Annual Progress Report 2008

Submitted by

The Government of

UGANDA

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 15 May 2009

Deadline for submission: 15 May 2009

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

and any hard copy could be sent to :

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

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

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

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

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

For the Government of **UGANDA**

Minister of Health:

Title: MINISTER FOR HEALTH

Signature: ……

Date: ……

Minister of Finance:

Title: MINISTER OF FINANCE, PLANNING & ECONOMIC DEVELOPMENT

Signature: ……

Date: ……

This report has been compiled by:

Full name: DR POSSY MUGYENYI

Position: . UNEPI PROGRAMME MANAGER

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ICC Signatures Page

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

We, the undersigned members of the Health Policy Advisory Committee (HPAC) 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 HPAC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements. ***(This is not applicable since there were no funds accessed during 2008)***

Name/Title	Agency/Organisation	Signature	Date
MS MARY NANNONO (Chairperson of HPAC)	Ministry of Health		
DR JOAQUIM SAWEKA, WHO Representative	WHO		
MR. KEITH McKENZIE, UNICEF Representative	UNICEF		
MS ULRIKA HERTEL, Head of Health Development Partners	EMBASSY OF SWEDEN/ Head of Health Development Partners		
MR TAKEHIRO SUSAKI, Resident Representative	JICA		
Mr MICHEAL RICHARD NATAKA, Secretary General	UGANDA RED CROSS SOCIETY		
HON. NELSON KAWALYA, Minister for Health Buganda Kingdom	Rotary International Uganda/ Buganda Kingdom		
MS ENID WAMANI, Representative of Civil Society Organizations	MACIS		

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

1. The GAVI Secretariat should expedite the process of setting up the new financial management monitoring mechanism as agreed in the Memorandum of Understanding between the Government of Uganda and GAVI in 2008. There is need to utilize the available GAVI ISS funds in-country.

2. The GAVI Secretariat should clarify on the Government signatures needed for endorsement of the annual reports.

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

.....YES.....

.....

.....

HSCC Signatures Page: *Not Applicable*

If the country is reporting on HSS, CSO support

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

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

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

Name/Title	Agency/Organisation	Signature	Date

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

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

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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

Name/Title	Agency/Organisation	Signature	Date

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

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.

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		1,435,246	1,465,184	1,515,000	1,566,510	1,619,771	1,674,843	1,731,788	1,790,669
Infants' deaths		162,486	166,155	171,804	177,645	183,685	189,931	196,388	203,066
Surviving infants		1,272,486	1,299,029	1,343,196	1,388,864	1,436,086	1,484,913	1,535,400	1,587,603
Pregnant women		1,479,635	1,510,498	1,561,855	1,614,959	1,669,867	1,726,643	1,785,348	1,846,050
Target population vaccinated with BCG		1,229,936	1,333,317	1,393,800	1,456,854	1,522,585	1,591,101	1,662,516	1,736,949
BCG coverage*		86%	91%	92%	93%	94%	95%	96%	97%
Target population vaccinated with OPV3		1,009,195	1,130,155	1,182,012	1,236,089	1,292,477	1,351,270	1,412,568	1,476,471
OPV3 coverage**		79%	87%	88%	89%	90%	91%	92%	93%
Target population vaccinated with DTP (DTP3)***									
DTP3 coverage**									
Target population vaccinated with DTP (DTP1)***									
Wastage[1] rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of DPT-HepB+Hib		1,001,293	1,130,155	1,182,012	1,236,089	1,292,477	1,351,270	1,412,568	1,476,471
DPT-HepB+Hib3 Coverage**		79%	87%	88%	89%	90%	91%	92%	93%
Target population vaccinated with **1st dose** of DPT-HepB+Hib		1,132,740 89%	1,260,058 97%	1,316,332 98%	1,374,976 99%	1,436,086 100%	1,484,913 100%	1,535,400 100%	1,587,603 100%
Wastage[1] rate in base-year and planned thereafter		10%	10%	10%	10%	10%	10%	10%	10%
Target population vaccinated with **1st dose** of Measles		975,825	1,143,145	1,195,444	1,249,978	1,306,838	1,366,120	1,427,922	1,492,347
Target population vaccinated with **2nd dose** of Measles									
Measles coverage**		77%	87%	88%	89%	90%	91%	92%	93%
Pregnant women vaccinated with TT+		741,695	891,194	937,113	985,125	1,035,318	1,087,785	1,142,623	1,199,933
TT+ coverage****		50%	59%	60%	61%	62%	63%	64%	65%
Vit A supplement	Mothers (<6 weeks from delivery)	374,363 (26%)	30%	35%	40%	45%	50%	55%	60%
	Infants (>6 months)	3,252,693 (62%)	4,234,083 (80%)	4,378,041 (80%)	4,526,894 (80%)	4,680,808 (80%)	4,839,954 (80%)	5,004,514 (80%)	5,174,668 (80%)
Annual DTP Dropout rate [(DTP1-DTP3)/DTP1] x100		12%	10%	10%	10%	10%	10%	10%	10%
Annual Measles Dropout rate (for countries applying for YF)									

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

* 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	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	1,435,246	1,475,527	1,577,450	1,614,021	1,672,424	1,732,439	1,794,174	1,855,176
Infants' deaths	162,486	180,677	190,708	197,635	204,787	212,135	219,695	227,164
Surviving infants	1,272,486	1,294,850	1,366,742	1,416,386	1,467,637	1,520,304	1,574,479	1,628,011
Pregnant women	1,479,635	1,505,640	1,589,235	1,646,960	1,706,555	1,767,795	1,830,790	1,893,037
Target population vaccinated with BCG	1,229,936	1,327,974	1,402,818	1,469,747	1,539,483	1,611,875	1,687,073	1,762,417
BCG coverage*	86%	90%	91%	92%	93%	94%	95%	95%
Target population vaccinated with OPV3	1,009,195	1,048,829	1,148,063	1,218,092	1,291,521	1,368,273	1,448,521	1,514,051
OPV3 coverage**	79%	81%	84%	86%	88%	90%	92%	93%
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage[2] rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of DPT-HepB+Hib	1,001,293	1,048,829	1,148,063	1,218,092	1,291,521	1,368,273	1,448,521	1,514,051
DPT-HepB+Hib3 Coverage**	79%	81%	84%	86%	88%	90%	92%	93%
Target population vaccinated with **1st dose** of DPT-HepB+Hib	1,132,740 89%	1,165,365 91%	1,275,626 93%	1,353,435 94%	1,419,254 95%	1,471,262 96%	1,524,759 97%	1,591,451 98%
Wastage[1] rate in base-year and planned thereafter	10%	10%	10%	10%	10%	10%	10%	10%
Target population vaccinated with **1st dose** of Measles	975,825	1,022,932	1,148,063	1,218,092	1,291,521	1,368,273	1,448,521	1,530,331
Target population vaccinated with **2nd dose** of Measles								
Measles coverage**	77%	80%	84%	86%	88%	90%	92%	94%

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

Pregnant women vaccinated with TT+		741,695	1,505,640	1,589,235	1,646,960	1,706,555	1,767,795	1,830,790	1,514,429
TT+ coverage****		50%	55%	60%	65%	70%	75%	80%	80%
Vit A supplement	Mothers (<6 weeks from delivery)	374,363 (26%)	30%	35%	40%	45%	50%	55%	60%
	Infants (>6 months)	3,252,693 (62%)	4,263,972 (80%)	4,782,008 (85%)	5,130,610 (88%)	5,437,084 (90%)	5,819,935 (93%)	6,156,947 (95%)	6,366,283 (95%)
Annual DTP Dropout rate [(DTP1-DTP3)/DTP1] x100		12%	12%	10%	9%	7%	6%	5%	5%
Annual Measles Dropout rate (for countries applying for YF)									

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

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

1.1 Immunization Services Support (ISS)

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

ISS funds were not reflected in the Ministry of Health budget for the FY 2007/08 and 2008/09. GAVI suspended funding to Uganda since 2006. When funding resumes, funds will be channelled through Ministry of Finance and integrated in the Health Sector budget

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.

Not applicable. Uganda did not receive ISS funds during the reporting period. The same procedure would apply as described in the previous reports.

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$ 0**
Remaining funds (carry over) from 2007: **US$ 100,546**
Balance to be carried over to 2009: **US$ 28,218.00; UGX 122,956,487**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel	0				
Transportation	0				
Maintenance and overheads	0				
Training	0				
IEC / social mobilization	0				
Outreach	0				
Supervision	0				
Monitoring and evaluation	0				
Epidemiological surveillance	0				
Vehicles	0				
Cold chain equipment	0				
Other …… *(specify)*	0				
Total:	0				
Remaining funds for next year:	**US$ 28,218** **UGX 122,956,487**				

***The difference in amounts from the balance of last year was due to depreciation of the Uganda Shillings. No withdrawals were made on this account during 2008.*

1.1.3 ICC (HPAC) meetings

How many times did the HPAC meet in 2008? ***12***

HPAC meets monthly. During 2008, 12 meetings were held.

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 HPAC: ***Yes***
if yes, which ones?

List CSO member organisations
1. Faith Based Organizations: Uganda Protestant Medical Bureau, Uganda Catholic Bureau and Uganda Muslim Medical Bureau.
2. Malaria And Childhood Illness NGO Secretariat (MACIS):
3. Uganda Private Practitioners Medical Association
4. The AIDS Support Organization (TASO)
5. Uganda National Health Consumers Association

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

Major activities conducted during 2008 to strengthen immunisation:

Planning

- Developed the annual EPI work plan for 2008.
- Reviewed and updated the comprehensive EPI multi year plan 2006-2010.

Service delivery

- Government continued to provide 100% funding for the procurement of BCG, Polio, Measles and TT vaccines
- Government committed funds towards co-financing for the procurement of DPT-HepB+Hib (pentavalent vaccine) -5% of the total requirement, which started in 2007.
- Activities to improve routine immunization coverage were implemented such as accelerated routine immunization during SNIDs conducted in Western region in 9 districts, Karamoja Region. Child days were implemented nationwide during the months of April and October.
- Initiated partnership with Uganda Red Cross to mobilise parents for immunization in 12 poorly performing districts with large numbers of unimmunized children.

Vaccine and cold chain management

- Vaccines and injection materials forecasting for all vaccines for 2009 – 2013.
- Continued updating the cold chain inventory in districts using the available cold chain data.
- Procured 500 refilled gas cylinders, and refilled 500 empty cylinders which bridged the gap in gas supply at district level.
- Procured cold chain spare parts and conducted cold chain maintenance in 63 districts to improve on cold chain efficiency.
- Distributed and installed 10 refrigerators in newly establishment static units.
- Carried out training for 14 New District Cold Chain Assistants and refresher training for 64 existing DCCA. Emphasis was put on vaccine stock management, continuous inventory of cold chain equipment and routine maintenance of the vaccine refrigerators.

Advocacy and Social Mobilization-

- Supported development of communication messages and IEC materials for SNIDs and accelerated routine immunization activities in the Western Region (June – July 2008) and 2008 Child Days Plus activities

Capacity building

- Finalized the revision and printing of the Operational level (OPL) Training Manual for health workers.
- Completed revision of the OPL facilitators' manual.
- Conducted OPL training courses in 4 districts of Pader, Kitgum, Gulu and Amuru
- Conducted orientation of Trainee Nurses at Mulago Nurses training school on EPI.

Support Supervision

- Participated in Area Team Integrated supervision visits.
- Carried out technical support supervision in 30 poorly performing districts using a detailed developed checklist.
- Conducted on-job training in 11 new districts especially in the area of vaccine stock management, use of Multi dose vial policy (MDVP), maintenance of vaccine storage refrigerator by the user (health worker) and disease surveillance.

Monitoring and Evaluation

- Conducted monthly compilation and dissemination of EPI routine and surveillance data
- Provided regular feedback to the public through weekly article in the national newspaper (New Vision).
- Provided feedback to districts on performance through health sector review meetings, National Health Assembly and Joint Review Missions.

New Vaccines Introduction

- Strengthened surveillance for pneumococcal disease for both CSF and blood culture, in preparation for introduction of pneumococcal vaccine.
- Initiated a demonstration project for pre-school adolescent girls in 2 selected districts of Ibanda and Nakasongola in 2008. The demonstration project is comparing school-based and Child days approach vaccine delivery mechanisms. Ibanda completed the three dose schedule while Nakasongola completed only 2 rounds.

Disease Surveillance

- Printed and disseminated measles and revised AFP posters to all districts.
- Conducted 12 regional surveillance review meetings (involving the District Surveillance Focal Person, HMIS Focal Person and HSD Surveillance Focal Person) to assess the progress of quality surveillance performance indicators and emerging surveillance issues.
- Conducted Stop Transmission of Measles and Polio (STOMP) team missions in 16 poorly performing districts (Bullisa, Luwero, Bududa, Busia, Ibanda, Isingiro, Nyadri, Yumbe, Kamuli, Gulu, Pader, Soroti, Kibaale, Masaka, Mukono, Kampala).
- Supported all districts to conduct quarterly surveillance review meetings involving the District Director of Health Services (DDHS), District Surveillance Focal Persons (DSFP), HMIS Focal Persons, District Laboratory Coordinators (DLC), Health Sub District Surveillance Focal Persons (HSDSFP) and in charges of the HSD.
- Supported districts to conduct active search in health facilities and community.
- Conducted an intra-country PBM/netSPEAR surveillance review meeting to review the successes and gaps in pneumococcal, *Haemophillus Influenze* and rotavirus surveillance activities and capacity building in data management.
- Conducted technical support supervision through exchange visits "peer review" of the PBM/netSPEAR surveillance sentinel sites by Mulago, Mbarara, Mbale and Lacor hospitals.
- Continued the implementation of case based yellow fever surveillance with laboratory support.
- Prepared the annual update following the successful presentation of complete country

documentation of poliomyelitis eradication in Uganda for 2007. The report was submitted timely to the African Regional Certification Committee.

- The polio laboratory was fully accredited by WHO to carry out polio virus isolation work.

Supplemental Immunization Activities

- In response to polio importation threat from DRC, two rounds of polio supplemental immunization activities were conducted in 9 border high risk districts in South Western Uganda. The coverage was 763,937 children (97%) for the 1st round and 804,619 (102%) children for the 2nd round out of the 785,149 children targeted.
- As part of the Maternal and Neonatal Tetanus Elimination plan, two rounds of TT supplemental immunization were carried out in 5 high risk districts of Busia, Mubende, Mityana, Kibaale and Nakapiripirit targeting 445,048 WCBA. The coverage was 81% for round 1 and 65% for round 2.

Constraints/challenges

CENTRAL LEVEL

1. ***Inadequate funding for the programme***

Though government funding for UNEPI operational activities improved at national level, the funds are still far below what is required to run the programme. The major recurrent cost items such as gas procurement, transportation of vaccines and supplies to districts, provision of data collection tools have been worst hit by the funding gap. Technical support to districts and skills development of operational level health workers has also been affected.

2. ***Transport***

The aging fleet of trucks and field vehicles at national level with inadequate budget for service and repairs pose a challenge for distribution of vaccines and supplies, cold chain maintenance and support supervision. Most districts have no reliable transport for district health service delivery activities including EPI.

3. ***Vaccine storage and management***

There is acute shortage of cold and dry space at the central level. The cold rooms are old and leaking despite previous attempts to have them repaired. The planned construction of the proposed new EPI store has failed to take off since 2006. No funding was availed for follow-up of vaccine utilization monitoring and vaccine potency testing.

DISTRICT LEVEL

1. ***Irregular distribution of vaccines and supplies from the district vaccine stores to lower levels***

The frequent stock outs of gas for cold chain at the centre caused irregular distribution of vaccines and other supplies to the districts. The districts could not therefore distribute logistics to the lower level on a regular basis.

2. ***Cold chain***

The inadequate number of cylinders for gas procurement remained a problem at district level. Lack of spare parts for solar fridges and tool kits still hamper the maintenance of cold chain equipment in the districts.

3. ***Vaccine stock management***

Knowledge gaps among the service providers continue to affect vaccine stock management at health facility levels. Training of health workers has started but the coverage is still less than 25%.

4. ***Irregular functioning of outreaches***

Functionality of outreaches is still irregular because of stagnation and delay in PHC funds to the districts. In addition, lack of transport and inadequate manpower at the health facility and lack of micro planning at health facility level contribute to functionality.

5. Demand for services
The community ownership and appreciation of the value of immunization services is still low.

6. Data management and utilization
There is shortage of primary data collection tools (HMIS tally sheets and child health cards). Inadequate utilization of data at the points of collection and late/ incomplete reporting are among the problems that still impede the improvement in data quality.

7. Disease surveillance
The inadequate active surveillance in some districts poses a threat to importation and spread of wild polio virus.

Attachments:

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

a) Signed minutes (DOCUMENT N°……) of the HPAC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the HPAC meeting when the financial statement was presented to the HPAC. *[Minutes attached]*
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:

The MoH Resource Centre conducted a Data Validation Exercise (DVE) of the HMIS in all districts in 2008.

Findings and Recommendations from the DVE:

Findings:

- 49% out of 720 health unit HMIS monthly reports assessed had data matching with the data captured in the health unit register/tally sheets.
- 50% out of 240 district HMIS 123 reports assessed had data matching with the figures recorded in the district HMIS database.
- 86% out of the 240 district reports assessed contained data that tallied with the data submitted to Resource Centre.
- 51 %(41 districts) out of the 80 districts submitted all their reports in time to the Resource Centre, 20% (16 districts) submitted only 2 reports in time out of the 3 reports, 25%(20 districts) submit only 1 report in time out of the 3 reports expected and 3 districts (4%) didn't submit any of the 3 reports in time.
- Individual district performance in all indicators varied from 0% to 100%.

Mismatches in data available at the health facility, district and central level was due to the following;

- Incompleteness of registers (maternity)
- Lack of tools (tally sheets) due to poor archiving practices
- Incomplete recording in HMIS reports

- Lack of maintenance of the data base
- Records not kept in one central place

Recommendations

- The data validation and verification exercises should be regularized at all levels to assist improvement in data quality within the health sector.
- The MoH should introduce a budget line/Credit line for HMIS to ensure regular provision of pre-designed registers and other HMIS tools.
- The Resource Centre should provide regular ICT to the districts including immediate support in case of a system breakdown.
- HMIS Focal Persons at district level should validate the data received from Health Units before it is aggregated to get the district report.
- National and district teams should strengthen supportive supervision to lower levels using standardized tools and provide written feedback.
- Centralization of data at the health facility to ease data accessibility and archiving.
- In-charges of Health facilities should verify the reported figures before signing and submitting reports to higher levels.
- Filling the Records Assistant positions that exist at H/C III level and lobbying for the Records Assistant positions at all health centre II
- The MoH should sensitize Health Workers on the value of health information by including a module on HMIS in all trainings of Health Professionals

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.

A plan of action was developed following the 2002 DQA and submitted with previous annual reports (2003-2005) as well as reports on status of implementation. A follow up DQS was conducted in 2006 and the plan submitted with the 2006 annual report.

A plan of action following the 2008 Data Validation Exercise has not yet been prepared.

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

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

List studies conducted:

1. Data Validation Exercise (DVE) in all (80) districts
2. Prevalence and predictors of Hepatitis B infection in children under 5 years of age in Uganda.
3. Investigation of acute flaccid paralysis cases with sabin-like isolates.
4. Prevalence and strain of rotavirus causing diarrhoea in children < 5 years admitted in Mbarara Regional Hospital

List challenges in collecting and reporting administrative data:

1. Poor handling of data at the points of data collection.
2. Poor archiving of data at health facility/ district level.
3. Inadequate capacity/ skills of personnel in data management.

4. Lack of timeliness in submission of data from health facilities to district and national levels.

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

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

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

Hepatitis B and Hib vaccines were introduced in June 2002 in the pentavalent (DPT-HepB+Hib) formulation.

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

There were no new/ under-used vaccines introduced in 2008

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

None

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DPT-HepB+Hib	2-dose vial	**680,000**	June 2002	**13th May 2008**
DPT-HepB+Hib	2-dose vial	**680,000**	June 2002	**13th May 2008**
DPT-HepB+Hib	2-dose vial	**680,000**	June 2002	**24th June 2008**
DPT-HepB+Hib	2-dose vial	**680,000**	June 2002	**30th July 2008**
DPT-HepB+Hib	2-dose vial	**680,000**	June 2002	**2nd September 2008**
DPT-HepB+Hib	2-dose vial	**463,800**	June 2002	**26th November 2008**
DPT-HepB+Hib	2-dose vial	**224,200**	June 2002	12th **December 2008**

Please report on any problems encountered.

No significant problems encountered

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.

Hepatitis B and Hib vaccines were introduced in 2002. Uganda plans to submit a proposal for introduction of pneumococcal vaccine in September 2009.

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

These funds were received on: *[dd/mm/yyyy]* ***Not applicable***

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use. ***Not applicable***

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

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? ***November 2007***

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

The major recommendations were reported in the 2007 annual report and summarized again below:

MoH/ UNEPI should:

1. Develop a rehabilitation plan that takes in to consideration:
   - Expansion of vaccine storage capacity in respect with population growth, introduction of new vaccines, initiatives to increase coverage and new health facilities
   - Replacement of cold chain equipment based on age, CFC, functional status etc
   - Maintenance system for cold chain equipment and transport at all levels
   - Standardization of vaccine storage facilities
   - Improvement of distribution system and its components
   - Training on vaccine and cold chain management
   - Improvement of monitoring and supervision activities

2. Organize vaccine management training at all levels focusing on stock management, correct storage temperature of vaccines, adjusting storage space with their available space, correct diluents use and VVM, MDVP and wastage monitoring.

3. Strengthen temperature monitoring through:
   - Monitoring central vaccine store temperature during weekends
   - Documenting temperature records at service and DVS levels

4. Improve stock management through:
   - Updating the register book to include vaccine manufacturer, vial size and VVM, Freeze watch status
   - Ensuring sufficient stock at all levels
   - Improving estimation of vaccine need at sub national level
   - Avoiding stock outs

5. Expand storage capacity:
   - Expand vaccine storage capacity, especially at national level
   - Expand capacity at central and district levels to include sufficient packaging area, office for the store keepers and storage for diluents and droppers

6. Prevent freezing of vaccines through:
   - Conditioning of ice packs
   - Using freeze indicators at all levels

7. Conduct maintenance of the cold chain:
   - Develop a comprehensive replacement plan
   - Focus on preventive maintenance and ensure steady supply of spare parts
   - Equip the DVS with standby generator set

Was an action plan prepared following the EVSM/VMA? **Yes**

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

The main activities in the EVSM plan (as reported in the 2007 annual report) were:

1. **Increase storage capacity at district and sub district levels**

The aim is to ensure that all districts and sub district stores have adequate cold space capacity to store vaccines (+2C - +8C) for routine immunization for at least 3 months period. The equipment will be used to replace aged refrigerators (>10 years) and to establish district and sub district vaccine stores.

The plan aims at procuring equipment to freeze adequate icepacks for both routine and supplemental immunization activities. Every fridge placed at service delivery points should have the capacity to freeze at least 8 icepacks in 48 hours.

2. **Increase transport capacity at all levels**

The districts are expected to deliver the supplies monthly to the sub district stores that subsequently deliver to health facilities/operational levels.

The proposal aims at procuring:

- Vaccine trucks (pre-fabricated) to transport vaccines from the central vaccine store to the districts
- Open truck to transport gas cylinders from the Central vaccine store to the filling depot and carrying full ones back.
- Double cabin pickups to transport vaccines and supplies from the districts to sub district stores, and from sub district to health facilities.
- Motor cycles to transport vaccines and supplies from sub district stores to health facilities and vaccinators to outreaches for the hard to reach populations.
- Bicycles to transport vaccinators to outreach delivery points
- Cold boxes and vaccine carriers

1. **Strengthen capacity for cold chain repair and maintenance**

As recorded in the cold chain inventory and vaccine management assessment reports, it will be necessary to train central and district cold chain staff in vaccine management and equipment inventory updating. This will involve refresher training for 6 central staff and 80 District Cold Chain assistants.

2. **Supervision and Monitoring**

UNEPI will be responsible for receiving the equipment and ensuring distribution to the beneficiary districts. The Cold Chain Technicians from the central level will work with the district cold chain assistants to supervise the installation in the identified health facilities. These technical officers,

under the guidance of the District Health Officer (DHO) at the district level and UNEPI Program Manager at the national level will work closely with partners including WHO and UNICEF to provide technical support through regular field visits.

The 2007 inventory survey recommended tools for regularly updating and maintenance the cold chain equipment database. Capacity will be built at the district level and facility levels to help personnel at those levels to complete monthly forms and send them from the heath facilities to the districts via the sub-districts. The health facility data will be aggregated at district level and then sent quarterly to the central level (UNEPI) via MoH resource centre in Kampala. The forms designed for the inventory update will enable UNEPI to keep track of equipment movement i.e. allocation, reallocation, disposal or loss.

Activities implemented to address the recommendations are included in Section 1.1.3

When will the next EVSM/VMA* be conducted? ***2010***

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

Table 1.2

Vaccine 1: DPT-HepB+Hib	
Anticipated stock on 1 January 2010	**2,000,000**
Vaccine 2:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? **NO**

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

Please report on any problems encountered.

No problems were encountered

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

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

GAVI injection safety support ended in 2004.

Transition of injection safety support from GAVI to Government of Ugandan took place in 2005 and the process was smooth. Government of Uganda was able to procure all the injection safety materials for BCG, TT and measles vaccines for the routine programme through UNICEF.

No problems were encountered during the transition.

Please report how sharps waste is being disposed of.

All sharps waste are collected in safety boxes and disposed using 2 main methods:

1. **Burn and bury method**: The filled safety boxes are burnt in pits and thereafter buried. All health facilities have a pit for disposal of medical waste.

2. **Incineration**

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

No problems were encountered during implementation of the transition plan

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:

No injection safety support was received during 2008

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 2009**	**Reporting Year 2010**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines and injection supplies	$2,200,000	$2,948,404	$3,064,760
New and under-used vaccines + injection materials	$16,230,113	$16,119,747	$16,082,350
Cold Chain equipment	$ 0	$2,097,213	$71,400
Operational costs*	$569,136	$12,283,243	$6,010,468
Other (please specify) SIAs, Surveillance, district Support, routine capital costs, shared health system costs	$ 5,370,126	$22,140,137	$16,740,262
Other (please specify)			
Total EPI	$ 24,369,375	$ 55,157,502	$ 41,969,240
Total Government Health	$ 3,519,928	$ 4,544,622	$ 4,544,622

Exchange rate used	Shs 2,185

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.

*The planned figures from government in the cMYP are comprehensive and include both national and district levels. It is not possible to itemize the expenditure specifically for EPI except at central level. The actual expenditures therefore exclude district level PHC expenses on EPI, and yet the planned expenditures (as outlined in the cMYP include district estimates); this contributes to the large financial gap in table 2.1 above).

**Of the funds from UNICEF, 1,666,976 was used to procure measles vaccine that will be implemented in 2009 Measles Campaigns. The balance was used for Tetanus Toxoid campaigns and routine immunisation both at the centre and district levels.

***Of the funds from WHO, 55% ($863,554) was spent on 2 rounds of polio SIAs in 9 districts, 40% ($641,794) was spent on surveillance activities and 5% ($85,000) was spent on routine immunization activities.

****Planned strategies to address the financial gap include:

1. Increasing efficiency in use of the limited resources through:
   - relocation of the central UNEPI office from Entebbe to Kampala to cut costs such as transport
   - construction of a dry store to reduce on the high costs incurred in hiring of storage space
   - procurement of new vehicles for central activities to reduce on the high maintenance and repair costs
   - engaging a clearing agent to reduce clearing costs (current charges are high because they are based on value of the vaccines and injection materials instead of the volume, which is less costly)
   - introduction of a tracking system for gas to the districts (ongoing)

Future Country Co-Financing (in US$)

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

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

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

1st vaccine: ***DPT-HepB+Hib***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		0.20	0.20	0.20	0.20	0.20	0.20
Number of vaccine doses	#	179,800	372,200	389,200	402,400	417,000	436,000
Number of AD syringes	#	174,200	372,800	389,700	402,800	417,400	436,500
Number of re-constitution syringes	#	99,800	206,600	216,100	223,400	231,500	242,000
Number of safety boxes	#	3,050	6,450	6,725	6,950	7,225	7,550
Total value to be co-financed by country	**$**	$662,000	$1,372,000	$1,434,500	$1,483,000	$1,537,000	$1,607,000

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

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

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

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

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)	Quarterly	February 2008; 26 June 2008; September 2008; 29 October 2008	Quarterly
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)	$750,792	224,200
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. Narrow resource base.
2. Global economic crisis resulting in decreased local revenue
3. Competing priorities within the sector such as malaria and HIV/AIDS
4. Lack of cost-benefit analysis/ investment case for immunization to make a good case for further investments for EPI compared to other interventions

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

The country met its obligation to co finance the new vaccines during 2008.

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

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

3.1. Up-dated immunization targets

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

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

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

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

A national census was conducted in 2002. According to the latest update of the 2002 population census figures, the birth cohort has been revised to 4.85% of the total population. The denominators for 2008 and subsequent years have therefore been revised from the previously approved plan. Annually, the Uganda Bureau of Statistics (UBOS) releases updated population projections, which the programme adapts for planning purposes and calculation of coverage.

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

According to the latest update of the 2002 population census figures, the proportion of surviving infants has been revised to 4.3% of the total population. The denominators for 2008 and subsequent years have therefore been revised from the previously approved plan, taking into consideration the annual releases of population projections from the Uganda Bureau of Statistics (UBOS).

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

The Programme reviewed its performance in 2008, and revised the targets for 2009 and subsequent years based on the previous performance, prevailing challenges in service delivery, feasibility of meeting the targets and available resources. A new comprehensive multiyear plan was drafted in 2009 for 2010-2014, which indicates the new targets.

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

Not applicable

Vaccine 1: DPT-HepB+Hib

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

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	1,148,063	1,218,092	1,291,521	1,368,273	1,448,521	1,514,051
Target immunisation coverage with the third dose	*Table B*	#	84%	86%	88%	90%	92%	93%
Number of children to be vaccinated with the first dose	*Table B*	#	1,275,626	1,353,435	1,419,254	1,471,262	1,524,759	1,591,451
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.11	1.11	1.11	1.11	1.11	1.11
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.20	0.20	0.20	0.20	0.20	0.20

* 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	#	3,130,100	4,199,600	4,391,800	4,540,300	4,705,100	4,919,200
Number of AD syringes	#	3,032,500	4,206,100	4,397,300	4,544,700	4,709,600	4,924,800
Number of re-constitution syringes	#	1,737,200	2,330,800	2,437,500	2,519,900	2,611,300	2,730,200
Number of safety boxes	#	52,950	72,575	75,875	78,425	81,275	84,975
Total value to be co-financed by GAVI	**$**	$11,526,000	$15,476,500	$16,184,500	$16,732,000	$17,339,000	$18,128,500

Vaccine 2: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

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

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

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

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

Vaccine 3: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

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

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

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

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

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

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

4.1 Information relating to this report:

a) Fiscal year runs from ……(month) to …….(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 immunisation cMYP:

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			
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 was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

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

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

4.2 Overall support breakdown financially

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

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
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 featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

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

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

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

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

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

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2009**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1:					
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					

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 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1:					
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					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

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

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

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.

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 Organisations (CSOs)

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

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

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

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

5.1.1 Mapping exercise

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

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

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

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

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

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

5.1.4 Management of funds

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

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

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

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

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

5.2.1 Programme implementation

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

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

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

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

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

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

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

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

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

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

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

5.2.2 Receipt of funds

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

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

5.2.3 Management of funds

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

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

5.2.4 Monitoring and Evaluation

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

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

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

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

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	√	
Reporting Period (consistent with previous calendar year)	√	
Government signatures	√	
ICC endorsed	√	
ISS reported on	√	
DQA reported on	√	
Reported on use of Vaccine introduction grant		Not applicable
Injection Safety Reported on		Not applicable
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	√	
New Vaccine Request including co-financing completed and Excel sheet attached	√	
Revised request for injection safety completed (where applicable)		Not applicable
HSS reported on		Not applicable
ICC minutes attached to the report	√	HPAC minutes
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		Not applicable

7. Comments

ICC/HSCC comments:

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

1. The GAVI Secretariat should expedite the process of setting up the new financial management monitoring mechanism as agreed in the Memorandum of Understanding between the Government of Uganda and GAVI in 2008. There is need to utilize the available GAVI ISS funds in-country.

2. The GAVI Secretariat should clarify on the Government signatures needed for endorsement of the annual reports.

~ End ~