



Annual Progress Report 2008

Submitted by

The Government of

THE REPUBLIC OF NIGER

Reporting on year: __2008__

Requesting for support year: __2009/2010__

Date of submission: _____May 15, 2009

Deadline for submission: May 15, 2009

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

A hard copy may be sent to:

**GAVI Alliance Secretariat
2, chemin des Mines
CH-1202 Geneva
Switzerland**

Please address all enquiries to: apr@gavialliance.org or to representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and the general public.

Government Signatures Page for all GAVI Support Arrangements (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 and the Minister of 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 account of the Government of: [the Republic of Niger]

Minister of Health:

Title: Minister of Public Health

Signature:

Minister of Finance:

Title: Minister of Finance and Economy

Signature:

Date:

Date:

This report has been compiled by:

Full name: Dr. ABOULAYE LADO.....

Position: Head of the Division of Immunizations.....

Telephone: 00 227 96 53 95 75.....

E-mail: ablado19@hotmail.com.....

IACC Signatures Page

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

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

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

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

Name / Title	Agency / Organization	Signature	Date
Tarandé Constant MANZILA, Representative	WHO		
Ayer AKYL, Representative	UNICEF		
Bondiéré ALI, President	Red Cross		
Kaba GASTON; President	Rotary Club International		
Mr. Dai MIZGUCHI, Representative	JICA		
Marly KNIERIMEN, Representative	HKI		
Barro FAMARRI; Representative	PLAN Niger		

Comments from partners::

If desired, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

.....

.....

Has this report been reviewed by the GAVI regional working group? no

.....

HSCC Signature Page

If the country is reporting on HSS and CSO support

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

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

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

Name / Title	Agency / Organization	Signature	Date

Comments from partners:

If desired, you may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

.....

.....

.....

.....

.....

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

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

Name:

Position:

Organization:.....

Date:

Signature:

This report has been prepared in consultation with CSO representatives participating in national-level coordination mechanisms (HSCC or equivalent and IACC) and those involved in the mapping exercise (for Type A funding), as well as those receiving support from the GAVI Alliance fund to help implement a GAVI HSS proposal and those receiving support to help obtain GAVI Alliance funds in order to establish HSS or cMYP support (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:

Position:

Organization:.....

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 organizations with the expertise and management capacity to complete the work described successfully.

Name / Title	Representation / Organization	Signature	Date
.....			
.....			
.....			
.....			
.....			
.....			
.....			

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

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Table A: Latest baseline and annual targets

Table B: Updated baseline and annual targets

1. Immunization program support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1 Use of Immunization Services Support

1.1.3 IACC meetings

1.1.4 Immunization Data Quality Audit

1.2 New and Under-used Vaccines Support (NVS)

1.2.1 Receipt of new and under-used vaccines

1.2.2 Major activities

1.2.3 Use of GAVI funding entity support (US\$ 100 000) for the introduction of the new vaccine

1.2.4 Evaluation of the Vaccine Management System

1.3 Injection Safety Support (INS)

1.3.1 Receipt of injection safety support

1.3.2 Progress of the transition plan for safe injections and safe management of sharp and pointed waste

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

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

3. Request for new and under-used vaccine for 2010

3.1 Updated immunization objectives

4. Health Systems Strengthening Support (HSS)

5. Strengthened Involvement of Civil Society Organizations (CSOs)

6. Checklist

7. Comments

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	Results Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	848 997	867 863	895 610					
Infant deaths	68 815	70 344	72 593					
Surviving infants	780 182	797 519	823 017					
Pregnant women	848 997	867 863	895 610					
Target population vaccinated with BCG	659 258	824 470	850 830					
BCG coverage*	78%	95%	95%					
Target population vaccinated with OPV	685 723	757 643	781 866					
OPV coverage**	88%	95%	95%					
Target population vaccinated with DTP3***	697 242	757 643	781 866					
DTP3 coverage**	89%	95%	95%					
Target population vaccinated with DTP1***	732 220	797 519	823 017					
DTP1 coverage***	94%	100%	100%					
DTP wastage ¹ rate in baseline year and anticipated thereafter	4%	N/A	N/A					
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 1 st dose of the YFV.	478 830	757 643	781 866					
YFV coverage**	61%	95%	95%					
Wastage ² rate in baseline year and anticipated thereafter	16%	20%	20%					
Target population vaccinated with 3 doses of the Pentavalent vaccine.	N/A	757 643	781 866					
Pentavalent vaccine coverage (DTP - Hep B - Hib)3**	N/A	95%	95%					
Target population vaccinated with 1 dose of the Pentavalent vaccine		797 519	823 017					
Pentavalent vaccine coverage (DTP - Hep B - Hib)**		100%	100%					
Wastage ³ rate in baseline year and anticipated thereafter	N/A	5%	5%					
Target population vaccinated with the 1st dose of the measles vaccine	625 569	757 643	781 866					

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where 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, see table α following Table 7.1.

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where 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, see table α following Table 7.1.

³ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where 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, see table α following Table 7.1.

Target population vaccinated with 2 nd dose of the measles vaccine		N/A	N/A	N/A					
Measles vaccine coverage**		80%	95%	95%					
Pregnant women vaccinated with TT+		627 262	781 077	850 830					
TT+ coverage****		74%	90%	95%					
Vit A supplementation	Mothers (<6 weeks from delivery)	N/A	N/A	N/A					
	Infants (>6 months)	367 347	677 891	740 715					
Annual DTP dropout rate [(DTP1-DTP3)/DTP1] x100		4.78%	10%	10%					
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)		15%	12%	12%					

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

Table B: Updated baseline and annual targets

Number	Results Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	848 997	867 863	895 610					
Infant deaths	68 815	70 344	72 593					
Surviving infants	780 182	797 519	823 017					
Pregnant women	848 997	867 863	895 610					
Target population vaccinated with BCG	848 997	867 863	895 610					
BCG coverage*	78%	95%	95%					
Target population vaccinated with the 3 doses of the OPV	685 723	757 643	781 866					
OPV 3 coverage**	88%	95%	95%					
Target population vaccinated with DTP3***	697 242	757 643	781 866					
DTP3 coverage**	89%	95%	95%					
Target population vaccinated with DTP1***	732 220	797 519	823 017					
DTP1 coverage***	94%	100%	100%					
DTP wastage ⁴ rate in baseline year and anticipated thereafter	4%	N/A	N/A					
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 1 st dose of the YFV	478 830	797 519	823 017					
YFV coverage**	61%	95%	95%					
Wastage ⁵ rate in baseline year and anticipated thereafter	16%	20%	20%					
Target population vaccinated with the 3 doses of the Pentavalent vaccine	N/A	757 643	781 866					
Pentavalent vaccine coverage (DTP - Hep B - Hib) ^{3**}	N/A	95%	95%					
Target population vaccinated with 1 dose of the Pentavalent vaccine.		797 519	823 017					
Pentavalent vaccine coverage (DTP - Hep B - Hib) ^{**}		100%	100%					
Wastage ⁶ rate in baseline year and anticipated thereafter	N/A	5%	5%					
Target population vaccinated with the 1 st dose of the measles vaccine	625 569	797 519	823 017					

⁴ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where 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, see table α following Table 7.1.

⁵ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where 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, see table α following Table 7.1.

⁶ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Where 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, see table α following Table 7.1.

Target population vaccinated with the 2 nd dose of the measles vaccine		N/A	N/A	N/A					
Measles vaccine coverage**		80%	95%	95%					
Pregnant women vaccinated with TT+		848 997	867 863	895 610					
TT+ coverage****		74%	90%	95%					
Vit A supplementation	Mothers (<6 weeks from delivery)	N/A	N/A	N/A					
	Infants (>6 months)	367 347	677 891	740 715					
Annual DTP dropout rate [(DTP1-DTP3)/DTP1] x100		4.78%	10%	10%					
Annual measles drop-out rate (for countries requesting the yellow fever vaccine)		15%	12%	12%					

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

2. 1. Immunization program support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (were they reflected in Ministry of Health and/or Ministry of Finance budget): **Yes**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the Ministry of Health / Ministry of Finance budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the Ministry of Health / Ministry of Finance budget and whether it is anticipated that the funding will be on-budget in the near future?

The ISS funds received are allocated using the cMYP and the annual action plans of the EPI. They are accounted for in the summary of the Ministry of Health's financial plans.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter Agency Coordinating Committee (IACC).

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

This management mechanism is no different from last year's. GAVI funds are managed by the Ministry of Public Health through a bank account. A select committee from the same Ministry recommends expenditures to be made to the IACC, which approves the recommendations and then orders the disbursement of funds. A check is then issued bearing 2 signatures:

- that of the IACC Chair or his deputy the Financial Controller of the Ministry of Health; as well as*
- the signature of the Head of the Division of Immunizations.*

The physical and financial implementation of the scheduled activities is monitored through the IACC meetings.

No problems were raised concerning the management of GAVI funds during the past year (2008).

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 \$ 1 804 500**
 Remaining funds (carry over) from 2007: **US \$ 4 427 071.41**
 Balance to be carried over to 2009: **US \$ 4 336 021.81**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Personnel / Bonus pay	80 437.95			80 437.95	
Transportation / Fuel	57 228.83			57 228.83	
Maintenance and overheads	61 219.86	61 219.86			
Training	337 458.63		21 892.56	315 566.07	
IEC / social mobilization	54 062.38			54 062.38	
Procurement and installation of 2 power generating sets	65 726.53		65 726.53		
Management tools	84 132.50			84 132.50	
Supervision	34 626.53	34 626.53			
Program management	112.20	112.20			
Immunization campaign support	22 121.13	20 173.18		1 947 ,95	
Immunizations	1 098 423.02		54 921.15	1 043 501.87	
Other(specify)					
Total:	1 895 549.60	116 131.78	142 540.24	1 636 877.57	
Balance of funds for the next year:	US \$ 4 336 021.81				

N.B: Average dollar exchange rate = 440

1.1.3 IACC meetings

How many times did the IACC meet in 2008? 2

Please attach the minutes (DOCUMENT No.....) from all the IACC meetings held in 2008, particularly the IACC minutes from the meeting where the allocation and utilization of funds were discussed.

Are any civil society organizations members of the IACC: [Yes]
if yes, which ones?

List the CSOs that are members of the IACC
Private health sector association

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

The implementation of the 2008 action plan was based on completion of the following:

- Support for the decentralized outreach and mobile strategy
- One (1) supervisory excursion from the central level into the regions, districts, and Integrated Health Centers (IHCs)
- 2007 assessment meeting and 2008 orientation meeting
- Review and reproduction of the systematic EPI data collection media in order to introduce the Pentavalent vaccine
- Successive training of health workers in the introduction of the Pentavalent vaccine
- Cold chain inventory in order to strengthen vaccine storage capacity
- Logistics maintenance
- Supplying the regions with vaccines and consumables

The following problems were encountered: Vaccine stock-outs (BCG and YFV) at the national level that were felt in certain of the country's regions and districts; inadequate supervision of the immunization centers; organizing 10 supplementary immunization campaigns (MCV, OPV, TT); persistently inadequate human resources at the operational level.

Attachments:

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

- a) The minutes (DOCUMENT No. ____) from the IACC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting in which the financial statement was presented to the IACC.
- b) Most recent external audit report (DOCUMENT No.____) (e.g. – Inspector General's Report or equivalent) of the **account(s)** to which the GAVI ISS funds have been transferred.
- c) Detailed financial statement (DOCUMENT No. ____) of funds spent during the reporting year (2008).
- d) The detailed financial statement must be signed by the Financial Controller from the Ministry of Health and/or Ministry of Finance and by the chair of the IACC, 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:

The last DQA dates back to 2003 and no assessment was carried out in 2007 or 2008.

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

YES

☐

NO

☐

If yes, please indicate how much progress has been made in its implementation and attach the plan.

Not applicable

Please indicate the IACC meeting in which the action plan for the last DQA was reviewed and adopted by the IACC. [month/year]

Please describe the studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys (DHS), household surveys, etc).

Indicate the studies conducted: Not applicable

Indicate the problems encountered while collecting and reporting administrative data: Not applicable

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

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

When was the new or under-used vaccine introduced? *20 September 2008*

Please indicate any changes in doses per vial and in vaccine presentations, (e.g.– DTP + Hep B mono to DTP - Hep B)

[Specify the new and underused vaccine introduced in 2008]

DTP – Hep B - Hib; Yellow fever vaccine

[List any change in doses per vial and changes in vaccine presentations in 2008]

Dates the shipments of vaccines supplied were received in 2008.

Vaccine	Vial size	Total number of doses	Date introduced	Date received (2008)
DTP – Hep B – Hib	1 dose	1 420 000	Sept 2008	02/06/2008 09/09/2008 15/09/2008
Yellow fever vaccine*	10 doses	680 000	Jan 2001	05/06/2008 15/10/2008

** The yellow fever vaccine has been included in the EPI since 2001, but GAVI began to provide its support in 2008.*

Where appropriate, please report any problems encountered.

[Indicated the problems encountered] *In contrast to what was planned in the Introduction Plan of New and Under-used Vaccines, shares for the cost of the yellow fever vaccine were reviewed by GAVI in the following manner: US \$ 0.16 per dose for GAVI's share and US \$ 0.72 for the Government's share. As a result, the State's co-financing share was revised upwards.*

1.2.2. Major activities

Please provide an overview of the major activities that have been or will be undertaken with respect to introduction, phasing-in, service strengthening, etc. and describe any problems encountered.

- Creation of an Introduction Plan for the PENTAVALENT vaccine (DTP – Hep B - Hib) and the yellow fever vaccine for the period from 2008 to 2010..*
- Strengthening of vaccine storage and EPI consumable capacities.*
- Communication in favor of the introduction of new vaccines.*
- Revision of the data media and guides.*
- Personnel training.*
- National launch for the introduction of new vaccines.*
- Supervision of the implementation of immunization in the field.*
- Monitoring of the indicators.*

1.2.3. Use of GAVI funding entity support (US \$ 100 000) for the introduction of the new vaccine

These funds were received on: [day/month/year]

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

Year	Amount in US \$	Date received	Balance remaining in US \$	Activities	List of problems
2008	506 000	06/02/2008	103 442.98 (1 US \$ = 441 CFA Francs)	- Training - Supervision - Collection tools - Social mobilization - Supplying regions - Cold chain inventory	No problems were encountered

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management Assessment

When was the last Effective Vaccine Store Management Assessment (EVSMA) / Vaccine Management Assessment (VMA) conducted? [28 Oct to the 9 Nov 2007] If conducted in 2007/2008, please summarize the major recommendations from the EVSMA / VMA.

[List major recommendations]

- Record cold storage room temperatures twice a day.
- Equip cold storage rooms with continuous temperature recording devices and sound alarm systems.
- Procure freezing indicators for the transportation of the vaccines.
- Develop a cold chain and means of transportation replacement plan and distribute it.
- Plan and implement the supervision of EPI activities in general and vaccine management in particular in the districts and regions in order to solve the problems noted during the assessment.
- Validate and use the vaccine wastage rates reported in order to estimate needs as well as orders.
- Improve the classification / storage of vaccines in the cold chain equipment.
- Support the EPI in the planning and implementation of actions resulting from the present assessment.

Was an action plan prepared following the EVSMA / VMA?: Yes/

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

- Upgrade the skills of the health workers at the sub-national level in order to enable them to assimilate effectively and implement the multi dose vial policy.
- Equip those districts and regions with poor storage capacities.
- Train / retain peripheral personnel in vaccine management.

- Equip the cold storage rooms at the central level with continuous temperature recording devices.
 - At every level, display in a prominent location the list of persons to be contacted in the event of a cold chain failure.
 - Validate the monitored vaccine wastage rates.
 - Use the validated vaccine wastage rates to determine vaccine needs and orders at all levels.
- Include a “Manufacturer” field in the stock cards created by the central level and made available to actors in the field.
 - Procure freezing indicators at all levels for the transportation of the vaccines.
- Develop a cold chain and means of transportation replacement plan at all levels.
 - Plan the preventative maintenance at all levels.
 - Provide the various levels with essential spare parts.

When will the next EVSMA / VMA* be conducted? [**November 2009**]

**During GAVI Phase 2, all countries will need to conduct an EVSMA / VMA in the second year of the new vaccine support.*

Table 1.2

Vaccine 1: <i>DTP – Hep B - Hib</i>	
Anticipated stock on 1 January 2010	0
Vaccine 2: <i>Yellow fever vaccine</i>	
Anticipated stock on 1 January 2010	12 370
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 in kind? **Not applicable (GAVI INS support ended in 2006)**

Please report on the receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as needed). **N/A**

Injection safety equipment	Quantity	Date received

Please report on any problems encountered. **N/A**

[List problems]

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

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

GAVI support ended in 2006. In the proceeding years, the Ministry has increased the amount allocated to the procurement of vaccines in order to account for the requirements in injection safety equipment.

Please report on the methods of disposing of sharp and pointed waste.

Collection of sharp and pointed waste in safety boxes that are then incinerated and buried in pits. In some districts that have incinerators, the boxes are destroyed through high-temperature incineration.

Please report on the problems encountered during the implementation of the transition plan for safe injections and safe management of sharp and pointed waste.

No problems have been encountered up to the present time.

1.3.3. Statement on the 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 Co-Financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI to understand the broad trends in immunization program expenditures and financial flows.

Please fill in the following table in US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted expenditures	Budgeted expenditures
<i>Expenditure by category</i>			
Traditional vaccines*	\$938 082	\$1 169 730	\$841 440
New vaccines	\$337 410	\$568 753	\$314 939
Injection equipment	\$39 930	\$24 534	\$709 669
Under-used vaccines	\$734 638	\$408 445	\$148 445
Cold chain equipment	\$509 485	\$85 039	\$253 028
Operational costs	\$2 022 788	\$2 214 999	\$4 304 918
Vehicles	\$0	\$1 161 517	\$162 365
Personnel	\$526 987	\$207 413	\$2 062 209
Transportation	\$57 229	\$39 632	\$131 923
Other equipment costs	\$61 220	\$526 452	\$291 417
EPI Total	\$5 227 769	\$6 406 514	\$9 220 353
Total public expenditures for health	\$120 868 317	\$150 161 368	\$156 918 629

* The traditional vaccine expenditures have taken into account the back-payment from 2006 of US \$ 266 596.

Exchange rate used	482.128
--------------------	---------

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; indicate whether the funding gaps are manageable, whether they represent a problem or whether they are 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.

Expenditures in 2007 were US \$ 5 957 945 whereas 2008 expenditures represented a total of US \$ 5 227 769 (in other words a decrease of US \$ 730 176). This is explained by the procurement of 14 all-terrain vehicles and 160 motorcycles in 2007 (investment). The introduction of the Pentavalent vaccine which was planned for January 2008 was in fact not introduced until September 2008; as a result, we used less vaccines than anticipated.

In terms of financial sustainability, the outlook is good because the advance to procure new and traditional vaccines is sufficient and there is no gap to cover the entire 2009 budget.

Furthermore, there is a standard mechanism to monitor the disbursement of funds for the procurement of the EPI vaccines, including co-financing.

Future Country Co-Financing (in US \$)

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

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

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

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

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

1 st vaccine: DTP – Hep B - Hib		2010	2011	2012	2013	2014	2015
Co-financing level per dose		\$0.20					
Number of vaccine doses	#	146 200					
Number of AD syringes	#	156 100					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	1 750					
Total amount to be co-financed by the country	\$	648 500					

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

2 nd vaccine: YELLOW FEVER VACCINE		2010	2011	2012	2013	2014	2015
Co-financing level per dose		\$0.72					
Number of vaccine doses	#	915 100					
Number of AD syringes	#	851 700					
Number of re-constitution syringes	#	101 600					
Number of safety boxes	#	10 600					
Total amount to be co-financed by the country	\$	917 000					

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	Payment Date Planned for the Next Year
	(month/year)	(day/month)	
1st vaccine awarded (DTP – Hep B - Hib)	June 2008	January 30, 2009	September 2009
2nd vaccine awarded (yellow fever vaccine)	June 2008	January 30, 2009	September 2009
3rd awarded vaccine (specify)			

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total amount in US \$	Total number of doses
1st vaccine awarded (DTP – Hep B - Hib)	337 410	58 400
2nd vaccine awarded (yellow fever vaccine)	734 638	819 400
3rd awarded vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated the mobilization of resources for vaccine co-financing?
1. closer monitoring of payment records in the financial channels of the state treasury
2. advocacy mission of the GAVI focal point for Francophone Africa in May 2008
3.
4.

If the country is in default, please describe and explain the steps the country is planning to take to discharge its obligations.

Niger is not in default of payment.

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

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

3.1. Updated immunization objectives

Please provide justification and reasons for changes to baselines, objectives, vaccine wastage rates, vaccine presentations, etc. from the previously approved plan, and on the reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form for Immunization Activities** in the space provided below.

Are there changes between table A and B? [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 the objectives per vaccine**:

Provide justification for any changes **in the wastage rate per vaccine**:

Vaccine 1: ... DTP – Hep B - Hib.....

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

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor, and Tab 4 for the minimum co-financing levels per dose.
- Please summarize the list of specifications of the vaccines and the related vaccination program in Table 3.1 below, using the population data (from Table B of this Annual Progress Report) 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 immunizations performed with the new vaccine

	Use data from:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	Table B	#	781 866					
Target immunization coverage with the third dose of the vaccine	Table B	#	95 %					
Number of children to be vaccinated with the first dose of the vaccine	Table B	#	823 017					
Estimated vaccine wastage factor	Excel sheet Table E - Tab 5	#	1.05					
Country co-financing per dose *	Excel sheet Table D - Tab 4	\$	\$0.20					

* Total price per dose includes vaccine cost, plus freight, equipment, insurance, fees, etc

Table 3.2: Portion of supplies to be provided by the GAVI Alliance (and cost estimate in US \$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	3 045 800					
Number of AD syringes	#	3 252 000					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	36 100					
Total amount to be co-financed by GAVI	\$	10 128 000					

Vaccine 2:yellow fever vaccine.....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of immunizations performed with the new vaccine

	<i>Use data from:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	<i>Table B</i>	#	823 017					
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#	95%					
Number of children to be vaccinated with the first dose of the vaccine	<i>Table B</i>	#	823 017					
Estimated vaccine wastage factor	<i>Excel sheet Table E - Tab 5</i>	#	1.25					
Country co-financing per dose *	<i>Excel sheet Table D - Tab 4</i>	\$	0.72					

* Total price per dose includes vaccine cost, plus freight, equipment, insurance, fees, etc

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

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	358 500					
Number of AD syringes	#	333 700					
Number of re-constitution syringes	#	39 800					
Number of safety boxes	#	4 150					
Total amount to be co-financed by GAVI	\$	359 500					

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 vaccinated with the third dose of the vaccine	<i>Table B</i>	#						
Target immunization coverage with the third dose of the vaccine	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose of the vaccine	<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 per dose includes vaccine cost, plus freight, equipment, insurance, fees, etc

Table 3.6: Portion of supplies to be provided 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 amount to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a results-based organization, the GAVI Alliance expects countries to report on their performance. This has been the principle behind the Annual Progress Report since the launch of the GAVI Alliance. Recognizing 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 May 15th 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 they can use this as an inception report to discuss the progress achieved and will allow for the HSS funds for the following year to be disbursed 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** (IACC, 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 Annual Progress Reports. In this case, the report may be returned to the country, which could cause delays in the disbursement of additional HSS funds. Incomplete, inaccurate, or unsubstantiated reporting may also cause the IRC to recommend against the release of any new HSS funds.
5. If needed, please use additional space beyond what is provided in this form.

4.1 Information relating to this report:

- Fiscal year runs from(month) to(month).
- This HSS report covers the period from(month/year) to(month year)
- Duration of current National Health Plan is from(month/year) to(month/year).
- Duration of the cMYP:
- What is the name of the individual responsible for compiling this HSS report to 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 the necessary verification of sources and for review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or IACC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on March 10, 2008. Minutes of said meeting have been included as annex XX to this report.”*

Name	Organization	Role played in report submission	Contact e-mail and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how the information was 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 solved?

This issue should be addressed in each section of the report, as different sections may use different sources. However, this section should mention the MAIN sources of information and any SIGNIFICANT issues raised in terms of the validity, reliability, etc. of the information shown. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (date) and data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these figures were compared and cross-checked with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

--

- g) In compiling 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? Do you have any suggestions for improving the HSS section of the APR report? Is it possible to improve harmonization between HSS reporting and existing reporting systems in your country?

4.2 Overall breakdown of financial support

Period for which support has been approved and new requests. For this Annual Progress Report, the measurement period is the calendar year, but in future it is desirable for fiscal year reporting to be used:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds were received									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featured 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% for 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, monitoring and evaluation, 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 the management and evaluation of HSS funds, and to what extent is this management and evaluation integrated into 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	Activities planned for the reporting year	Report on Progress ⁷ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditures of GAVI HSS funds during the reporting year (2008)	Carried forward into 2009 (balance)	Explanation of differences in the activities and expenditures compared with the initial application or previously approved changes, and a detailed description of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

⁷ For example, the number of community health workers trained, the number of buildings constructed, or the number of vehicles distributed

Activity 3.2:						
Support Functions						
Management						
Monitoring and evaluation						
Technical support						

Table 4.4 note: This table should provide updated information on the work underway in the first part of the year during which this report is submitted (e.g. – between January and April 2009 for reports submitted in May 2009).

The column on “expenditures planned in the coming year” should correspond to the estimates provided in the Annual Progress Report from last year (Table 4.6 of last year’s report) or – in the case of first-time HSS reporters - should correspond to the data given in the HSS proposal.
Any significant differences (15% or higher) between previous and present “planned expenditures” should be explained in the last column on the right.

Table 4.4: HSS Activities planned for the current year (i.e. – January through to December 2009) with emphasis placed on those activities that were carried out between January and April 2009

Major activities	Activities planned for the current year (i.e. 2009)	Expenditures planned in the coming year	Balance available (To be automatically filled in from previous table)	Requests for 2009	Explanation of differences in the activities and expenditures compared with the initial 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					
Monitoring and evaluation 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 planned for the following year (i.e. 2010). This information will help GAVI to plan its financial commitments.

Major activities	Activities planned for the current year (i.e. 2009)	Expenditures planned in the coming year	Balance available (To be automatically filled in from previous table)	Requests for 2009	Explanation of differences in the activities and expenditures compared with the initial 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					
Monitoring and evaluation support costs					
Technical support					
TOTAL COSTS					

4.6 Program implementation for the reporting year

- a) *Please provide a narrative on the major accomplishments (especially impacts on health service programs, notably the immunization program), the problems encountered and the 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 draw the reviewers' attention to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) *Are any civil society organizations involved in the implementation of the HSS proposal? If so, please describe their participation. For those pilot countries that have received CSO funding there is a separate questionnaire at the end of the HSS section focusing exclusively on CSO support.*

4.7 Financial overview during the reporting year

4.7 note: In general, HSS funds are expected to be visible in the Ministry of Health budget and add value to it. As such, they should not be considered 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.

- b) *Have auditors or any other participating parties raised any issues relating to financial management and audit of HSS funds or their linked bank accounts? 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 the objectives achieved

Table 4.8 Progress of the indicators included in the application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline Value	Target	Date for Target	Current status	Explanation of any reasons for non-achievement of the target

4.9 Attachments

Five attachments are required for any further disbursement or future vaccine allocation.

- a. Signed minutes of the HSCC meeting endorsing this reporting form.
- b. Latest health sector review report.
- c. Audit report of the account to which GAVI HSS funds are transferred.
- 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 to which the HSS funds have been transferred, as indicated below.

Financial Controller at the Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁸

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 indicate the mapping exercises which have been conducted, the expected outcomes and the timeline (please indicate if this has changed).

⁸ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to 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 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 IACC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and IACC, 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 IACC) 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 (per activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

40

Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for the management of GAVI funds in order 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 the use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delays in availability for program 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 support⁹

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 Program 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 during 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) and the role of the HSCC (or equivalent).

⁹ 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.

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

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

Please also indicate the new activities to be undertaken by the CSOs who have already received support.

Name of CSO (and type of organization)	Current involvement in immunization / HSS	GAVI supported activities which should be conducted in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

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

NAME OF THE CSO	Total funds approved	2008 Funds US \$ (in thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Balance remaining		
Management costs (of all the CSOs)						
Management costs (of the HSCC / Regional Working Group)						
Financial auditing costs (of all the CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

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

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

5.2.4 Monitoring and evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the objectives (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 objective met

*Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of the 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 Requirement:	Compl	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
IACC endorsement		
Report on the ISS		
Report on the DQA		
Reported on use of the Vaccine introduction grant		
Report on Injection Safety		
Report on Immunization Financing & Financial Sustainability (progress compared with immunization financing and financial sustainability indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
Report on HSS		
IACC minutes attached to the report		
HSCC minutes, audit report of the accounts for HSS funds and annual health sector review report attached to the Annual Progress Report		

7. Comments

IACC/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 ~