Annual Progress Report 2008

Submitted by

The Government of

ANGOLA

Reporting on year: __**2008**__

Requesting for support year: _2010/2011_

Date of submission: ___**25_08_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 ANGOLA……..……

Minister of Health:

Title: Dr. José Vieira Días Van-Dúnem

Signature: ……

Date: ……

Minister of Finance:

Title: Dr. Eduardo Leopoldo Severino de Morais

Signature: ……

Date: ……

This report has been compiled by:

Full names: Dr.Alda Morais de Sousa Dr. Jorge Mariscal Dr. Hamadassalia Toure

Positions: EPI Manager MINSA WHO EPI Officer UNICEF Health Officer

Telephones: 244 912 501 232 244 929 5766 35 244 924 441 117

E-mail: aldamorais@yahoo.com.br mariscalj@ao.afro.who.int htoure@unicef.org

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
Dr. Evelise Frestas, Vice-Minister of Health	MoH		
Dr. Adelaide de Carvalho, National Director of Public Health	MoH		
Dr. Fátima Valente, Chief of Department of Hygiene and Epidemiology	MoH		
Dr. Alda Morais de Sousa, EPI Manager	MoH		
Dr.Diosdado Nsue Milang, Representative	WHO		
Mr.Koenraad Vanormelingen, Representative	UNICEF		
Mr. Bart Bruins, Health Team Leader	USAID		
Ms. Silvia Nagy, Chairperson	Rotary		
Ms: Ana Pinto, Secretariat Director	CORE		
Dr. David S. Loloji	Red Cross		

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

.....

.....

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

.....

.....

.....

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.

Not Applicable

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance and 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

……

……

……

……

……

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: ……

Not Applicable

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 2007 Annual Report (*From the most recent submissions to GAVI)*

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		960,441	987,334	1,014,979	1,043,399	1,072,614	1,102,647	1,133,521	1,165,260
Infants' deaths		144,066	148,1	152,247	156,51	160,892	165,397	170,028	174,789
Surviving infants		816,375	839,234	862,732	886,889	911,722	937,25	963,493	990,471
Pregnant women		960,441	987,334	1,014,979	1,043,399	1,072,614	1,102,647	1,133,521	1,165,260
Target population vaccinated with BCG		864,397	888,601	964,230	991,229	1018,983	1047,515	1076,844	1106,997
BCG coverage*		90%	90%	95%	95%	95%	95%	95%	95%
Target population vaccinated with OPV3		734,738	755,311	819,595	842,545	866,136	890,388	915,318	940,947
OPV3 coverage**		90%	90%	95%	95%	95%	95%	95%	95%
Target population vaccinated with DTP (DTP3)***		734,738	755,311	819,595	842,545	866,136	890,388	915,318	940,947
DTP3 coverage**		90%	90%	95%	95%	95%	95%	95%	95%
Target population vaccinated with DTP (DTP1)***		775,556	797,272	819,595	842,545	866,136	890,388	915,318	940,947
Wastage[1] rate in base-year and planned thereafter		ND	1,11	1,05	1,05	1,05	1,05	1,05	1,05
Target population vaccinated with **3rd dose** of Pentavalent		734,738	755,311	819,595	842,545	866,136	890,388	915,318	940,947
Pentavalent Coverage**		0,9	0,9	0,95	0,95	0,95	0,95	0,95	0,95
Target population vaccinated with **1st dose** of Pentavalent		845,188	868,854	913,481	939,059	965,353	992,382	1,020,169	1,048,734
Wastage[1] rate in base-year and planned thereafter		1,11	1,11	1,05	1,05	1,05	1,05	1,05	1,05
Target population vaccinated with **1st dose** of Measles		775,556	797,272	819,595	842,545	866,136	890,388	915,318	940,947
Target population vaccinated with **2nd dose** of Measles		NA	NA	NA	NA	NA	NA	NA	NA
Measles coverage**		90%	90%	95%	95%	95%	95%	95%	95%
Pregnant women vaccinated with TT+		864,397	888,601	964,230	991,229	1018,983	1047,515	1076,845	1106,997
TT+ coverage****		90%	90%	95%	95%	95%	95%	95%	95%
Vit A supplement	Mothers (<6 weeks from delivery)	90%	90%	95%	95%	95%	95%	95%	95%
	Infants (>6 months)	90%	90%	95%	95%	95%	95%	95%	95%
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x 100		5	5	0	0	0	0	0	0
Annual Measles Drop out rate (for countries applying for YF)		NA	NA	NA	NA	NA	NA	NA	NA

* 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		960.436	987.328	1.014.973	1.043.393	1.072.608	1.102.641	1.133.515	1.165.253
Infants' deaths		144.065	148.099	152.246	156.509	160.891	165.396	170.027	174.788
Surviving infants		816.382	839.241	862.739	886.896	911.729	937.258	963.501	990.479
Pregnant women		960.436	987.328	1.014.973	1.043.393	1.072.608	1.102.641	1.133.515	1.165.253
Target population vaccinated with BCG		832.025	888.595	913.476	939.053	965.347	992.377	1.020.163	1.048.728
BCG coverage*		87%	90%	90%	90%	90%	90%	90%	90%
Target population vaccinated with OPV3		611.136	713.355	776.465	798.207	820.556	843.532	867.151	891.431
OPV3 coverage**		75%	85%	90%	90%	90%	90%	90%	90%
Target population vaccinated with DTP (DTP3)***		657.506	713.355	776.465	798.207	820.556	843.532	867.151	891.431
DTP3 coverage**		81%	85%	90%	90%	90%	90%	90%	90%
Target population vaccinated with (DTP1)***		818.852	797.279	819.602	842.551	866.143	890.395	915.326	940.955
Wastage[1] rate in base-year and planned thereafter		1,15 Approx	1,11	1,11	1,11	1,11	1,11	1,11	1,11
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of PENTAVALENT		657506	713355	776465	798207	820556	843532	867151	891431
PENTAVALENT Coverage**		81%	85%	90%	90%	90%	90%	90%	90%
Target population vaccinated with **1st dose** PENTAVALENT		818852	797279	819602	842551	866143	890395	915326	940955
Wastage[1] rate in base-year and planned thereafter PENTAVALENT		1,15 Approx	1.11	1,11	1,11	1,11	1,11	1,11	1,11
Target population vaccinated with **1st dose** of Measles		648.636	713.355	733.329	798.207	866.143	890.395	915.326	940.955
Target population vaccinated with **2nd dose** of Measles		N/A	N/A	N/A	N/A	820.556	843.532	867.151	891.431
Measles coverage**		79%	85%	85%	90%	90%	90%	90%	90%
Pregnant women vaccinated with TT+		790.239	839.229	862.727	939.053	965.347	992.377	1.020.163	1.048.728
TT+ coverage****		82%	85%	85%	90%	90%	90%	90%	90%
Vit A supplement	Mothers (<6 weeks from delivery)	262.358	592.397	710.481	834.714	965.347	992.377	1.020.163	1.048.728
	Infants (6 -11 months)	465.184	503.544	603.918	709.517	820.556	843.532	867.151	891.431
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x 100		20%	10%	5%	5%	5%	5%	5%	5%
Annual Measles Drop out rate (for countries applying for YF)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* 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): 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?

Yes it is reflected in the Ministry of Health Budget. The ISS support budget was included into the EPI-MoH Interagency Budget.

As it was indicated in previous reports the budget of the GAVI Project doesn't have specific registration in the database of the Ministry of Finances, due that the current norms don't demand it.

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.

From 2003 to 2006, the Angolan Government received through the Ministry of Health USD 2,988,000 of ISS funds into the Banco de Fomento Angola's account number 728769.31.001. This amount was received in 4 tranches:

- 1st tranche August 2003: USD 747,000.00 USD.
- 2nd tranche September 2004: USD 747,000.00 USD.
- 3rd tranche October 2005: 747,000.00 USD.
- 4th tranche August 2006: 747,000.00 USD.
- The process for release of the GAVI funds, has not changed from 2006 up to now; two authorized signatures are required:
- The signature of Dr. Adelaide Carvalho, National Director of Public Health or Vice Minister of Health and the signature of National EPI Manager, Dr. Alda Morais de Sousa.
- The alternative signature is from the Vice-Minister of Health. The last quarter of 2008 Dr. Jose Dias Van-Dúnem was promoted to Minister of Health and Dr. Evelise Frestas was nominated as Vice- Minister of Health.

The process of management of these funds consist of the following steps:

- Elaboration of plan of action by activity with detailed budget for use of GAVI, government and other partner's funds by technical staff of the Ministry of Health supported by technicians of partner's agencies.
- Approval of this plan - budget by ICC during specific meeting chaired by the Vice Minister of Health and with the participation of Representatives of WHO, UNICEF, CORE and other partners.

(The remaining funds of ISS GAVI support at the end of 2007, consistent in USD 29,166 (was utilized for cover pending payments of routine intensification activities performed in Cabinda and Lunda Norte Provinces. (Activity previously approved for all the Country in 2007 by The ICC. The delay in the reimbursement was due to late sent the liquidation of funds from the provinces to the central level).

- For every activity to be implemented, a written request of funds is made by the EPI manager to the National Director of Public Health or in the absence of her to the Vice-Minister of Health.
- The National Director of Public Health or the Vice Minister of Health authorizes the use and the transference of funds to the implementing level.
- Transfer the funds to account of implementing level.
- Monitoring the implementation of activities and use of funds by the central level of Ministry of Health and partners agencies technicians.
- Periodical revision of liquidations by EPI National supervisors and accountant of National Directorate of Public Health.
- In 2008 no delay was experienced on the ISS funds. This fund was available for EPI programme utilization.

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 ____ **USD 0.00** _____
Remaining funds (carry over) from 2007 ____ **USD 29,166.46** _____
Balance to be carried over to 2009 ____ **USD 0,0** _____

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	**29,166**			**29,166**	
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other …… *(specify)*					
Total:	**29,166**			**29,166**	
Remaining funds for next year:	**0,0**			**0,0**	

1.1.3 ICC meetings

*How many times did the ICC meet in 2008? ___**24**_____*
Please attach the minutes (DOCUMENT N°..1...) 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]***
if yes, which ones?

List CSO member organisations
Rotary International, CORE group of NGOs and Red Cross participated of ICC meetings.

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

Background

During 2007 important progresses were made for scaling up the RED strategy implementation from 59 districts in 2004 to 83 districts in 2007 that covering around 80% of national target population. From this way were reinforced mainly the local supervision and outreach activities

Although in 2008 the epidemic of cholera decreased at very low levels, Angola suffered a big polio outbreak with 29 confirmed cases in 5 provinces of the Country. This outbreak start with importation of wild Poliovirus type 3 from the north of India.

In 2008 the efforts were concentrated to respond the Polio outbreak, there was implemented 8 rounds of Polio Supplementary Immunization Activities; 4 Sub NIDs and 4 National Immunization Days, that demands intensive activities of EPI teams at all levels. Was implemented too intensive epidemiological surveillance and were reinforced the RED approach implementation.

Key activities developed in 2008

- Elaboration of Integrated interagency EPI Plan 2008 -2009;
- Elaboration of district micro planning guides for “district revitalization process” that integrating immunization with vitamin A and Albendazol administration and mosquito nets distribution;
- Training of 20 national supervisor’s team for support districts micro planning in the context of revitalization process. Micro planning was done in the 18 provinces with the participation of 164 districts teams.
- Training of 20 provincial/national health logistics on solar cold chain maintenance (around 154 solar refrigerators was donated by UNICEF)
- Elaboration of specific guides and budgets for three rounds of routine intensification;
- Supportive supervision at district and health facility level was improved utilizing updated check list.
- Monthly monitoring and feed back of completeness, timelines and key indicators of routine EPI by districts.
- Elaboration of presentations including status of routine immunization coverage and technical documents for weekly Interagency Coordination Committee Meetings.

RESULTS

The following table shows the evolution of EPI key EPI indicators

Figure Nº 1. Angola: EPI indicators evolution 2003 to 2008

Year	Districts reports completeness	National DPT3/Penta3 coverage	National Measles coverage	% Districts DPT3/Penta3 <50%	% Districts DPT3/Penta3 50-79%	% Districts DPT3/Penta3 >=80%
2003	75%	46%	62%	78%	14%	8%
2004	73%	59%	64%	61%	17%	21%
2005	70%	47%	45%	72%	21%	7%
2006	75%	40%	48%	71%	19%	10%
2007 (*)	84%	83%	88%	24%	21%	55%
2008	93%	81%	79%	25%	29%	46%

(*) Pentavalent replaces the DTP countrywide from January 2007

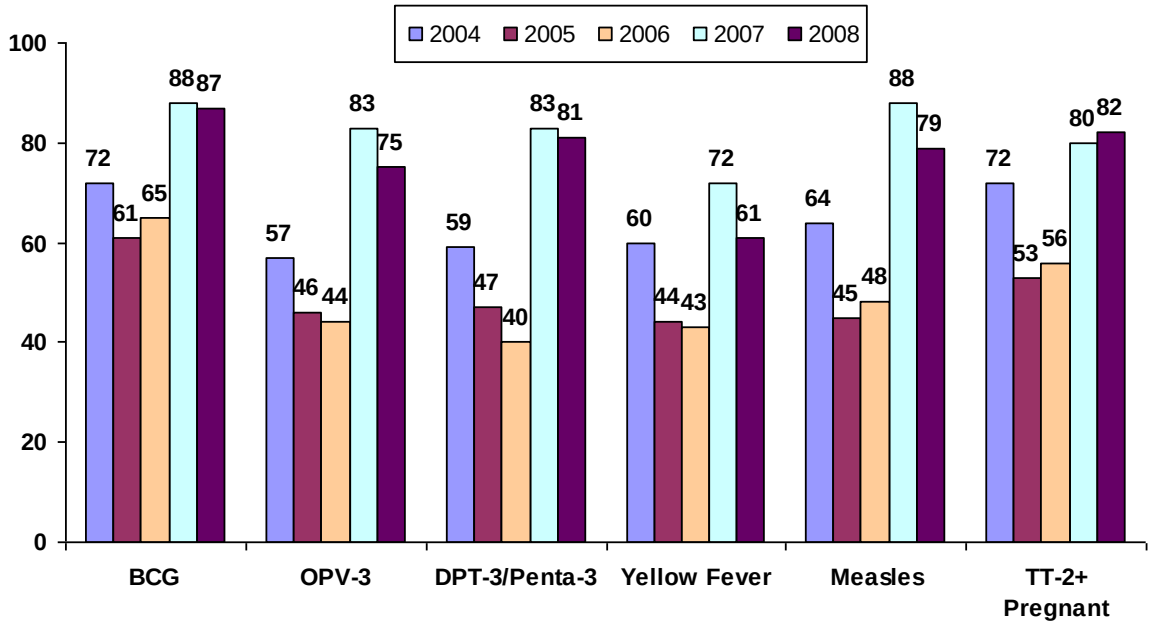
Source: JRF MoH, WHO / UNICEF 2003-2008

In 2008, intensification of routine immunization activities has continued with further implementation of the RED approach and 3 rounds of accelerated routine immunization, mobile and outreach activities were carried out all year long.

The national DPT-Penta3 (Pentavalent) and measles coverage for 2008 show a slight decline. In the same period was improved of number of districts reporting routine data**.**

Figure Nº 2

Angola Routine Immunization Coverage in Children under-1 & Pregnant woman 2004-2008

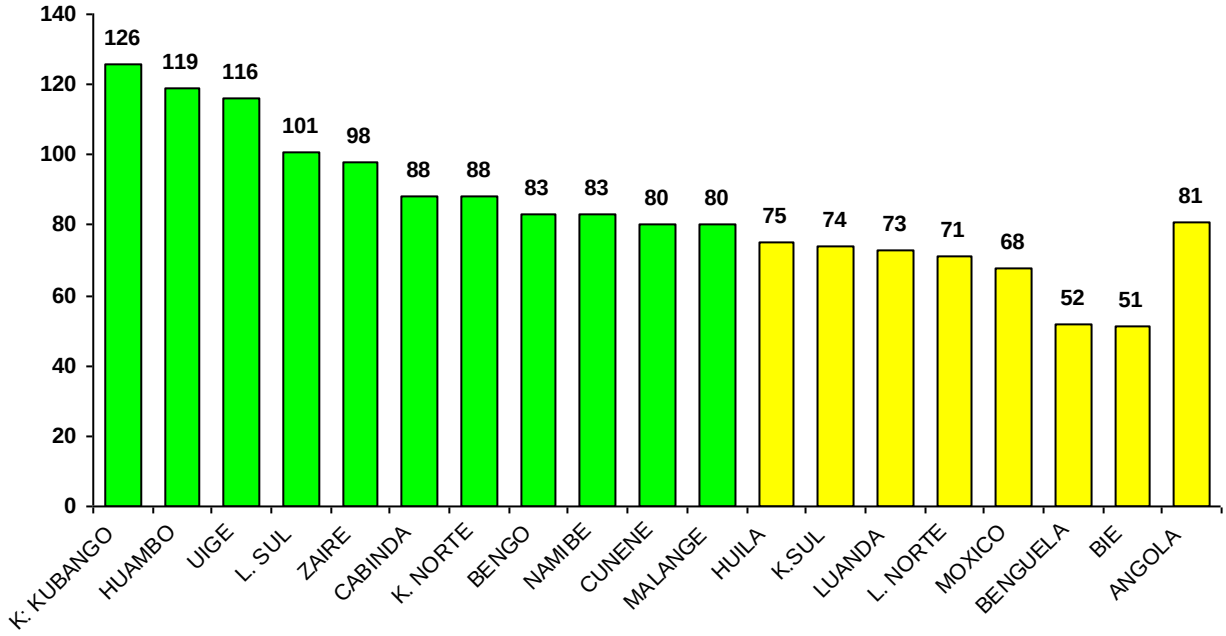


Source: JRF MoH, WHO / UNICEF 2003-2008

The provincial Penta-3 routine immunization coverage's shows that 11 provinces achieve coverage over 80%.

Figure Nº 3

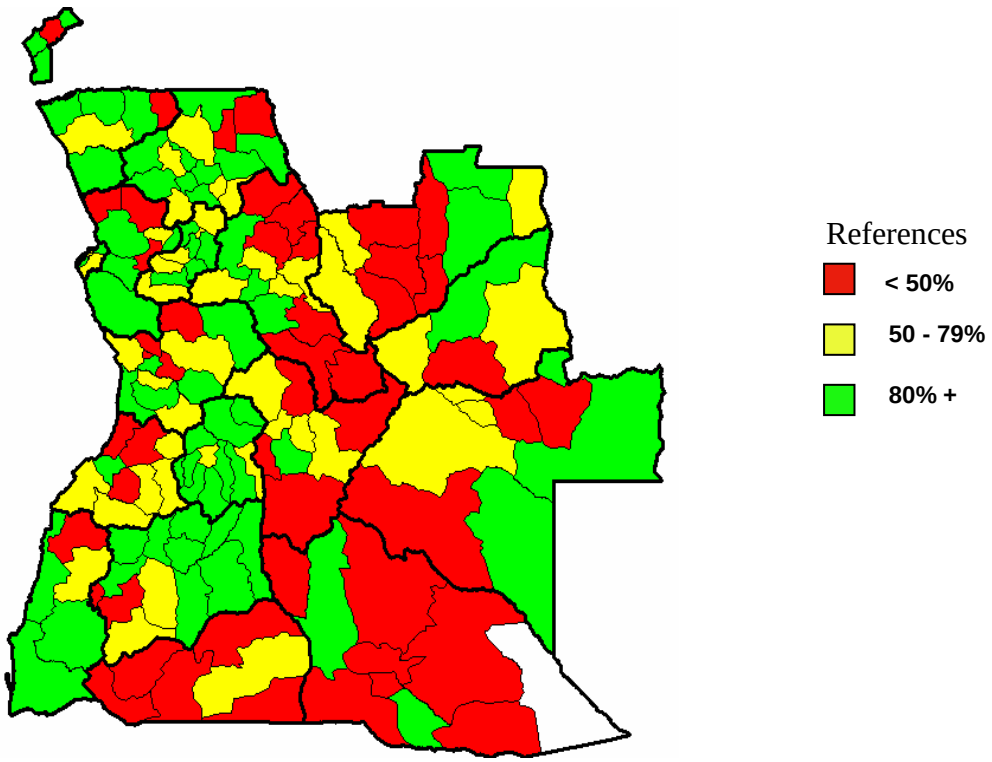
Angola Pentavalent-3 coverage by provinces. 2008



Source: MoH – EPI database

Figure Nº 4

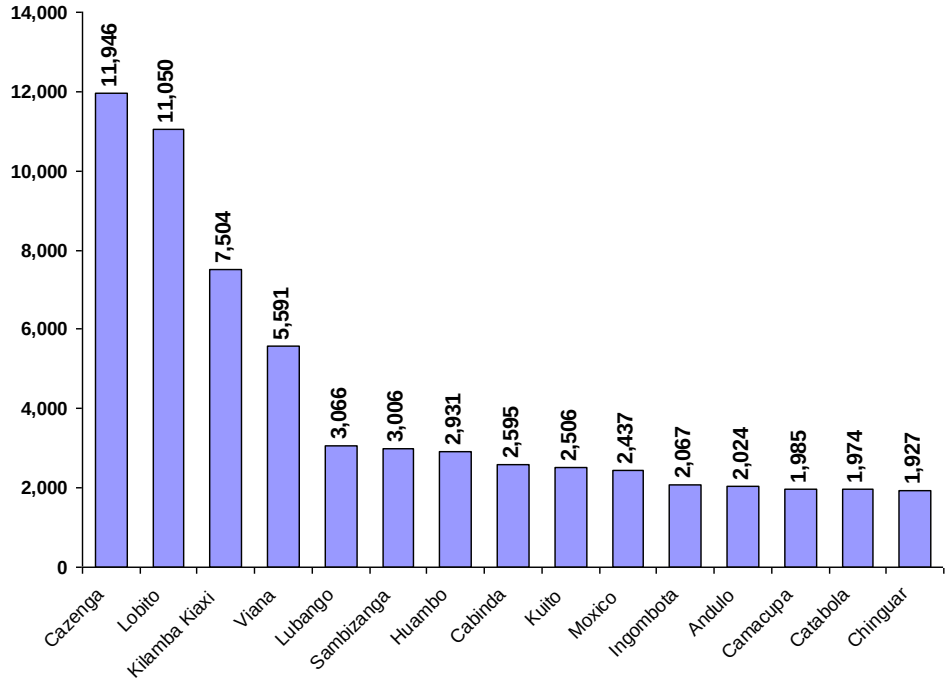
Angola Pentavalent-3 coverage by districts. 2008



The not vaccinated children of the country are concentrated in 15 districts. These districts receive special priority.

Figure Nº 5

15 municipalities (districts) that concentrate 52% of not vaccinated children of the Country Angola, 2008



Enabling factors

- The government of Angola maintains the financial support to purchase 100% EPI traditional vaccines and injection supplies.
- ICC members were strongly committed to mobilize resources and follow up the routine immunization activities during the periodic meetings.
- The National Police of Health District Revitalization currently ongoing is an important strength to develop the sustainability of routine immunization programme.

Main constraints and challenges

- Competing health priorities (principally outbreaks).
- Expensive an difficult logistic of vaccines and injection supplies
- Small health facility network to cover the population especially in rural areas and dependency of very expensive EPI outreach and mobile team's.
- Insufficient health facility staff and high turn over.
- Irregular availability of petrol/gas at local levels that difficult the supply of fuel for cold chain in same provinces and districts

Attachments:

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

a) Signed minutes (DOCUMENT N° **2**…) of the ICC meeting that endorses 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.
Any audit was not carried out.

Detailed Financial Statement of funds (DOCUMENT N°…) spent during the reporting year (2008).

The remaining funds of ISS GAVI support at the end of 2007, consistent in USD 29,166 (was utilized for cover pending payments of routine intensification activities performed in Cabinda and Lunda Norte Provinces. (Activity previously approved for all the Country in 2007 by The ICC). The delay in the reimbursement to provinces was due to late reception of funds liquidations at central level.

c) 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:

The financial statement of utilization of remaining resources from 2007 is attached in the Document Nº 3.

1.1.4 Immunization Data Quality Audit (DQA)

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

The routine immunization data quality auditing was done by external consultants from Swiss Centre for International Health from September 15th to 20th, 2008. Four districts randomly selected were evaluated. The country not passed the DQA.

List major recommendations:

Until the present date, any written report was received from consultants or GAVI.
After the DQA the recommendations made during debriefing to ICC were:

1. **Improve the training on information system and data quality to front line staff.**
2. **Include in routine supervisions data quality aspects.**
3. **Train the provincial team on Data Quality Self Assessment**

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

YES [ ] *NO* [x]

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

Specific plan was not prepared but activities relating to recommendations was implemented or are ongoing:

1. **On December 2008 provincial surveillance team was trained on data analysis including monitoring the quality of surveillance and immunization data. (5 days training)**
2. **On April 2009 during EPI training to provincial Chiefs of Public Health and EPI supervisors was emphasized on immunization data collection, analysis and monitoring of performance (2 days training).**
3. **The routine EPI supervisory check list of central, provincial, and municipal levels actually in use, includes data quality assessing questions.**
4. **Data Quality Self Assessment training of National core group and provincial EPI supervisors, was planned for 1st week of September. This training is funded by WHO AFRO and will support technically by WHO IST Central Bloc/AFRO technicians.**

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

N/A

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:

Multiple Indicator Survey implemented by National Institute of Statistics, supported by UNICEF

Data no yet available

List challenges in collecting and reporting administrative data:

1. ***Improve practical trainings to front line staff on data collecting, analysing and reporting***
2. ***Improve the quality of supervisions***
3. ***Gradual training of all local health staff on EPI to palliate high turn over of vaccinators***
4. ***Effective inclusion of EPI programme on Nurses and Medical Schools curricula***

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)

The Pentavalent vaccine was fully introduced at country level in 2007 supported by GAVI

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

No new or under-used vaccines were introduced in 2008

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

No changes was made

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP-HepB+Hib 2ds	**2 doses**	**678,400**	**2007**	**January,19th**
DTP-HepB+Hib 2ds	**2 doses**	**870,800**	**2007**	**April,10th**
DTP-HepB+Hib 2ds	**2 doses**	**870,800**	**2007**	**June,10th**
DTP-HepB+Hib 2ds	**2 doses**	**747,000**	**2007**	**September,23rd**

(*) 678,400 doses from 2007

Please report on any problems encountered.

No problems observed

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.

The main issue to guaranteed the financial sustainability of the Pentavalent vaccine and other new vaccines will introduced in the Country in the future, is the design and establishment a " National Immunization Fund" with Oil, Diamond and other private companies donation. The objective of this fund is to contribute to finance the cost of vaccine and injection supplies of EPI programme.

The other important issue is the finalization of proposal for GAVI relating to Health System Strengthening in order to create better context for EPI development.

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

These funds were received on: ***October 2005 (utilization was informed in previous reports)***

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
2006	**100.000**	**Oct. 2005**	**0.0**	**Training local staff**	**No probl.**

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]*

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

Was not conducted any assessment.

The assessments planned for implementation in 2008 was postponed without date of implementation, due to competing activities to control of big polio outbreak in many provinces of the Country.

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

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

NA

When will the next EVSM/VMA* be conducted? *[mm/yyyy]*

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

Table 1.2

Vaccine 1: Pentavalent	
Anticipated stock on 1 January 2010	**682,319**
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?

Country received support in supplies for Pentavalent vaccine administration

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
AD Syringes	1.298.400	May-08
AD Syringes	1.209.600	Oct-08
Reconstitution Syringe 2.0 ml	1.381.100	May-08
Safety Boxes	43.175	May-08

Please report on any problems encountered.

No main problems observed

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]

The Government of Angola through private enterprise purchases all injection supplies for traditional EPI vaccines administrated during routine immunization activities.

Please report how sharps waste is being disposed of.

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

The sharps waste disposal in the country is by open burning method, except in the capital Luanda where the waste is being disposed by private incineration system.

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

[List problems]

The main problem for proper waste disposal is the high cost of incinerators. The strategy for overcome this problem is the gradual implementation of incinerators in each municipality between a periods of 5 years. The HSS proposal in elaboration considers this aspect.

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]

NA

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 programmed expenditures and financial flows.
Please the following table should be filled in **using US $.**

	Reporting Year 2008	Reporting Year 2009	Reporting Year 2010	Reporting Year 2011
	Expenditures	Budgeted	Budgeted	Budgeted
Expenditures by Category				
Traditional Vaccines	**2,063,856**	**2,700,000.00**	**2,800,000.00**	**2,900,000.00**
New Vaccines		**0.00**	**0,00**	**424,000**
Injection supplies	**487,410**	**625,000.00**	**650,000.00**	**700,000.00**
Cold Chain equipment		**570,000.00**	**480,000.00**	**600,000.00**
Operational costs (*)	**3,987,527**	**4,800,000.00**	**5,760,000.00**	**5,850,000.00**
Other (please specify)				
Total EPI	**6,538,793**	**8,695,000.00**	**9,690,000.00**	**10,473,720.00**
Total Government Health	**ND**	**ND**	**ND**	**ND**

(*) Include cost of National Immunization Days
Note: The expenditures (2008) are estimations based on budgeted amounts of disbursements implemented.

Exchange rate used	

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 government resources guarantees 100% of the funds required for purchase the EPI traditional vaccines; this process start in 2004 when 14% of vaccines was purchased by Government and gradually increase the contributions covering all traditional vaccines since 2007. Relating of injection supplies for traditional vaccines; government cover 100% of cost since 2007 (GAVI injection safety support ended in 2006).

The principal gaps in routine EPI financing were:

- **Expand red strategy implementation to all 164 districts; actually only 83 districts are benefited by RED strategy implementation;**
- **Guaranteed regular outreach visits (at least 4 by year) of EPI integrated activities with others interventions to cover rural areas an urban slums (high cost of car rental and lack of vehicles at district and health facility levels).;**
- **Cold chain maintenance and renewal at central and peripheral level;**
- **The installation incinerators in every district for proper disposal of waste**
- **Gradual training all front line health workers**

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:…**PENTAVALENT***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		**$0,00**	**$0,15**	**$0,15**	**$0,15**	**$0,15**	**$0,15**
Number of vaccine doses	#	**0**	**167.300**	**161.700**	**209.400**	**235.600**	**258.300**
Number of AD syringes	#	**0**	**171.000**	**163.400**	**211.500**	**237.900**	**260.800**
Number of re-constitution syringes	#	**0**	**92.900**	**89.800**	**116.200**	**130.800**	**143.400**
Number of safety boxes	#	**0**	**2.950**	**2.825**	**3.650**	**4.100**	**4.500**
Total value to be co-financed by country	**$**	**$0**	**$526.500**	**$476.500**	**$489.500**	**$503.500**	**$517.500**

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

*2nd vaccine:……**NA**……*		**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:……**NA**……*		**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)	**0.0**	**0.0**	**0.0**
2nd Awarded Vaccine (specify)	**0.0**	**0.0**	**0.0**
3rd Awarded Vaccine (specify)	**0.0**	**0.0**	**0.0**

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine **(PENTAVALENT)**	**0,0**	**0,0**
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. National Immunization fund pending of design and establishment
2.
3.
4.

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

According the plan approved by GAVI Angolan Government will be start to paying Pentavalent vaccine and injection supplies since 2011.

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**:*

No Changes

_____
_____
_____
_____
_____

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

No Changes

_____
_____
_____
_____
_____

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

No Changes

_____
_____
_____
_____
_____

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

No Changes

_____
_____

Vaccine 1: Pentavalent vaccine.

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*	#	**776.465**	**798.207**	**820.556**	**843.532**	**867.151**	**891.431**
Target immunization coverage with the third dose	*Table B*	#	**85%**	**90%**	**90%**	**90%**	**90%**	**90%**
Number of children to be vaccinated with the first dose	*Table B*	#	**819.602**	**842.551**	**866.143**	**890.395**	**915.326**	**940.955**
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*	$	**$0,00**	**$0,15**	**$0,15**	**$0,15**	**$0,15**	**$0,15**

* 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	#	**2.729.300**	**2.676.400**	**2.761.600**	**2.795.800**	**2.853.700**	**2.917.600**
Number of AD syringes	#	**2.729.300**	**2.676.900**	**2.764.300**	**2.798.100**	**2.855.900**	**2.919.600**
Number of re-constitution syringes	#	**1.514.800**	**1.485.400**	**1.532.700**	**1.551.700**	**1.583.800**	**1.619.300**
Number of safety boxes	#	**47.125**	**46.225**	**47.700**	**48.300**	**49.300**	**50.400**
Total value to be co-financed by GAVI	**$**	**9.135.500**	**8.417.500**	**8.128.000**	**6.534.500**	**6.093.500**	**5.841.500**

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*	$						

Not Applicable

* 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*	$						

Not Applicable

* 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.

Not Applicable

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 the IRC for any possible clarifications?

Not Applicable

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?

Not Applicable

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?

Not Applicable

Table 4.3 HSS Activities in reporting year (2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[1] (% 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:						

[1] 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						

Not Applicable

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					

Not Applicable

M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Not Applicable

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.

Not Applicable

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

4.7 Financial overview during reporting year:

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

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

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**

Not Applicable

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:

Not Applicable

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[2]

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:

Not Applicable

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).

[2] 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

Not Applicable

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

Not Applicable

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.

Not Applicable

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[3]

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.

Not Applicable

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).

[3] 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.

Not Applicable

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

Not Applicable

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						

Not Applicable

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

Not Applicable

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	YES	26 08 09
Reporting Period (consistent with previous calendar year)	2008	
Government signatures	YES	
ICC endorsed	YES	
ISS reported on	YES	Pg. 13-17
DQA reported on	YES	Pg. 18-19
Reported on use of Vaccine introduction grant	YES	Pg.20
Injection Safety Reported on	YES	Pg. 22-23
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	NOT	Financial sustainability analysis was not done
New Vaccine Request including co-financing completed and Excel sheet attached	YES	Annex 1
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	NA	
ICC minutes attached to the report	YES	Annex 2
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	NA	

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.

The implementation of routine immunization activities in Angola constitutes a Ministry of Health and partner's priority as part of the common effort to extent countrywide essential mother and child health package in the context of revitalization of municipal health services started in Angola in 2007.

Due to the high number of campaign implemented in 2008 to address polio outbreaks of Wild Poliovirus type 1 and type 3 the efforts on routine immunization activities were reduced

The ICC members consider fundamental the support given by GAVI to Angolan Government with the donation of Pentavalent vaccine and the correspondent's injections supplies that complements MoH efforts to purchase traditional vaccines and supplies.

As mentioned in other reports the Expanded Program for Immunization is still fragile mainly due to small health facility network and consequent high dependence of expensive outreach; however outreach activities need to be sustained in order to keep the progresses achieved while the fix vaccination post expansion has been reached.

The process of revitalization of municipal health system ongoing in the country will create better conditions to expand health facilities network and provide a sustainable increasing of routine coverage. The Technical Advisory Group on Polio Eradication meet in Angola on July 2008 recommended strongly scaling up to all districts the RED strategy implementation.

The main routine EPI pending challenges to overcome in short term are: To expand the implementation of all components of RED strategy in all districts, to maintain the continuous cold chain functionality countrywide, to improve the logistic and vaccine management, to get better the reliability of information system and to install proper sharp disposal devices. For these big tasks the ICC members will follow and support the activities planned by the Government.

~ End ~