



Annual Progress Report 2008

presented by

the Government of

Guinea-Bissau

Year of the report: 2008

Request for support for the year: _2010/2011_

Date of presentation: 15 May

Deadline for presentation: 15 May 2009

Please send an electronic copy of the annual progress report in addition to its annexes to the following e-mail address: apr@gavialliance.org

A printed copy may be sent to:

**Secretariat of GAVI Alliance,
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Switzerland**

For any request for information please contact apr@gavialliance.org or representatives of a GAVI partnership institution. Documents may be brought to the knowledge of GAVI partners, its collaborators, and the general public.

**Government signatures page for all GAVI support
(ISS, INS, NVS, HSS, CSO)**

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

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

For the Government of Guinea-Bissau.

Minister of Health:

Title:

Signature:

Date: 15 May 2009.....

Minister of Finance:

Title:

Signature:

Date: 15 May 2009

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Signatures page for GAVI Alliance CSO support (Type A and B)

This report on the GAVI Alliance CSO support was prepared by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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

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

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	54 908	56 034						
Infants' deaths	6809	6948						
Surviving infants	48 100	49 086						
Pregnant women	66 781	68 150						
Target population vaccinated with BCG	54 908	56 034						
Coverage of the BCG*	87							
Target population vaccinated with OPV3	31 847							
Coverage of OPV3**	66							
Target population vaccinated with DTP3***	12 848							
Coverage of DTP3**	27							
Target population vaccinated with DTP***	16 335							
Wastage rate ¹ in base-year and planned thereafter	<20%							
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3rd dose of ...Pentavalent vaccine.....	11 757							
Coverage of...Pentavalent vaccine.....**	24							
Target population vaccinated with 1st dose ofPentavalent vaccine.....	33 897							
Wastage rate in base-year and planned thereafter	3.9%							
Target population vaccinated with 1st dose of yellow fever vaccine.....	17 501							
Coverage of...yellow fever.....**	36							
... Loss ¹ during the reference year and foreseen subsequently	28.63							
Target population vaccinated with 1st dose of measles vaccine	33 082							

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

Target population having received the 2 nd dose of anti measles vaccine									
Coverage of anti measles vaccine**		69							
Pregnant women having received the anti tetanus toxin (AT+)		13 768							
Coverage of the AT+****		21							
Vitamin A supplementation	Mothers (<6 weeks before pregnancy)								
	Infants (>6 months)								
Annual abandonment for the DTP vaccine [(DTP1 - DTP3) / DTP1] x 100		21.3%							
Annual rate of abandonment for the anti measles vaccine (for countries requesting the yellow fever vaccine)									

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate the total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	54 908	56 034						
Infants' deaths	6809	6948						
Surviving infants	48 100	49 086						
Pregnant women	66 781	68 150						
Target population vaccinated with BCG	54 908	56 034						
Coverage of BCG*	87							
Target population vaccinated with OPV3	31 847							
Coverage of the three doses of OPV**	66							
Target population vaccinated with DTP3***	12 848							
Coverage of DTP3**	27							
Target population vaccinated with DTP***	16 335							
Wastage rate ² in base-year and planned thereafter	<20%							
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of ...Pentavalent vaccine.....	11 757							
Coverage of.....**	24							
Target population having received the 1 st dose ofPentavalent vaccine.....	33 897							
Loss ¹ during the reference year and foreseen subsequently	3.9%							
Target population vaccinated with 1 st dose of the yellow fever vaccine	17 501							
Target population vaccinated with 1 st dose of ...coverage.....	36							
Wastage rate ¹ in base-year and planned thereafter	28.63							
Target population vaccinated with 1 st dose of anti measles vaccine	33 082							

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

Target population vaccinated with 2 nd dose of measles vaccine								
Coverage of measles vaccine**	69							
Pregnant women vaccinated with TT+	13 768							
Coverage of TT+****	21							
Vit A supplement	Vit A supplement Infants (>6 months)							
Annual DTP drop out rate [(DTP1 - DTP3) / DTP_] x 100	<20%							
Annual Measles drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate the total number of children vaccinated either with DTP alone or combined

**** Number of pregnant women vaccinated with AT+ with regard to total number of pregnant women

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

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget (reflected in the Ministry of Health and Ministry of Finance Budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The Ministry of Health budget is declined following the annual action plan of the National Plan for Health Development. A request was made to the plan's secretariat to include GAVI funds and projects (ISS and new vaccines) in the Public Investment Plan 2006-2008.

1.1.1 Management of ISS funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The management of Alliance funds for vaccines and immunization and funds for vaccines is jointly assured by the ROTARY CLUB of Guinea-Bissau and the Ministry of Health (EPI directorate) under the supervision of the ICC. Specifically, the ROTARY CLUB and EPI directorate manage a bank account where each disbursement requires the signatures of the chairperson of ROTARY and the EPI director.

A third signature of a ICC member is registered. Disbursements are authorized with at least two signatures.

The initial balance at the start of 2008 was US\$ 292 802.00

In May 2008 the ICC met to approve the annual activity report 2007, action plan 2008 and plan for use of GAVI funds after lengthy discussions.

In August, the ICC met to approve the plan of action and the plan for utilization of GAVI funds.

US\$ 94 426.28 was paid out of the account on 4 November 2008 as payment for 2007.

1.1.2 Use of Immunization Services Support

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

Funds received during 2008 _US\$ 94 426.28

Remaining funds (carry over) from 2007 US\$ 292 802.00

Balance to be carried over to 2009 __ US\$ 202 703.48

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US\$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR and others
		Central	Region/State/Province	District	
Vaccines	0	0	0		
Injection supplies	0	0	0		
Personnel	20 133.03	4 440.04	15 692.99		
Transportation	7000.81	0	7000.81		
Maintenance and overheads	55 970.17	55 970.17	0		
Training	22 058.97	828.12	21 230.85		
IEC / social mobilization	18 609.15	434.88	18 174.27		
Outreach	0	0	0		
Supervision	1305.16	1305.16	0		
Monitoring and evaluation	11 611.73	11 611.73	0		
Epidemiological surveillance	11 602.55	0	11 602.55		
Vehicles	0	0	0		
Cold chain equipment	27 814.29	8 449.67	19 364.62		
Others..... (specify)	8 418.94	30 923.76	4 495.18		
TOTAL:	184 524.80	86 963.53	97 561.27		
Remaining funds for next year:	202 703.48				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? Twice

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

Are any Civil Society Organizations members of the ICC: [Yes/No] if yes, which ones?

Two coordination meetings were held over the year

- *In May for approval of the activity report 2007, plans of action and use of GAVI funds 2008*
- *In August for review and approval of plans of action and use of GAVI funds 2008*

The following organisation members of civil society are members of the ICC: Rotary Club, AGUIBEF, Plan Guinea-Bissau, Chamber of Commerce of Guinea-Bissau.

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

The following immunization strengthening activities were performed with GAVI funds

- *Holding of a coordination meeting with EPI and epidemiological monitoring managers to assess 2007 activities and consolidate previously prepared regional micro plans for 2008.*
- *An advanced strategy was performed in the entire country in November. The regions of Bafatá and SAB performed a strategy in December. UNICEF financed an advanced strategy in October in the entire country. The action plan was only validated in August because of the change in government.*
- *The monitoring of EPI target diseases has been performed in health areas each month since September*
- *Training tools were consolidated for training of technicians in the field of programme management (management of logistics and sharp waste)*
- *Training of 37 trainers in March for six days on preventive maintenance of the cold chain*
- *Strengthening of national supervision capacities on EPI indicators in November*
- *Translation of EPI political documents in Portuguese (the multi-year plan 2005-2009, plan to eliminate maternal-neonatal tetanus, plan for introduction of new vaccines: HepB, Hib and yellow fever (April)*
- *Inventory of material and means of transport existing in health sectors in the regions of Bolama, Quinara and Tombali (April)*
- *One day's training of 280 technicians on the new vaccines (19 members of CTV, 33 members of regional teams, 228 from health areas) (August)*
- *Training of 446 awareness agents from health areas on the new vaccines (1 day)*
- *Review of the child charter and vaccine management specifications (April)*
- *A meeting of the National Committee of Poliomyelitis Experts for the classification of two cases of Acute Flaccid Paralysis*
- *Preparation and printing of communication messages and support on the new vaccines (August).*

- Dissemination of radio spots on the new vaccines by means of public, private and community radio stations.
- Holding awareness meetings (advocacy on new vaccines to local authorities, religious entities: traditional and religious leaders)
- Preparation of monitoring instruments for post-immunization adverse manifestations

Other activities performed by the national immunization programme thanks to the support of other partners.

- In the context of elimination of maternal and neonatal tetanus and with the aim of increasing antitetanus immunization coverage, a campaign (3rd round) has been carried out in women aged 15 to 49 followed by a catch-up campaign in 15 health areas which had a coverage of less than 80%.

National professionals participated in workshops and encountered the following problems:

- *Participation in the meeting of EPI managers of countries from the epidemiological block of West Africa*
- *Participation in the assembly of the Ministers of Health of CEDEA*
- *Participation in the annual meeting of logisticians of countries from the epidemiological block of West Africa*

Problems encountered:

1. The programme had to tackle an oil stock-out for the cold chain during seven months (November 2007-June 2008); which lead to discontinuation of activities in the majority of health regions and centres; this product is not available in the country. It was decided to progressively replace all oil-based fridges with solar fridges.
2. The country also had a petrol stock-out during the first semester of the year
3. We have to highlight that these activities were significantly disturbed by the cholera epidemic which mobilized a large part of human resources for monitoring.
4. Problem with electrical supply of the public sector and central malfunction of regulations/protection circuits of the cold chain because of a poor and old electrical installation which led to the alteration of 69 200 doses of pentavalent vaccine out of stock provided by GAVI. Electrical facilities were installed based on UNICEF financing. The programme benefited from technical assistance which assessed the cold chain on a country level. It was decided to contract a technician to maintain the cold chain.
5. Polio vaccine stock-out for one month requiring an emergency order of 59 120 doses by UNICEF.
6. Slowing down in production of certification of expenses on a regional level
7. Difficulties in mobilizing state financial resources.
8. Opposition of the population to antitetanus immunization in all regions (because of rumours of infertility), especially in Oio. A survey was performed and awareness strengthened in the 16 health areas concerned.
9. Insufficient technical personnel on a central level for implementation and follow-up of activities (training, supervision)

Immunization directly performed thanks to GAVI funds in the context of these advanced strategies is the following (no data from the region of Oio which has not provided broken down data):

Direct contribution from GAVI to immunization procedures with antigens:

	TOTAL	GAVI	% GAVI
BCG	470 734	70 697	16.10%
DTP1	160 335	0	--
DTP3	120 848	0	--
Polio3	310 847	50 823	18.20%
Measles	330 082	90 890	29.80%
Penta1	330 897	90 706	28.60%
Penta3	110 757	20 188	18.60%
Yellow fever	170 501	100 422	59.50%
TOTAL	205 001	45 726	22.31%

In the 10 regions where specific broken down information exists, the advanced strategy activity financed by GAVI has enabled performing more than 20% of immunization procedures, more than half of immunizations against yellow fever, and nearly one-third of immunization against measles and the pentavalent vaccine performed in the country. We can estimate that the contribution by GAVI to national coverage is approximately 22%. All health regions have profited from the contribution by GAVI to develop their advanced strategy in spite of the late availability of GAVI funds. We should highlight that these figures do not include data from Oio which has not provided broken down data.

Total national coverage for 2008 (less than one year and pregnant women):

	Denominator	Children immunized	Coverage %	cMYP target 2008
BCG	540 908	470 734	87	95%
DTP1	480 068	160 335	34	
DTP3	480 068	120 848	27	
Penta1	480 068	330 897	71	95
Penta3	480 068	110 757	24	90%
Polio 3	480 068	310 847	66	90%
Measles	480 068	330 082	69	85%
Yellow fever	480 068	170 501	36	85%
TT2+ pregnant women	66 781	130 768	21	85%

- We should note that targets have been broadly exceeded for yellow fever probably thanks to advanced strategies in which GAVI has played a large part. Unfortunately for other antigens, because of the problems cited above targets are largely falling short.*

Rate of country abandonment: BCG/SAR

Number of children immunized with BCG = 47 734

Number of children immunized with anti measles vaccine = 33 082

Rate of abandonment is 31%

Attachments:

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

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below::

1.1.4 Immunization Data Quality Audit (DQA)

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

Following difficulties in validation of the joint report 2008 (which is still under modification), was it proposed to perform a DQA in 2009?

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

YES

NO

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

Not applicable

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [month/year]

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

Not applicable:

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

1.2.1. Receipt of new or under-used vaccines in 2008

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

- The pentavalent (DTP-HepB-Hib) and yellow fever vaccines were introduced in August 2008.

Dates of receipt of vaccines supplied in 2008.

Vaccine	Vials size	Total number of doses	Date of introduction	Date shipments received (2008)
DTP-HepB-Hib	One dose	173 815	30/08/2008	23/11/2007 18/04/2008
Yellow fever	10 doses	58 300	30/08 2008	14/12/2007 9/05/2008

Please report on any problems encountered.

The new DTP-HepB-Hib and yellow fever vaccines were introduced on 30 August 2008 in the routine programme one year following the date foreseen in the cMYP

Constraints: Oil stock-out for the cold chain on a country level leading to discontinuation of immunization activities; cholera epidemic

1.2.2. Major activities

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

Already performed:

- A coordination meeting with EPI and epidemiological monitoring managers during which:
1- the regional micros plans 2008 were consolidated
2- the capacity for improvements in notification, investigation and response to EPI target diseases was strengthened

- 34 regional technicians and three central technicians were trained on preventive maintenance of the cold chain.

- Adapted MLM (mid-level management) training on tools and training aimed at health technicians from different levels (central level, regional teams and health areas)
- Preparation of training instruments on the new vaccines
- Training on the new vaccines at different levels took place:
 - Training of members of the technical immunization committee,
 - Training of members of regional teams,
 - Training of technicians from health areas,
 - Training of those responsible for awareness of health areas
- Awareness meetings of community and opinion leaders on the new vaccines
- Review of immunization supports (immunization card, registries and stock files) for the integration of information on new vaccines
- Awareness of health areas
- Preparation of communication messages and supports on the new vaccines
- Dissemination of spots by means of public, private and community radio stations
- Dissemination of spots to television
- Official launch of the introduction of new vaccines in the country on 30 August 2008 in the presence of the Administration's representative, Minister of Health, WHO, UNICEF and PLAN representative
- Immunization at fixed and advanced stations
- Making consumables and computer materials available to the Directorate of Hygiene and Epidemiology and the National Public Health Laboratory
- Advanced strategies were performed at the level of the whole country with GAVI funds during November and December. Funds for October came from UNICEF.

Monitoring of EPI target diseases has been performed monthly at the level of health areas since September.

We should highlight that these activities were seriously disturbed by the cholera epidemic that has raged in the country since May

To be performed:

- Intensification of immunization activities in fixed and advanced strategy stations
- Catch-up campaigns
- Prevention campaigns in at-risk areas based on epidemiological risk
- Strengthening of the capacities of technicians on programme management (planning, execution, supervision, monitoring and evaluation)
- Training of EPI data managers on tools for regional management of vaccines and logistics

- *Follow up of side effects of the new vaccines*
- *Strengthening of the capacities of technicians at all levels in the field of integrated monitoring, collection, processing, analysis of data and feedback of information*
- *Intensification of EPI disease monitoring activities*
- *Strengthening of follow-up and supervision of the introduction of new vaccines in health areas*
- *Progressive reduction of loss: loss less than 10% will be sought.*
- *Progressive implementation of the open flask policy*
- *Reduction of abandonment by strengthening the involvement of communities in immunization activities with communication, information, and education.*
- *Extension of the training of technicians on preventive maintenance of the cold chain from 114 health areas and strengthening the operation of the cold chain*
- *Awareness meeting of the population on the importance of immunization, knowledge of the new schedule and new target diseases and requirement to have concentrations stations.*
- *Advocate to local authorities, religious and community leaders with a view to strengthening the partnership*
- *Dissemination of messages by means of public, private and community radio stations on immunization*
- *A repair/maintenance intervention will be set up with a view to reducing losses due to damage and poor handling.*
- *The multi-year plan foresees equipping each of the regions and each regional hospital with high-temperature incinerators where safety receptacles will be progressively destroyed*
- *Follow up of cases of jaundice*

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

These funds were received on: 26 October 2007

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

Year	Amount in \$US	Date received	Balance remaining in US\$	Activities	List of problems
2008	200 000	26/10/2007	74 632.7	See table 1.2.2	

Activities	Cost in CFA	Cost in US\$
<i>Coordination meeting with EPI managers and EPI target disease monitoring on consolation of micro plans</i>	5 622 750	12 866.70
<i>Meeting of central and regional technicians to adapt MLM modules for training of trainers in the field of programme management (planning, execution, follow-up and supervision)</i>	1 086 000	2 485.10
<i>Materials for the reproduction and review of adapted modules</i>	821 800	1 880.50
<i>Workforce for the reproduction of adapted modules</i>	135 000	308.90
<i>Training of 37 technicians on preventive maintenance of the cold chain</i>	1 103 090	2 524.20
<i>Translation of plans (multi-year plan, plan to eliminate MNT, plan to introduce new vaccines)</i>	820 000	1 876.40
<i>Training of health technicians (members of the technical immunization committee, regional teams and technicians from health areas)</i>	5 794 594	13 259.90
<i>Support of the technical immunization committee, training of technicians from health areas and advocacy to local authorities, religious and traditional leaders on the introduction of new vaccines</i>	1 590 130	3 638.70
<i>Training of those responsible for awareness of health areas on the new vaccines,</i>	1 115 000	2 551.50
<i>Support materials for communication</i>	342 000	782.60
<i>Awareness of health areas on the new vaccines</i>	1 338 000	3 061.80
<i>Awareness meeting of regional directorates and local authorities, nongovernmental organisations, religious and traditional leaders</i>	1 103 000	2 524.00
<i>Preparation of communication messages and support on the new vaccines</i>	300 000	686.50
<i>Duplication of communication supports (leaflets and posters)</i>	2 500 000	5 720.80
<i>Dissemination of radio spots on the new vaccines by means of public, private and community radio stations</i>	1 260 000	2 883.30
<i>Emission of televised spots on the new vaccines</i>	525 000	1 201.40
<i>Design of banners and posting them on main urban roads</i>	205 000	469.10
<i>Official launch of the new vaccines</i>	270 400	618.80
<i>Immunization activities in advanced strategies</i>	9 749 018	22 309.00
<i>EPI target disease monitoring activities</i>	5 618 303	12 856.50
<i>Computer (Logistics computer*****)</i>	900 000	2 059.50
<i>Didactic and computerized materials</i>	4 276 800	9 786.70
<i>Training of national supervisors</i>	186 000	425.60
<i>Repair of motorbikes</i>	3 390 000	7 757.40
<i>Support for communication</i>	100 000	228.80
<i>Electrogenic group of the central vaccines warehouse</i>	542 032	1 240.30
<i>Repair of electrogenic group and central vaccines warehouse inverters</i>	324 000	741.40
<i>Maintenance materials of the electrogenic group of the central vaccine warehouse</i>	768 000	1 757.40
<i>Repair of the central cold chain</i>	1 785 000	4 084.70
<i>Uniform for EPI personnel</i>	360 000	823.80
<i>Lubricants for the electrogenic group of the central cold chain</i>	854 584	1 955.60
TOTAL	54 785.501	125 367.30

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [Month/year]

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

There was profound reflection following the loss of vaccines in 2008 and corrective measures will be taken

Was an action plan prepared following the EVSM/VMA: **Yes/No**

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

Not applicable

When will the next EVSM/VMA* be conducted*? [Month/year]

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

Table 1.2

Vaccine 1: Pentavalent	
Anticipated stock on 1 January 2010	2000 doses.
Vaccine 2: Yellow fever.	
	0 doses
Anticipated stock on 1 January 2010	.
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? Yes

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

Injection Safety Material	Quantity	Date received
SAB 0.5 ml	185 600	17/04/2008

Please report on any problems encountered.

No problem was encountered and no stock-out was highlighted during the year.

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

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

The country has not made the fund for procurement available. However, the programme utilized stocks remaining from the previous year (TT campaign).

Please report how sharps waste is being disposed of.

Sharp waste is currently collected in safety boxes and either buried or burnt in fossae crossed for this purpose in each of the health centres. There are already 24 simple incinerators in health centres in particular in the East of the country.

Only two high-temperature incinerators exist in the country (national hospital, Mansôa) but simple incinerators are systematically provided in new health centres built in the context of the national programme for health development.

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

The programme for equipping existing structures in high temperature incinerators has not been commenced.
The system for evacuation of used safety boxes towards the network of incinerators has not been able to be implemented but they are destroyed in each health centre.

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

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

Not applicable

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting year 2008	Reporting year + 1	Reporting year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by category</i>			
Traditional vaccines	86 262	92 115	94 004
New vaccines	642 252	650 970	660 382
Injection supplies	188 657	197 871	201 865
Cold Chain equipment	96 430	100 985	80 935
Operational costs	334 984	339 036	340 940
Others (please specify)	1040	1061	1082
Total EPI	1 014 641	1 043 002	836 403
Total Government health			

Exchange rate used	480
---------------------------	-----

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

2008 was significantly disturbed by the oil stock-out and the cholera epidemic which led to discontinuation of significant activities in the field; consequently, the evolution of expenses does not correspond to available financing for immunization. In the cMYP envisaged for the next five years advanced strategies activities will be strengthened.

1.

Future Country Co-Financing (in US\$)

Please refer to the excel sheet attached in annex 1 and follow the instructions below:

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

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

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

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

<i>1st vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level by dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

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

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

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

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

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

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

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

Q. 3 : What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. No mechanism for institutionalized negotiation between the Ministries of Health and Finance for immunization-related expenses In the context of the PNDS2 it is planned to create a commission to accompany budgetary execution including the financing of vaccines
2. Change in government: political stability Change in human resources also affects the professionals of both the Ministries of Health and Finance
3. No available cash flow Context of delayed payment of wages (four months)

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

In March 2008, the Ministry of Health requested the Ministry of Finance to purchase immunization vaccines and supplies (including the undertaking of the government to buy new vaccines for 2008-2009). This order was financed for the amount of US\$ 177 292.03 by means of targeted budgetary support from France for the state budget. Funds were transferred to UNICEF's supply centre in Copenhagen. There will be a shortage in polio vaccine that UNICEF (country-office) may finance.

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

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

3.1. Updated immunization targets

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

With regard to the difficulties of the country which have delayed implementation of the cMYP 2005-2009 and have not enabled its assessment and preparation of the next plan, the Ministry of Health has decided to extend the current cMYP by one year. This additional year (2010) will enable accelerating activities, having the current plan assessed and preparing the next cMYP 2011-2015. Under these conditions, the country requests—by means of this annual progress report—extension by one year of GAVI support for new vaccines (pentavalent and yellow fever vaccine).

Are there changes between table A and B? Yes/no

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

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

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

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

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

Vaccine 1:

Please refer to the Excel sheet and follow the instructions below:

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

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

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

Table 3.1: Specifications of vaccinations with new vaccine

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

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

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

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

Vaccine 2 :

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

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

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

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

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

Vaccine 3 :

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	<i>Table B</i>	#						
Target immunization coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E Tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D Tab 4</i>	\$						

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

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

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

4. Health System Strengthening (HSS)

Instructions relating to information to provide on HSS funds received

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

4.1 Information relating to this report:

- a) Fiscal year runs from month month
- b) This HSS report covers the period from..... (month/year) to..... (month/year)
- c) Duration of current National Health Plan is from..... (month/year) to (month/year)
- d) Duration of the immunization cMYP: 2005-2009, but the Ministry of Health has decided to extend the current cMYP by one year to enable accelerated implementation of activities, have the current plan assessed and prepare the next cMYP 2011-2015.
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

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

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Dr. Luis Siva Lopes	MINSAP	Coordinator	+245 6683322
Other partners and contacts who took part in putting this report together			
WHO, UNICEF			

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

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

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

--

4.2 Overall support breakdown financially

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

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved		\$US 338 500							
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008: 0

Remaining balance from total: US\$ 338 500

The use of funds to support HSS has not yet commenced out of concern of integrating the new coordination mechanisms set out in the PNDS2 and whose implementation has been slightly delayed. In particular, the Ministry of Health is concerned about integrating and coordinating HSS actions set out with those of the Global Fund and World Bank.

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

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

Table 4.3 HSS Activities in reporting year (i.e. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1 :						
Activity 3.2 :						

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

Support Functions						
Management						
M&E						
Technical Support						

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

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

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

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 HSS activities set out for next year (that is, 2010). This information will enable GAVI to plan its financial undertakings

Principal activities	Activities foreseen for the year in progress (2009)	Expenses foreseen for next year	Available balance (To be filled in automatically from the previous table)	Requests for 2010	Explanation of the differences in activities and expenses with regard to the initial proposal or adjustments approved previously**
Objective 1:	Strengthening of national and regional supervision	133 283		133 283	
Activity 1.1:	Action to implement a system for management of means of transport	56 621		56 621	
Activity 1.2:	Action to implement a system for motivation of personnel based on performance	22 099		22 099	
Activity 1.3:	Strengthening of the MINSAP M&E system	54 563		54 563	
Activity 1.4:	Confirm the presence of inclusion criteria: if they are not fulfilled, the health area is excluded	500		500	
Activity 1.5:	Investigation and assessment of the health system from health areas and identification of opportunities and threats for implementation of the advanced and strengthened strategy defined in P.2.3	28 985		28 985	

Objective 2:	Selection of health areas and preparation of the local health strategy	39 485		39 485	
Activity 2.1:	Confirm the presence of inclusion criteria: if they are not fulfilled, the health area is excluded	500		500	
Activity 2.2:	Investigation and assessment of the health system from health areas and identification of opportunities and threats for implementation of the advanced and strengthened strategy defined in P.2.3	28 985		28 985	
Activity 2.3:	Preparation of a local health strategy for each health area selected	10 000		10 000	
Objective 3:	Implementation of the local health strategy (advanced and strengthened strategy)	90 436		90 436	
Activity 3.1:	Strengthening of training (ICCD strategy and health personnel capacity in MLM)	6442		6442	
Activity 3.2:	Strengthening of training (ICCD strategy and health personnel capacity in MLM)				

Support costs					
Management expenses					
Support costs for follow up and evaluation					
Technical support					
TOTAL COST		263 204		263 204	

4.6 Programme Implementation for reporting year:

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

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

Not applicable

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

4.7 Financial overview during reporting year:

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

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

Not applicable

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

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

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

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

Financial Comptroller Ministry of Health:

Name:

Title/Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSO)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

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

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

5.1.1 Mapping exercise

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

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
Annual progress report 2008

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

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

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

ACTIVITIES	Total funds approved	2008 funds in \$US			Total funds due in 2009
		Funds received	Fund used	Balance	
Mapping exercise					
Nomination process					

Management costs					
TOTAL COST					

5.1.4 Management of funds

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



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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

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

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

5.2.1 Programme implementation

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

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

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

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

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

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organization. Please state if were previously involved in immunization 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.

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5.2.4 Monitoring and evaluation

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

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

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

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

6. Checklist

Checklist of completed form:

Form requirements:	Completed	Observations
Date of presentation		
Period examined in the report (corresponding to the previous calendar year)		
Government <i>signatures</i>		
Endorsement of ICC		
Report on ISS		
Report on the DQA		
Report on the utilization of the subsidy for the introduction of vaccines		
Report on the safety of injections		
Report on financing of immunization and financial viability (progress with regard to indicators on financing of immunization and financial viability)		
Request for new vaccines, with information on joint financing and the Excel sheet attached.		
Reviewed request for safety of injections (as appropriate)		
Report on HSS		
Reports of ICC attached to the report		
HSCC reports, accounts audit report for HSS funds and report of the annual examination of the health sector attached to the annual progress report		

7. Observations

ICC/HSCC comments:

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

~ End ~