



Annual Progress Report 2008

Submitted by

The Government of

[ALBANIA]

Reporting on year: 2008

Requesting for support year: 2010/2011

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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 :

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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 ALBANIA

Minister of Health:

Title: Dr. Anila GODO

Signature:

Date:

Minister of Finance:

Title: Ridvan Bode.....

Signature:

Date:

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ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Arben Ivanaj	Ministry of Health Deputy Minister Head of ICC		
Gazmend Bejtja	Ministry of Health Director of Public Health		
Nedime Ceka	Ministry of Health Head of Mother and Child Services		
Saemir Kadiu	Ministry of Health Director Planning and Budget		
Alban Ylli	Institute of Public Health Director		
Silva Bino	Institute of Public Health Head of Control of Infectious Diseases Department		
Erida Nelaj	Institute of Public Health EPI Manager		
Eduard Kakarriqi	Institute of Public Health Head, Department of Epidemiology		
Merita Kucuku	National Regulatory Authority, Drug Control Center		
Xheorxhina Kuli-Lito	Albanian Paediatric Association		
Eli Foto	Department of Paediatrics, FoM		
Dhimiter Kraja	Department of Infectious Diseases, FoM		
Najada Como	Albanian Association of infectious Diseases		
Arjana Kazazi	Ministry of Finance		
Anshu Banerjee	WR, Tirana/Albania		
Vasil Miho	WHO Liaison Officer		
Mariana Bukli	UNICEF office, Tirana/Albania		

Zhaneta Shatri	USAID, Tirana/Albania		
Lorena Kostallari	World Bank, Tirana/Albania		
Gurali Mejdani	Roma Association		
Arjana Deljana	Albanian Red Cross		

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

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

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

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

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

Name/Title	Agency/Organisation	Signature	Date

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

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

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

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	33362	35350	35350	35350	35350	35350	35350	35350
Infants' deaths	338	350	350	350	350	350	350	350
Surviving infants	33294	35000	35000	35000	35000	35000	35000	35000
Pregnant women	–	–	–	–	–	–	–	–
Target population vaccinated with BCG	33150	–	–	–	–	–	–	–
BCG coverage*	99.6	–	–	–	–	–	–	–
Target population vaccinated with OPV3	33753	–	–	–	–	–	–	–
OPV3 coverage**	99	–	–	–	–	–	–	–
Target population vaccinated with DTP (DTP3)***	33755	34650	34650	34650	34650	34650	34650	34650
DTP3 coverage**	99%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with DTP (DTP1)***	33294	34650	34650	34650	34650	34650	34650	34650
Wastage ¹ rate in base-year and planned thereafter	20%	–	–	–	–	–	–	–
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of		34650	34650	34650	34650	34650	34650	34650
..... Coverage**		99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with 1 st dose of		34650	34650	34650	34650	34650	34650	34650
Wastage ¹ rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with 1 st dose of Measles	34986	35230	35230	35230	35230	35230	35230	35230
Target population vaccinated with 2 nd dose of Measles	40427	–	–	–	–	–	–	–
Measles coverage**	97.7%	–	–	–	–	–	–	–
Pregnant women vaccinated with TT+	27613	33725	33725	33725	33725	33725	33725	33725
TT+ coverage****	82.9	96%	96%	96%	96%	96%	96%	96%
Vit A supplement	Mothers (<6 weeks from delivery)	–	–	–	–	–	–	–
	Infants (>6 months)	–	–	–	–	–	–	–
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	–	–	–	–	–	–	–	–
Annual Measles Drop out rate (for countries applying for YF)	–	–	–	–	–	–	–	–

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

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

Table B: Updated baseline and annual targets, 2009

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	33362	34330	34330	34330	34330	34330	34330	34330
Infants' deaths	338	330	330	330	330	330	330	330
Surviving infants	33294	34000	34000	34000	34000	34000	34000	34000
Pregnant women	–	37000	37000	37000	37000	37000	37000	37000
Target population vaccinated with BCG	33150	34193	34193	34193	34193	34193	34193	34193
BCG coverage*	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Target population vaccinated with OPV3	33753	33660	33660	33660	33660	33660	33660	33660
OPV3 coverage**	99%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with DTP (DTP3)***	33755	33660	33660	33660	33660	33660	33660	33660
DTP3 coverage**	99%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with DTP (DTP1)***	33294	33660	33660	33660	33660	33660	33660	33660
Wastage ² rate in base-year and planned thereafter	20	18	15	12	10	10	10	10
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3rd dose of DTP-HepB-Hib		33660	33660	33660	33660	33660	33660	33660
..... Coverage**		99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with 1st dose of DTP-HepB-Hib		33660	33660	33660	33660	33660	33660	33660
Wastage ¹ rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with 1st dose of Measles	34986	33660	33660	33660	33660	33660	33660	33660
Target population vaccinated with 2nd dose of Measles	40427	38990	37000	36000	35400	33660	33660	33660
Measles coverage**	97.7%	98%	98%	98%	98%	98%	98%	98%
Pregnant women vaccinated with TT+	27613	28610	28610	28610	28610	28610	28610	28610
TT+ coverage****	82.9%	85%	85%	85%	85%	85%	85%	85%
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100								
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

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

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

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

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

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

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.

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 _____

Remaining funds (carry over) from 2007 _____

Balance to be carried over to 2009 _____

Table 1.1: Use of funds during 2008*

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

1.1.3 ICC meetings...

How many times did the ICC meet in 2008? 4

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

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

Albanian Roma Association Albanian Red Cross Albanian Infectious Diseases Association Albanian Paediatric 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

1. Preparation of Country MultiYear Plan of Activities
2. Introduction of Hib vaccine
3. Introduction of fridge tags in every health center vaccination refrigerator
4. Study on cold chain and fridge tags
5. Awareness campaigns for Hib introduction
6. Training of health care workers on Hib introduction
7. Vaccine stock management program for national stock of vaccines
8. Stock management training and distribution of national new forms
9. Training of health care workers (vaccinators) on cold chain and freedge tags
10. Hepatitis And B workshop.
11. Preparation for Hepatitis B campaign of adolescents
12. National seroprevalence study on Hepatitis B

Problems

1. Lack of possibilities to buy immunization standart cold chain equipment due to Albanian lows and regulations for tenders
2. Use of vaccinators for some other activities by health care centers as a misconception of their autonomy.

Attachments:

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

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

1.1.4 Immunization Data Quality Audit (DQA)

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

List major recommendations

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.

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:

List challenges in collecting and reporting administrative data:

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)

We introduced DTP-HepB–Hib in March 2009 with the presentation of 1dose/vial. The introduction covered only children born from January 1, 2009.

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP-HepB-Hib	1 dose/vial	68500	2 March 2009	1 December 2008

Please report on any problems encountered.

No problems were 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.

[List activities]

1. Training of health care workers (doctors, nurses and epidemiologists) about introduction of new vaccine.
2. Supervision and monitoring of transporting, implementation, administration and maintenance of introduction of new vaccines (DTP-HepB-Hib)
3. Evaluation of vaccination coverage including serosurveillance.
4. A guide for health care workers about introduction of new vaccine(Hib, penta)
5. A guide for parents about introduction of new vaccine (Hib, penta).
6. The preparation and publishing of the updated manual of immunization (The blue manual of immunization).
7. Updated guide for parents about immunization.
8. Other information, education and communication materials such posters, TV spots,etc.
9. Strengthening of cold chain system by procuring thermometers min/max, generators etc. to fill the existing gaps.
10. Cold chain system assessment to identify vaccine freezing during storage and transport.
11. Improve program management and administration by introducing new immunization registries and new vaccination cards.
12. Improve program management and administration by computerizing stock management system and vaccine coverage reporting form through special database.
13. Improvement of National Vaccine Store facility to fulfil the certification criteria
14. Reviewing AEFI guidelines, improvement of AEFI reporting and investigation forms

15. Evaluation meetings
16. Strengthening case based surveillance system of bacterial meningitis and other severe childhood diseases through:
- strengthening capacities of microbiology laboratory by procuring kits, reagents etc needed for diagnosis of Hib,Pneumo and Meningo and Rotavirus
- Training of microbiologists and lab technicians for diagnosis of Hib, Pneumo and Meningo infections
- Expanding surveillance of bacterial meningitis and other severe childhood diseases (sepsis and pneumonia) in 36 districts.
- Updated guide of diagnosis of bacterial meningitis (Hib, Pneumo and Meningococcus)

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

These funds were received on: [27/08/2007 & 08/01/2009]

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2007	100000	27/08/2007	58 600	Activity1, Part of activity 2, Activity 4 ,Activity 5, Part of activity 8, Part of activity 11. Activity 13. (pls see attached)	1.The activity were delayed due to the delay of introduction of Hib (March2009) 2. We couldn't use them till we received the agreement from GAVI, needed from IPH financial office and state treasury .3.A lot of activities are in process and the staff is working but we will release the funds after the activities are fully completed
2008	100000	08/01/2009	100000.....	Surveillance activities are in the process as well as trainings related to that so the funds are not used	We couldn't use them till we received the agreement from GAVI, needed from IPH financial office and

				yet.....	state treasury
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1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [05/2007]

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

[List major recommendations]

1. An emergency plan should be prepared with airport authorities to reduce vaccine damage risk in case of an airport cold store failure.
2. The table type temperature recording format given in the Model Quality Plan should be adopted.
3. Current storage capacity should be preserved with good preventive maintenance provided by competent technicians.
4. Although there are data loggers to collect temperature data, a multi-channel computerized temperature monitoring device is advisable. These devices can process the live data and trigger alarm systems if temperatures breach the allowed limits. Same device, with proper sensors, can be used for tracking the humidity and ambient temperature levels for the dry store.
5. The Excel based stock management tool should be tested for minimum of 6 months. If found useful, the system can be adapted to sub-national stores.
6. A plan for preventive maintenance should be established with the allocation of a specific budget.
7. The preventive maintenance should be provided by qualified technicians.
8. New stock management system should be started at all levels of the system as soon as possible
9. Stock balances at the end of the distribution period should be reported by the districts, and be taken into account when preparing the distribution plans
10. Electronic freeze indicators should be purchased and used during storage and transportation of all freeze sensitive vaccines.

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.

Referring to the recommendations the following activities took place:

- Approval of new stock management system
- Training of all vaccination staff on new stock management system and where the temperature recording format was adopted
- A new stock management system was established for all districts
- Districts now report on their stock balances and we take them into account before distribution of vaccines for each trimester.
- Introduction of fridge tags and also we use freeze tags in all levels
- Introduction and establishment of a multi channel device for temperature recording in all cold rooms
- The Excel based stock management tool has been prepared and introduced in the national store, tested and now is ready to be adapted into sub-national stores
- An emergency plan has been prepared with airport authorities and districts in case that cold rooms fail.

When will the next EVSM/VMA* be conducted? [09/2010]

**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:	
Anticipated stock on 1 January 2010	25500
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.

[List problems]

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

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

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

Please report how sharps waste is being disposed of.

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

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

[List problems]

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

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

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

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

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

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>	US\$	US\$	US\$
Traditional Vaccines	534 300	600 000	600 000
New Vaccines		27500	1 000 000
Injection supplies	41 100	50 000	60 000
Cold Chain equipment	83 000*	820 000**	100 000
Operational costs	143 894	148 200	152 530
Other (Freight insurance + inspection, Handling fee, Buffer)	109 600	120 000	120 000
Total EPI	802294	1 765 700	2 032 530
Total Government Health	280 000 000	300 000 000	320 000 000

Exchange rate used	
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*83.000USD Donation JICA,

**820.000USD World Bank Funds (credit)

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.

Some refrigerators bought by WB were not fulfilling the standards for ice lined refrigerators as well as for vaccine carriers. Next year we will use UNICEF procurement services and through a preparation of an agreement similar to the vaccine procurement one.

The current co financing related to the price of Hepatitis B within Pentavalent Vaccine (DTP,- HepB-Hib) introduction is already planned under Government funding.

The amount of funds saved by Government with the introduction of pentavalent will be used on 2009 for complementary immunization activities such as Hepatitis B for adoleshents and young adults planned for 2009, where the vaccine was already procured though UNICEF and just arrived.

According to the new cMYP on 2010 the government will increase the budget for introduction of new vaccine, pneumococcuss one by 1 000 000 US\$ and the budget was prepared and submitted to the MoH financial office.

The Government funds for immunization are increasing from 0.3% of total Government health budget in 2008 to 0.6% in 2009 and further on 0.63% in 2010.

Future Country Co-Financing (in US\$)

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

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

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

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

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

<i>1st vaccine: ...DTP-HepB-Hib.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.20*	0.20*	0.20*	0.20*		
Number of vaccine doses	#	6,500	6,800	7,300	9,200		
Number of AD syringes	#	6,900	7,200	7,700	9,700		
Number of re-constitution syringes	#	0	0	0	0		
Number of safety boxes	#	100	100	100	125		
Total value to be co-financed by country	\$	\$21,500	\$21,500	\$21,500	\$21,500		

**Co financing only Hepatitis B share*

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

<i>2nd vaccine:</i>		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\$)

<i>3rd vaccine:</i>		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)	September 2008	15 April 2009	15 April 2010
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

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

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

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

We are now paying only for Hepatitis B vaccine but not co financing for Hib. The government will take full responsibility in 2013 and we will proceed in the similar way as we did before with Hepatitis B.

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**:

__There are only some small changes in births, because we are facing reduction of births every year, so in the future we hope at least to stay in the same levels

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

__The number of surviving infants changes regarding to the changes on the number of births and high immigration rates.

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

The number of targets by vaccine changes regarding to the changes on the number of births

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

__There are no changes in wastage, since it will be all the time the minimum required

Vaccine 1:

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

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

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

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

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	33660	33660	33660	33660	33660	33660
Target immunisation coverage with the third dose	<i>Table B</i>	#	99%	99%	99%	99%	99%	99%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	33660	33660	33660	33660	33660	33660
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	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	#	100,600	99,300	98,800	96,900		
Number of AD syringes	#	106,400	105,000	104,500	102,500		
Number of re-constitution syringes	#	0	0	0	0		
Number of safety boxes	#	1,200	1,175	1,175	1,150		
Total value to be co-financed by GAVI	\$	\$334,500	\$310,000	\$288,500	\$224,500		

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

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

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

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

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

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

Table 3.6: 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 support⁴

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

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

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or 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.
Annual Progress Report 2008

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to 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 support⁵

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.

[illegible]

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.

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6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	30 May 2009	
Reporting Period (consistent with previous calendar year)	2008	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	-	
DQA reported on	-	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	-	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	-	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	-	
HSS reported on	-	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	-	

7. Comments

ICC/HSCC comments:

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

~ End ~