANRU (denominational NGO) consortium member	Yes	6.1. Provide for the reproduction of management tools	6.1. The management tools were reproduced for all the HZ supported by the project
ECC-SANRU (denominational NGO) consortium member	Yes	6.2. Provide for the distribution of the management tools for the HZ	6.2. 15 HZ received management tools
ECC-SANRU (denominational NGO) consortium member	Yes	7. Provide handling of transport of vaccines and other EVP supplies	7. The project handled the transport of the vaccines and other supplies to the antennas supported by them each time the need was felt and the vaccines were available
ECC-SANRU (denominational NGO) consortium member	Yes	8. Provide financial support to the EVP for DQS in the antennas supported by the project and a contribution of organizing the EVP review at the central level	8. The DQS were organized in 5 antennas and the project contributed financially to the organization of the EVP review at the central level
ECC-SANRU (denominational NGO) consortium member	Yes	9. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	9.1. The 15 HZ received monthly financial support which allowed performing nearly 80% of HC supervisions for the implementation period
ECC-SANRU (denominational NGO) consortium member	Yes	9. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	9.2. The 15 HZ regularly held monthly monitoring meetings with the IT (more than 95%)
ECC-SANRU (denominational NGO) consortium member	Yes	9. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	9.3. The HC regularly held monthly monitoring meetings with the community (more than 95%)
ECC-SANRU (denominational NGO) consortium member	Yes	9. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	9.4. The 15 HZ received the funds which allowed them to perform forward strategies in the health areas.
ECC-SANRU (denominational NGO) consortium member	Yes	9. Provide financial support for performing HC and antenna activities (supervision, fuel, supplies, monitoring meetings, forward strategy bonuses)	9.5. Two antennas received monthly financial support for performing supervision, monitoring, supplies and cold chain operation.
ECC-SANRU (denominational NGO) consortium member	Yes	10. Provide HZ with kerosene for the cold chain	10. 15 HZ were provided with kerosene for the cold chain

ECC-SANRU (denominational NGO) consortium member	Yes	11. Provide financial support for the organization of AVI	11. AVI were organized in 10 HZ

Please list the CSOs that have not yet been funded, but are due to receive support in 2011/2012, 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 10.2.1b: Planned activities and expected outcomes for 2011/2012

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2011/2012	Expected outcomes
CNOS	Yes	Organize advocacy supporting EVP	Advocacy is done in five provinces and nationally
SANRU (denominational NGO)	Yes	Consortium management	The amendments to the memorandum of understanding with each partner are signed
SANRU (denominational NGO)	Yes	Consortium management	At least four meetings and one review organized
SANRU (denominational NGO)	Yes	Consortium management	The consortium partners' activities are tracked
SANRU (denominational NGO)	Yes	Consortium management	The consortium participates in various meetings of the Ministry or with other partners when invited to them
SANRU (denominational NGO)	Yes	Consortium management	The summary reports for the projects are prepared and transmitted
SANRU (denominational NGO)	Yes	Consortium management	External audits are organized
SANRU (denominational NGO)	Yes	Reproduction/purchase of communication and collection tools, distinctive signs for the community relays (players from CODESA, Red Cross volunteers and BCO players)	Communication tools and distinctive signs are available from the partners for distribution to the CODESA and BCO players
SANRU (denominational NGO)	Yes	Organization of the workshop on raising awareness through the media	The workshop is organized and the communication spots and media (CD and cassette) are available
SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Participation in ICC and NSC meetings	The four CSO from the consortium participate in ICC and NSC meetings
SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Support training of relays and players from the BCO on EVP communication and catching up with children	At least 2975 players from CODESA and the BCO are trained
SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Support monitoring and assemblies with the community, supervision and forward strategies	The 33 HZ are supported for monitoring, supervision and forward strategies
SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Identification of base CSO (BCO) and support of their activities raising awareness for the EVP	The base CSO are identified in 33 HZ and their awareness raising activities for the EVP used
SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Support for awareness raising activities in the HZ	The various awareness activities are supported in 33 HZ
SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Catching up with unvaccinated children	The children not reached and lost from sight are found by players from CODESA and BCO in 33 HZ

SANRU (denominational NGO); ARCC (non-denominational NGO); CRRDC (non-denominational NGO); CNOS	Yes	Distribution of communication and collection tools and distinctive signs to the players from CODESA and BCO	Communication tools and distinctive signs are available to the CODESA and BCO players

10.2.2. **Future of CSO involvement to health systems, health sector planning and immunisation**

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

In connection with the GAVI support, the CSO are planning to reframe their actions in the same space as the HSS and additionally to focus on the activities related to the link to the community.

A submission for the extension of the GAVI type B financing to the CSO has been introduced. This financing is of order US$2,333,000 for one year. In connection with the submission, the CSO are reframing their activities on the HSS action space at the request of the Ministry of Health.

Through the platform which is being set up through the GAVI CSO HSFP project, the CSO plan to participate more and more frequently in various meetings within the Ministry of Health and to work closely with it. With this platform, the CSO will be able to prepare for an effective and active commitment in the health system financial platform process.

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

These five CSO are the ones having been active in the implementation from 2008 to 2011. The project was closed in 2011 but a submission was done for 2012. *<?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />*

*ARCC: Project focal point: Dr. Valentin **Mutombo**, valentinmutombo@yahoo.fr*

*CNOS: Project focal point: Mr. Emmanuel **Nyabunamenda**, cnosrdc@yahoo.fr*

*CRRDC: Project focal point: Dr. Jean Faustin **Balelia**, jbalelia@yahoo.fr*

*CRS: Project focal point: Dr. Nicole **Shabani**, Nicole.Shabani@crs.org*

*SANRU: focal point for coordination unit: Ms Liliane **Diatezulwa**, lilianediat@sanru.org*

*focal point for implementation: Dr. Adrien **N'siala**, adriensiala@sanru.org*

*ARCC: ARCC President: Mr. Ambroise **Tshimbalanga**,*

*CNOS: CNOS President: Mr. Nestor **Mukinay**, cnosrdc@yahoo.fr*

*CRRDC: CRRDC President: Mr. Dominique **Lutula**, presidentcrrdc@yahoo.fr*

*CRS: CRS DRC Representative: Margarett **Desillier**, mdesillier@crs.org*

*SANRU: SANRU Director: Dr. Ngoma Miezi **Kintaudi**, leonkintaudi@sanru.org*

10.2.4. **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 2011 year

	Amount US$	**Amount local currency**
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	2250781	2077470863
Total funds available in 2011 *(C=A+B)*	2250781	2077470863

Total Expenditures in 2011 *(D)*	2159118	1992865914
Balance carried over to 2012 *(E=C-D)*	91663	84,604,949

Is GAVI's CSO Type B support reported on the national health sector budget? **No**

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.

The procedures anticipated that the funds would be transferred annually from GAVI Alliance to the EVP and annually from EVP to the consortium through their coordination unit, the COP, into a checking account housed in a commercial bank. For this year, the funds came from the HSS window, transferred from the Central Bank to the account of the COP. The transfer from the COP to each CSO in the consortium is done quarterly. The management is done based on signed memoranda between the CSO and the COP and based on the procedures manual prepared by the consortium. Since the beginning of program the CSO have filed their quarterly budgets with the COP and the disbursement to them is done according to this budget by means of the financial report and subject to the documentation of the consumption of at least 80% of the funds previously received; a request for funds using the form is provided for that purpose. Any rearrangement of the budget or any other unplanned operation requires the backing of the COP after undergoing a competitive exam between the COP and the CSO. Each CSO was responsible for its management, but COP handles tracking the management of each CSO in the consortium and having compliance with the procedures. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Since, other than the city province of Kinshasa, the project activities are done in the provinces, the consortium's CSO also use the funds transfer agencies present in various provinces in order to get the funds to provincial coordinators of the CSO who handle getting it to the HZ.

The provincial levels send to the national level of each CSO of the consortium all the supporting documents for the activities conducted at their level. Thus, each CSO from the consortium prepares a financial report and subsequently sends it to the coordination unit of the consortium COP which finally produces a consolidated report for the Project.

Problems encountered:

- *Between 2010 and the beginning of 2011, the project found itself with two accounts including one usually housed at Rawbank and the other opened at Banque Congolaise, bankrupt with US$456,703 blocked (out of US$2,300,000 advanced by HSS) and which has led to the closure of the account. The project is staying with its account lodged at Rawbank where the funds intended for the 2011 activities have been transferred. Thus, US$1,843,227 were made available in November 2000 and US$456,703 were made available August 2009.*

- *Of the US$2,330,000 balance for year 2, the HSS window called for US$2,300,000 with an uncovered gap of US$30,000 which was finally paid to the Project in January 2012 after the Projects field activities ended.*

- *Since the banks are not represented in all the provinces, the funds transfer for the field activities by means of transfer agencies leads to an increase of the bank fees. Additional bank fees were incurred because one of the consortium's partners was not able to open an account in the same bank as the coordination unit.*

Detailed expenditure of CSO Type B funds during the 2011 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2011 calendar year **(Document Number)**. Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? Yes

External audit reports for CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during

your governments most recent fiscal year, this must also be attached (Document Number).

10.2.5. **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 10.2.5: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
DTP3 vaccination coverage in children from 0 to 11 months old	DTP3 vaccination coverage rate	EVP	74% (first half 2007)	92.2%	March 2012	90	September 2001
Measles vaccination coverage in children from 0 to 11 months old	Measles vaccination coverage rate	EVP	74% (first half 2007)	88%	March 2012	90	September 2001
Pregnant women TT2+ vaccination coverage	TT2+ vaccination coverage rate	EVP	71% (first half 2007)	83%	March 2012	85	September 2001
Local CSO participating in vaccination activities	Number of BCO aware of the EVP communication plan	Direct collection from the project	0 (first half 2007)	210	January 2012	42	September 2001

Planned activities :

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.

1. ***Community Level <?xml:namespace prefix = o ns = “urn:schemas-microsoft-com:office:office” />***

The main beneficiaries participate directly in tracking indicators through the community relay network, their representatives at the COSA and COGE meetings and other monitoring encounters organized at the health zone or health area level. The health area level monitoring meetings are held monthly.

2. ***Peripheral Level (Health Area and Health Zone):***

- *Since the activities take place in the health areas, the monthly health area meetings bring together registered and assistant nurses in the community’s presence (project’s main beneficiary) represented by the community relay’s making up the first rung of performance tracking and orientation.*
- *In the health zones, apart from the supervisory visits from the ECZS to the health area,*

Monthly meetings between the ECZS and registered nurses constitute an opportunity not only for evaluating performance but also for training by sharing experience of nurses who have problems.

At this level the project tracking indicators are:

- *DTP3, measles and TT2+ vaccination coverage rate by health area*
- *Number of unvaccinated children recovered per health area*
- *Number of unvaccinated women recovered per health area*
- *Number of base CSO participating in vaccination activities per health area*

3. ***Intermediate Level (EVP Antenna)***

With quarterly EVP Antenna-ECZS meetings, other than data consolidation, performance of each of the HZ can be analyzed and recommendations formulated

Additionally, accompaniment of the Health Zones is done through supervisory visits from the EVP antennas or Health Districts so that the Health Zones can perform better.

The project tracking indicators are:

- *DTP3, measles and TT2+ vaccination coverage rate by health zone*
- *Number of unvaccinated children recovered per health zone*
- *Number of unvaccinated women recovered per health zone*
- *Number of base CSO participating in vaccination activities per health zone*
- *Proportion of the project's health zones with over 80% coverage*

4. ***Central Level***

The provincial coordination of the consortium's CSO regularly track activities in the field and the central level of each CSO does periodic follow-ups. The COP organizes the consortium's meetings and a midcourse review in order to update and uncover difficulties encountered, propose paths for solutions and share the way in which these difficulties were overcome and exchange experiences and lessons learned among each other. The CSO also participate in various ICC meetings.

The project tracking indicators are:

- *DTP3, measles and TT2+ vaccination coverage rate by health zone*
- *Number of unvaccinated children recovered per health zone*
- *Number of children lost from view recovered per HZ*
- *Coverage rate per HZ, by partners and for the project*
- *Number of CSO participating in vaccination activities per health zone*
- *Proportion of the project's health zones with over 80% coverage*

With these analyses, it was possible for us to track the performance of the project, partners and various supported health zones for the purpose of prioritizing the project's actions in response to the identified problems.

- *Circuit and collection tools*

At the consortium level, a project tracking and evaluation framework had been defined at the beginning of the project. It defined by level in the health care pyramid the various process indicators and results to follow, the data collection tools and the report transmission circuit, the feedback mechanism and the roles of the various actors including beneficiaries.

First among the analyzed and reported data are the confirmed EVP data. In parallel and to guarantee some promptness in response to problems identified and to contribute to the verification of the data quality, the Project established a mechanism for direct collection of data from the HZ. With this mechanism, some information not reported by the EVP tools could also be collected. A collection tool was also made available to the BCZS, which is the level at which data coming from various EVP forms 1 and 2 is aggregated. In order to not create another collection circuit at the health zones, the collection is done monthly.

The data are passed up monthly from the community to the HC and then the BCZS which sends them to consortium's various CSO through the provincial coordinations. After analysis the CSO send them monthly to the Project's coordination unit, called COP, for consolidation. The CSO's activity reports are sent quarterly to the COP for consolidation and feedback. The data concerning vaccination coverage are actively collected by

the EVP at all levels.

11. 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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & 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 expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

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 *
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & 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 expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & 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 expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✔	SIGNATURE_MINISTRE DE LA SANTE.pdf File desc: Ministry of Health Signature Date/time: 5/22/2012 9:28:37 AM Size: 376847
2	Signature of Minister of Finance (or delegated authority)	2.1	✔	SIGNATURE_MINISTRE DES FINANCES.pdf File desc: Ministry of Finance Signature Date/time: 5/22/2012 9:53:45 AM Size: 376847
3	Signatures of members of ICC	2.2	✔	SIGNATURES_CCIA.pdf File desc: Signatures of ICC members Date/time: 5/22/2012 9:56:38 AM Size: 306189
4	Signatures of members of HSCC	2.3	✘	SIGNATURES_CCSS.pdf File desc: Signatures of the HSCC members Date/time: 5/22/2012 10:00:05 AM Size: 312131
5	Minutes of ICC meetings in 2011	2.2	✔	Compte rendu mixte CCIA_CCSS du 15 mai 2012.doc File desc: Minutes of the ICC meeting in 2012 guaranteeing RSA_RDC 2011 Date/time: 5/22/2012 5:52:06 AM Size: 467456
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✔	Compte rendu mixte CCIA_CCSS du 15 mai 2012.doc File desc: Minutes of the ICC meeting in 2012 approving the RSA_RDC 2011 Date/time: 5/22/2012 5:54:56 AM Size: 467456
7	Minutes of HSCC meetings in 2011	2.3	✘	CR-Reunion-du-CCT-presideparleMSP-05mai2011.docx File desc: Minutes of the HSCC-HSS meeting in May 2011 Date/time: 5/11/2012 12:01:33 AM Size: 44286
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✘	Compte rendu mixte CCIA_CCSS du 15 mai 2012.doc File desc: Minutes of the ICC meeting in 2012 approving the RSA_RDC 2011 Date/time: 5/22/2012 5:58:10 AM Size: 467456
9	Financial Statement for HSS	9.1.3	✘	ETAT FINANCIER RSS.JPG File desc: Financial report for HSS application in the

	grant APR 2011			2011 status report Date/time: 5/10/2012 11:08:46 PM Size: 1022304
10	new cMYP APR 2011	7.7	✔	REVISION DU PPAC.doc File desc: New cMYP for the DRC Date/time: 5/22/2012 6:31:45 AM Size: 53760
11	new cMYP costing tool APR 2011	7.8	✔	cMYP_Costing_Tool_Vs 2 5_Fr_RDC_28 05 2011.xls File desc: cMYP Costing Tool DRC_2011 Date/time: 5/21/2012 7:56:35 AM Size: 3280384
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✘	Etats financiers 2011 OSC type B signés.docx File desc: Etat financier OSC type B signés pour RSA 2011 Date/time: 5/10/2012 5:19:52 PM Size: 1740591
13	Financial Statement for ISS grant APR 2011	6.2.1	✘	Tableau_execution_budget_2011_model_PEV_RSA.xls File desc: Financial report PEV_SSV 2011 Date/time: 5/21/2012 7:40:59 AM Size: 114688
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✔	Etats financiers_PEV_RSA 2011_22 mai 2012.jpg File desc: Financial report for the introduction allocation for a new vaccine in 2000 Date/time: 5/22/2012 10:04:50 AM Size: 599951
15	EVSM/VMA/EVM report APR 2011	7.5	✔	Rapport_ GEV_RDC _2011.doc File desc: EVM DRC 2011 report Date/time: 5/21/2012 7:47:54 AM Size: 2124288
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✔	PLAN D'AMELIORATION GEV RDC.docx File desc: EVM DRC improvement plan Date/time: 5/21/2012 12:47:32 PM Size: 23891
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✔	Etat de mise en oeuvre du plan d'améilioration de la GEV.doc File desc: EVM improvement plan implementation status Date/time: 5/21/2012 12:50:02 PM Size: 33792
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✘	Questions et reponses en rapport avec le processus des audits externes RSS et SSV.doc File desc: ISS External Audit Report Date/time: 5/22/2012 7:06:26 AM Size: 59904
				Rapport Final d'évaluation post introduction du PCV-13

20	Post Introduction Evaluation Report	7.2.2	✔	à Kinshasa .doc File desc: Final post introduction evaluation report for PCV-13 in Kinshasa Date/time: 5/20/2012 2:37:18 PM Size: 748544
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✔	Compte rendu mixte CCIA_CCSS du 15 mai 2012.doc File desc: ICC meeting minutes requesting new vaccine extension Date/time: 5/22/2012 7:17:39 AM Size: 467456
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✕	Questions et reponses en rapport avec le processus des audits externes RSS et SSV.doc File desc: HSS External Audit Report Date/time: 5/22/2012 7:14:25 AM Size: 59904
23	HSS Health Sector review report	9.9.3	✕	Rapport de la Revue Annuelle 2010 31 JANVIER _nestor.doc File desc: HSS 2010 annual review report Date/time: 5/21/2012 1:42:43 PM Size: 627200
24	Report for Mapping Exercise CSO Type A	10.1.1	✕	Etats financiers OSC à déc 2010 pr RSA mapping.jpg File desc: CSO type A mapping Financial reports to December 2010 Date/time: 5/21/2012 1:41:49 PM Size: 225887
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	✕	Microsoft Word – 111130 FLK-FK-DM Rapport d'audit Projet GAVI COP 2011.pdf File desc: CSO type B/ COP Audit reports 2009 to 2011 Date/time: 5/21/2012 1:30:11 PM Size: 323198