



# Annual Progress Report 2009

Submitted by

The Government of

**BURUNDI**

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: May 11, 2010

**Deadline for submission: 15 May 2010**

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

any hard copy could be sent to:

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

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

**Note:** Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

**RETURN OF FUNDS**

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

**SUSPENSION/ TERMINATION**

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

**ANTICORRUPTION**

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

**AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

**CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY**

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

**USE OF COMMERCIAL BANK ACCOUNTS**

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

**By filling this APR the country will inform GAVI about:**

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country* BURUNDI]

Please note that this APR 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.

**Minister of Health (or delegated authority):**

Title: Minister of Public Health

Signature: .....

Date: .....

**Minister of Finance (or delegated authority):**

Title: Minister of Finance

Signature: .....

Date: .....

*This report has been compiled by:*

|                                                                                                                                   |                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full name Dr KAGABO Olivier<br>Position EPI Director<br>Telephone 79 920319/22 223736<br>E-mail olivierkgb@yahoo.fr               | Full name NDIKUMANA Désiré<br>Position GAVI HSS Coordinator<br>Telephone 77 757110/ 22 256560<br>E-mail <a href="mailto:bayagadesire@yahoo.fr">bayagadesire@yahoo.fr</a> |
| Full name Dr MANIRAKIZA Déo<br>Position EPI Focal Point, UNICEF<br>Telephone 77733771/ 22 202043<br>E-mail dmanirakiza@unicef.org | Full name Dr CIZA Alphonse<br>Position MPN/WHO<br>Telephone (+257).77794020/ 22533400<br>E-mail <a href="mailto:cizaa@bi.afro.who.int">cizaa@bi.afro.who.int</a>         |

This page, signed by the Minister of Health and the Minister of Finance, constitutes Annex 1.

## ICC Signatures Page

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

We, the undersigned members of the immunisation Inter-Agency Co-ordinating Committee (ICC) 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.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

| Name/Title | Agency/Organisation | Signature | Date |
|------------|---------------------|-----------|------|
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from partners:

.....  
 .....

Comments from the Regional Working Group:

.....  
 .....  
 .....

This page, with the ICC members' signatures, constitutes Annex 2.

## HSCC Signatures Page

*If the country is reporting on HSS*

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

| Name/Title | Agency/Organisation | Signature | Date |
|------------|---------------------|-----------|------|
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |
|            |                     |           |      |

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from partners:

.....  
.....

Comments from the Regional Working Group:

.....  
.....  
.....

For Burundi, the ICC is the only body authorised to approve the annual progress reports for the immunisation component and the HSS component.

## 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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

| 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.

There have been no transfers of funds for GAVI support to the CSOs to date.

# **Annual Progress Report 2009: Table of Contents**

*This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011*

## **1. General Programme Management Component**

- 1.1 Updated baseline and annual targets. Table 1 in Annex 1
- 1.2 Immunisation achievements in 2009
- 1.3 Data assessments
- 1.4 Overall Expenditure and Financing for Immunisation
- 1.5 Interagency Coordinating Committee (ICC)
- 1.6 Priority actions in 2010-11

## **2. Immunisation Services Support (ISS)**

- 2.1 Report on 2009 ISS funds (received reward)
- 2.2 Management of ISS funds
- 2.3 Detailed expenditure of ISS funds during 2009 calendar year
- 2.4 Request for ISS reward

## **3. New and Under-used Vaccines Support (NVS)**

- 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme
- 3.2 Introduction of a New Vaccine in 2009
- 3.3 Report on country co-financing in 2009
- 3.4 Effective Vaccine Store Management/Vaccine Management Assessment
- 3.5 Change of vaccine presentation
- 3.6 Renewal of multi-year vaccines support
- 3.7 Request for continued support for vaccines for 2011 vaccination programme

## **4. Injection Safety Support (INS)**

- 4.1 Receipt of injection safety support (for relevant countries)
- 4.2 Progress of transition plan for safe injections and management of sharps waste
- 4.3 Statement on use of GAVI Alliance injection safety support received in cash

## **5. Health System Strengthening Support (HSS)**

- 5.1 Information relating to this report
- 5.2 Receipt and expenditure of HSS funds in the 2009 calendar year
- 5.3 Report on HSS activities in 2009 reporting year
- 5.4 Support functions
- 5.5 Programme implementation for 2009 reporting year
- 5.6 Management of HSS funds
- 5.7 Detailed expenditure of HSS funds during the 2009 calendar year
- 5.8 General overview of targets achieved
- 5.9 Other sources of funding in pooled mechanism

## **6. Civil Society Organisation Support (CSO)**

- 6.1 TYPE A: Support to strengthen coordination and representation of CSOs
- 6.2 TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

## **7. Checklist**

## **8. Comments**

## **Annexes**

- Annex 1** Burundi's APR calculation of ISS-NVS for 2011 (Excel file attached)
- Annex 2:** TOR & Example of ISS Financial Statement
- Annex 3:** TOR & Example of HSS Financial Statement
- Annex 4:** TOR & Example of CSO Type B Financial Statement

## List of Tables in 2009 APR

| APR Section | Table N° | Where-about | Title                                                       |
|-------------|----------|-------------|-------------------------------------------------------------|
| 1.1         | Table 1  | Annex 1     | Updated Baseline and Annual Targets                         |
| 1.4         | Table 2  | APR form    | Overall Expenditure and Financing for Immunisation in US\$. |
| 2.5         | Table 3  | Annex 1     | Calculation of ISS reward                                   |
| 3.1         | Table 4  | APR form    | Vaccines received for 2009 vaccinations                     |
| 3.3         | Table 5  | APR form    | Four questions on country co-financing in 2009              |
| 3.7         | Table 6  | Annex 1     | Request for vaccines for 2011                               |
| 4.1         | Table 7  | APR form    | Received Injection Safety supply in 2009                    |
| 4.2         | Table 8  | APR form    | Funding sources of Injection Safety supply in 2009          |
| 4.3         | Table 9  | APR form    | Expenditure for 2009 activities (for INS in cash)           |
| 4.3         | Table 10 | APR form    | Planned activities and budget for 2010                      |
| 5.2         | Table 11 | APR form    | Receipt and expenditure of HSS funds                        |
| 5.3         | Table 12 | APR form    | HSS Activities in 2009 reporting year                       |
| 5.4.3       | Table 13 | APR form    | Planned HSS activities for 2010                             |
| 5.4.3       | Table 14 | APR form    | Planned HSS Activities for next year (ie. 2011 FY)          |
| 5.8         | Table 15 | APR form    | Indicators listed in original application approved          |
| 5.8         | Table 16 | APR form    | Trend of values achieved                                    |
| 5.9         | Table 17 | APR form    | Sources of HSS funds in a pooled mechanism                  |
| 6.2.1       | Table 18 | APR form    | Outcomes of CSOs activities                                 |
| 6.2.1       | Table 19 | APR form    | Planned activities and expected outcomes for 2010/2011      |
| 6.2.5       | Table 20 | APR form    | Progress of project implementation                          |
| 7.          | Table 21 | APR form    | Checklist of a completed APR form                           |

## List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

| Document N° | Title                                                                                                                                                             | APR Section   |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|             | Calculation of <b>Burundi's</b> ISS-NVS support for 2011 ( <i>Annex 1</i> )                                                                                       | 1.1; 2.4; 3.7 |
|             | Minutes of all the ICC meetings held in 2009                                                                                                                      | 1.5           |
|             | Financial statement for the use of ISS funds in the 2009 calendar year                                                                                            | 2.3           |
|             | External audit report of ISS funds during the most recent fiscal year (if available)                                                                              | 2.3           |
|             | Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year                                                                | 3.2.3         |
|             | Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)                                                                  | 3.4           |
|             | Minutes of the ICC meeting endorsing the change of vaccine presentation (if not included among the above listed minutes)                                          | 3.5           |
|             | New cMYP for the years 2010-2014.                                                                                                                                 | 3.6           |
|             | Minutes of the ICC meeting endorsing the country request for extension of new vaccine support for the years..... (if not included among the above listed minutes) | 3.6           |
|             | Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report                                                                | 5.1.8         |
|             | Latest Health Sector Review Report                                                                                                                                | 5.1.8         |
|             | Financial statement for the use of HSS funds in the 2009 calendar year                                                                                            | 5.8           |
|             | External audit report for HSS funds during the most recent fiscal year (if available)                                                                             | 5.8           |
|             | CSO mapping report                                                                                                                                                | 6.1.1         |
|             | Financial statement for the use of CSO 'Type B' funds in the 2009 calendar year                                                                                   | 6.2.4         |
|             | External audit report for CSO 'Type B' funds during the most recent fiscal year (if available)                                                                    | 6.2.4         |

## 1. General Programme Management Component

### 1.1 Updated baseline and annual targets (fill in Table 1 in Annex 1-Excel)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

*Provide justification for any changes in births:*

Current births are calculated based on the August 2008 census.  
The difference in the denominator between the 2008 APR and the 2009 APR is due to the use of projection data based on the 1990 census for the 2008 APR and the 2008 census for the 2009 APR.

*Provide justification for any changes in surviving infants:*

The number of surviving infants is calculated based on the August 2008 census.  
The difference in the denominator between the 2008 APR and the 2009 APR is due to the use of projection data based on the 1990 census for the 2008 APR and the 2008 census for the 2009 APR.

Performances achieved must be our objective.

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

Performances achieved are greater than the objectives by vaccine, and this is certainly linked to the problems with the denominator.

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

No change in the annual objective, but we are still experiencing problems with measuring this indicator.

### 1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

All of the objectives were easily exceeded. In addition to organising the week dedicated to mother and child health, the routine EPI was strengthened through formative supervision activities in the health facilities. We can also report that social mobilisation following the response against importing the wild polio virus had a positive influence on programme results.

The main problems we had during the year and that are indicated in the report are as follows:

- Insufficient cold chain (not all health centres are equipped with refrigerators);

- Difficulties acquiring oil for the cold chain.

However, all of these obstacles will be lifted in 2010 because they were included in the current EPI action plan. The denominator problem persists because the 2008 census underestimates the population compared to the projections that had been used until then and due to the results of the response against importing the WPV organised in October 2009. The census has not yet released the coefficients for the age groups.

If targets were not reached, please comment on reasons for not reaching the targets:

### 1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)<sup>1</sup>.

There are no discrepancies due to lack of an evaluation and/or survey in 2009

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? **NO**.

Please describe the assessment(s) and when they took place.

- 1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- Trained 17 health data managers in 17 provincial health bureaus
- Held 3 out of 4 quarterly validation meetings at the national level
- Set up a national committee to review and standardise data

- 1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- District offices equipped with IT hardware
- Plan data cleanup meetings at the operational level
- Install DQS in all the districts

<sup>1</sup> Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

#### 1.4 Overall Expenditures and Financing for Immunisation

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

**Table 2:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

| <i>Expenditures by Category</i>               | <b>Expenditure<br/>Year 2009</b> | <b>Budgeted<br/>Year 2010</b> | <b>Budgeted<br/>Year 2011</b> |
|-----------------------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Traditional Vaccines <sup>2</sup>             | 359,028.7                        | 799,566.80                    | 507,000.00                    |
| New Vaccines                                  | 1,830,500                        | 320,000                       |                               |
| Injection supplies with AD syringes           | 91,067.33                        | 72,086.13                     | 50,000.00                     |
| Injection supply with syringes other than ADs | 22,112.98                        | 42,660.00                     | 34,000.00                     |
| Cold Chain equipment                          | 0                                | 233,248                       |                               |
| Operational costs                             | 8,738.40                         | 188,863.40                    |                               |
| Other (please specify)                        | 233,040                          | 238,558                       |                               |
|                                               |                                  |                               |                               |
| <b>Total EPI</b>                              | <b>2,311,457.41</b>              | <b>1,894,982</b>              | <b>591,000.00</b>             |
| <b>Total Government Health</b>                | <b>205,778.40</b>                | <b>567,296.40</b>             |                               |

|                           |       |
|---------------------------|-------|
| <b>Exchange rate used</b> | 1,250 |
|---------------------------|-------|

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

During FY 2009, the program had no deficits; by contrast, the implementation rate was very low due to staff instability at the EPI management level.  
Regarding financial viability, there are no signs that show a financing gap.

#### 1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? Two ICC meetings were held in FY 2009.

Please attach the minutes (**Document N° 2**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

- Redouble efforts to strengthen RED activities
- Minimal equipment for the DHCs
- Scale up performance-based financing to improve immunisation quality and coverage

Are any Civil Society Organisations members of the ICC ? : **[ Yes ]**. If yes, which ones?

CED-CARITAS

CORDAID  
ABUBEEF

<sup>2</sup> Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

|                              |
|------------------------------|
| ROTARY INTERNATIONAL BURUNDI |
| PSI BURUNDI                  |
| CED-CARITAS                  |

### 1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011?  
Are they linked with cMYP?

**Priority activities:**

National survey on the determinants of immunisation  
 Prepare the communication plan for the EPI  
 Strengthen the capacities of the immunisation services staff (MLM)  
 Prepare to introduce the pneumococcal vaccine

Support the organisation of DQS in the districts  
 Hold a quarterly assessment meeting of routine EPI and surveillance activities  
 Organise formative supervisions  
 Implement the communication plan for the EPI  
 Have the health facilities implement the RED approach  
 Introduce the 2<sup>nd</sup> dose of the measles vaccine  
 Prepare the proposal to introduce the rotavirus vaccine  
 Prepare the proposal for the 2<sup>nd</sup> dose of the measles vaccine  
 Prepare and organise SIAs (Polio, measles and MNT)  
 Organise two rounds of healthcare weeks for mothers and children  
 Active integrated surveillance (Polio, measles, MNT)  
 Build capacities to improve data quality for the Routine-EPI/Surveillance  
 All of these activities are in connection with the cMYP

## 2. Immunisation Services Support (ISS)

### 2.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$ 829,294.77  
Remaining funds (carry over) from 2008: US\$663,561  
Balance carried over to 2010: US\$2,026,965.71

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

|                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <i>Delivery of services</i><br>Cold chain maintenance<br>Formative supervisions<br>Social mobilisation<br>Supply of vaccines and immunisation equipment |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|

### 2.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **NO.**

**[IF YES]:** please complete **Part A** below.

**[ IF NO ]:** please complete **Part B** below.

**Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

|  |
|--|
|  |
|--|

**Part B:** briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

*Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.*

The EPI account managers for ISS are: The EPI Director, the Director General of Resources, and the Chief of Cabinet of the Minister of Public Health. Funds are withdrawn from the account after the Minister of Public Health approves. These funds are placed in an account with the central bank.

Each year, the ICC must approve a plan for the use of ISS funds. For FY 2009, we observed no transfers of funds at the intermediate and peripheral level because the unit in charge of the only activities performed during this fiscal year was the central level.

The financial report of the ISS funds is now being prepared.

The ICC approves the plan for using ISS funds and also validates the annual progress report to be sent to GAVI Alliance.

We stress that ISS funds are not included in the national budget law, but they are in the budgeted action plan of the Ministry of Public Health.

### 2.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N° 3)**. *(Terms of reference for this financial statement are attached in Annex 2)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached **(Document N° 4)**.

## 2.4 Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.<sup>3</sup>

---

<sup>3</sup> The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

### 3. New and Under-used Vaccines Support (NVS)

#### 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

|                    | [ A ]                      |                   | [ B ]                              |
|--------------------|----------------------------|-------------------|------------------------------------|
| Vaccine Type       | Total doses for 2009 in DL | Date of DL        | Total doses received by end 2009 * |
| <b>Pentavalent</b> | <b>523,000</b>             | <b>16/08/2009</b> | <b>523,000</b>                     |
|                    |                            |                   |                                    |
|                    |                            |                   |                                    |
|                    |                            |                   |                                    |

\* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] are different,

|                                                                                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...) • |  |
| What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD) •                                                                                      |  |

#### 3.2 Introduction of a New Vaccine in 2009 **Not applicable**

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

|                                                                                   |                            |
|-----------------------------------------------------------------------------------|----------------------------|
| Vaccine introduced:                                                               | .....                      |
| Phased introduction [YES / NO]                                                    | Date of introduction ..... |
| Nationwide introduction [YES / NO]                                                | Date of introduction ..... |
| The time and scale of introduction was as planned in the proposal? If not, why? • |                            |

#### 3.2.2 Use of new vaccines introduction grant (or lumpsum)

|                                                     |               |
|-----------------------------------------------------|---------------|
| Funds of Vaccines Introduction Grant received: US\$ | Receipt date: |
|-----------------------------------------------------|---------------|

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

Please describe any problems encountered in the implementation of the planned activities:

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]  
 If YES, how much? US\$.....

Please describe the activities that will be undertaken with the balance of funds:

### 3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

### 3.3 Report on country co-financing in 2009 (if applicable)

**Table 5:** Four questions on country co-financing in 2009

Table 1: Four questions on country co-financing in 2009

| 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 2009 | Actual Payments Date in 2009 | Proposed Payment Date for 2010 |
|                                                                                                             |                                  |                              |                                |
| 1 <sup>st</sup> Awarded Vaccine (specify)                                                                   | June /2009                       | 30/12/2009                   | July /2010                     |
| 2 <sup>nd</sup> Awarded Vaccine (specify)                                                                   |                                  |                              |                                |
| 3 <sup>rd</sup> Awarded Vaccine (specify)                                                                   |                                  |                              |                                |
|                                                                                                             |                                  |                              |                                |
| Q. 2: Actual co-financed amounts and doses?                                                                 |                                  |                              |                                |
| Co-Financed Payments                                                                                        | Total Amount in US\$             | Total Amount in Doses        |                                |
| 1 <sup>st</sup> Awarded Vaccine (specify)                                                                   | 174,000                          | 59,000                       |                                |
| 2 <sup>nd</sup> Awarded Vaccine (specify)                                                                   |                                  |                              |                                |
| 3 <sup>rd</sup> Awarded Vaccine (specify)                                                                   |                                  |                              |                                |
|                                                                                                             |                                  |                              |                                |
| Q. 3: Sources of funding for co-financing?                                                                  |                                  |                              |                                |
| 1. Government                                                                                               |                                  |                              |                                |
|                                                                                                             |                                  |                              |                                |
| Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing? |                                  |                              |                                |
| 1.Limited government resources                                                                              |                                  |                              |                                |

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy [http://www.gavialliance.org/resources/9\\_Co\\_Financing\\_Default\\_Policy.pdf](http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf)

Not applicable

### 3.4 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 2008/2009, please attach the report. (**Document N°.....**)

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? **NO**

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

|  |
|--|
|  |
|--|

When is the next EVSM/VMA\* planned? **JULY/2011 The 2010 POA did not include this activity**

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

### 3.5 Change of vaccine presentation **Not applicable**

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

|  |
|--|
|  |
|--|

Please attach the minutes of the ICC meeting (**Document N°.....**) that has endorsed the requested change.

### 3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010 **Not applicable**

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for .....[vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the procurement of .....[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of .....[vaccine type(s)] vaccine support is in line with the new cMYP for the years ..... [1<sup>st</sup> and last year] which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of .....[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

### 3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)

2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

**[YES, I confirm]**

If you don't confirm, please explain:

## 4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

### 4.1 Receipt of injection safety support in 2009 (for relevant countries)

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

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

**Table 7:** Received Injection Safety Material in 2009

| Injection Safety Material | Quantity | Date received |
|---------------------------|----------|---------------|
|                           |          |               |
|                           |          |               |
|                           |          |               |
|                           |          |               |

Please report on any problems encountered:

### 4.2 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

**Table 8:** Funding sources of Injection Safety material in 2009

| Vaccine                | Types of syringe used in 2009 routine EPI | Funding sources of 2009 |
|------------------------|-------------------------------------------|-------------------------|
| BCG                    | SAB                                       | UNICEF                  |
| Measles                | Sterile syringes                          | UNICEF                  |
| TT                     | Sterile syringes                          | UNICEF                  |
| DTP-containing vaccine | SAB                                       | GAVI                    |
|                        |                                           |                         |

Please report how sharps waste is being disposed of:

Syringes are destroyed by incinerating and burying them

Does the country have an injection safety policy/plan? [ YES / NO ] **YES**

**If YES:** Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

**IF NO:** Are there plans to have one? (Please report in box below)

Problems:

- Scaling up this policy
- Incinerators have not been built
- Users have not been trained to be up to date

- Problems:
- Scaling up this policy
  - Incinerators have not been built
  - Users have not been trained to be up to date

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution) **Not applicable**

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

Fund from GAVI received in 2009 (US\$): .....

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

**Table 9: Expenditure for 2009 activities**

| <b>2009 activities for Injection Safety financed with GAVI support</b> | <b>Expenditure in US\$</b> |
|------------------------------------------------------------------------|----------------------------|
|                                                                        |                            |
|                                                                        |                            |
|                                                                        |                            |
|                                                                        |                            |
|                                                                        |                            |
| <b>Total</b>                                                           |                            |

If a balance has been left, list below the activities that will be financed in 2010:

**Table 10:** Planned activities and budget for 2010

| <b>Planned 2010 activities for Injection Safety financed with the balance of<br/>2009 GAVI support</b> | <b>Budget in US\$</b> |
|--------------------------------------------------------------------------------------------------------|-----------------------|
|                                                                                                        |                       |
|                                                                                                        |                       |
|                                                                                                        |                       |
|                                                                                                        |                       |
|                                                                                                        |                       |
| <b>Total</b>                                                                                           |                       |

## Health System Strengthening Support (HSS)

### **Instructions for reporting on HSS funds received**

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15<sup>th</sup> May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

### **Background to the 2010 HSS monitoring section**

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study<sup>4</sup> that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

<sup>4</sup> All available at <http://www.gavialliance.org/performance/evaluation/index.php>  
2009 Annual Progress Report

#### 4.4 Information relating to this report

- 4.4.1 Government fiscal year (cycle) runs from May 2009 to May 2010.
- 4.4.2 This GAVI HSS report covers 2009 calendar year from January to December 2009.
- 4.4.3 Duration of current National Health Plan is from January 2006 to December 2010.
- 4.4.4 Duration of the current immunisation cMYP is from 2009 to 2014.
- 4.4.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for 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 10<sup>th</sup> March 2008. Minutes of the said meeting have been included as annex XX to this report.']

#### **The main stages and the key actors who helped prepare the report**

This report was written by the GAVI HSS funds management unit in cooperation with the Directorate General of Health. Next the draft of this report was given to the focal point for health system strengthening at the WHO and to the EPI focal point at UNICEF for analysis and comments. After incorporating the corrections and comments from the WHO and country UNICEF, the annual report was reviewed by the peers at a workshop in Douala, Cameroon in April 2010. The next stage was sending the report to WHO/STI based in Libreville, Gabon for analysis and comments. Then the annual report was submitted to the ICC for approval. Next it was approved at the ICC meeting of May 11, 2010. The minutes of this meeting are in the annex to this report.

| Name                                                                              | Organisation              | Role played in report submission     | Contact email and telephone number                                                                                         |
|-----------------------------------------------------------------------------------|---------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <i>Government focal point to contact for any programmatic clarifications:</i>     |                           |                                      |                                                                                                                            |
| NDIKUMANA Désiré                                                                  | MINISTRY OF HEALTH        | Secretary, report drafting committee | <a href="mailto:bayagadesire@yahoo.fr">bayagadesire@yahoo.fr</a><br>(+ 257) 77 757 110 Mobile<br>(+257) 22 25 65 60 Office |
| <i>Focal point for any accounting of financial management clarifications:</i>     |                           |                                      |                                                                                                                            |
| KIMANA Jeanne                                                                     | MINISTRY OF PUBLIC HEALTH | Editor, financial report             | <a href="mailto:kimanajeanne@yahoo.fr">kimanajeanne@yahoo.fr</a><br>(+ 257) 79 924 271 Mobile<br>(+257) 22 25 65 59 Office |
| <i>Other partners and contacts who took part in putting this report together:</i> |                           |                                      |                                                                                                                            |
| Dr CIZA Alphonse                                                                  | WHO                       | Member, report drafting committee    | <a href="mailto:cizaa@bi.afro.who.int">cizaa@bi.afro.who.int</a><br>(+ 257) 77 794 020 Mobile<br>(+257) 22 53 34 00 Office |
| Dr MANIRAKIZA Déogratias                                                          | UNICEF                    | Member, report                       | <a href="mailto:dmanirakiza@unicef.org">dmanirakiza@unicef.org</a>                                                         |

|  |  |                    |                                               |
|--|--|--------------------|-----------------------------------------------|
|  |  | drafting committee | (+257) 77733771 Mobile<br>/22 20 20 43 Office |
|--|--|--------------------|-----------------------------------------------|

4.4.6 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 (especially financial information and indicators values) 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.*]

In this report, the main sources of information used include:

- The annual 2009 EPISTAT report
- The annual 2009 PNSR report
- The annual 2009 EPI report
- The 2004 MICS survey
- The annual 2009 GAVI HSS review report prepared by the INSP research department
- The monitoring-evaluation report prepared by a multidisciplinary team from the central level of the Ministry of Public Health
- The different Health Province reports supported by GAVI HSS
- Status of children in the world; 2009
- Annual joint government-partners review, November 2009

Most of these reports were validated and published, but reports such as the 2009 GAVI HSS annual review has not yet been validated. It will be validated in May 2010. Other reports from the health provinces and monitoring-evaluation reports do not have to be validated, but they were submitted officially to the senior authorities in the Ministry of Health.

The observations from the peer review committee in Douala, Cameroon were taken into account as well as those of the country WHO and country UNICEF. Then the report was then approved by the ICC and the minutes of this meeting are included as an annex to said report.

4.4.7 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?

The greatest difficulty is that the outline of the progress report is not tailored to each country's situation. For example, for HSS in Burundi, our fiscal year goes from May of year n until April of year n+1.

We also emphasize that each year we revise the action plan which is approved by the ICC before any disbursements. And so we note that some tables (tables 13 and 14) are difficult for us to complete because we observe that there are new activities that were not in the original HSS proposal, but that we deem to be very relevant. The major problem is thus the year that the report addresses. In Burundi's case, we considered from the outset the fiscal year that goes from April to May of the following year. This is to say that we always face the problem of the balance at the end of the calendar year (December 31), which is not the same as the balance at the end of our fiscal year. We also have a one-year lag in transferring funds due to the problems that Burundi has had with managing GAVI

funds in cash in the ISS window. Since 2007, we have had only two transfers (2007 and 2008). As a suggestion, we ask GAVI Alliance to produce a report outline that is tailored to each country's situation, especially for the financial tables.

### 5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? Two

Please attach the minutes (**Annexes N° 3 and 4**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Annex N° 5**).

In 2009, the Health Sector Coordinating Committee held two meetings, one for approving the 2008 annual progress report, and the other for approving the HSS 2009-2010 budgeted action plan (minutes in the annex). We report that the body authorised to approve the budgeted action plan and the annual progress report for HSS is the ICC.

### 4.5 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

**Table 11:** Receipt and expenditure of HSS funds

|                                                                         | 2007      | 2008                             | 2009      | 2010            | 2011            | 2012 | 2013 | 2014 | 2015 |
|-------------------------------------------------------------------------|-----------|----------------------------------|-----------|-----------------|-----------------|------|------|------|------|
| Original annual budgets (per the originally approved HSS proposal)      | 2,703,600 | 2,274,000                        | 1,754,000 | 760,000         | 760,000         |      |      |      |      |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | 2,703,600 | There were no transfers of funds | 2,192,389 | Not yet revised | Not yet revised |      |      |      |      |
| Total funds received from GAVI during the calendar year                 | 2,703,600 | There were no transfers of funds | 2,274,000 | -               | -               |      |      |      |      |
| Total expenditure during the calendar year                              | 359,015   | 1,799,871                        | 1,243,462 | 443,674         | -               |      |      |      |      |
| Balance carried forward to next calendar year                           | 2,344,585 | 544,714                          | 1,575,252 | 1,131,578       |                 |      |      |      |      |
| Amount of funding requested for future calendar year(s)                 | 2,703,600 | 2,274,000                        | 1,754,000 | 760,000         | 760,000         |      |      |      |      |

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement):

Burundi has experienced delays in the transfer of GAVI HSS funds; until today, the country has only had two transfers: the 2007 transfer in March 2007 the 2008 transfer in April 2009. HSS activities in the GAVI-HSS intervention zone have experienced tremendous difficulties due to delays in the transfer of the 2008 funds. The consequence of this was that activities had to be rescheduled each year. New activities were proposed in these action plans. The consequence of this delay also made it impossible to fully achieve the

country's objectives in the initial proposal to support HSS at the end of each year. And so we postponed certain activities pending the transfer for fiscal year 2009 and 2010. However, it should be noted that the ICC has approved these new activities.

**Table 12:** HSS activities in the 2009 reporting year

| Major Activities    | Planned Activity for 2009                                                                                                                    | Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements | Achievement rates                                                                                                                                         |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Objective 1:</b> | <b><i>Develop staff technical capacities</i></b>                                                                                             |                                                                                                                                                  |                                                                                                                                                           |
| Activity 1.1:       | Organise training sessions on anaesthesia techniques for 18 hospital nurses in the health districts                                          | New activity after the initial proposal but approved by the ICC (see attached minutes)                                                           | 21 district hospital nurses have already been trained in anaesthesia techniques, or 117%.<br>With the 2008 balances, three additional nurses were trained |
| <b>Objective 2:</b> | <b><i>Organise and manage health services in the four provinces</i></b>                                                                      |                                                                                                                                                  |                                                                                                                                                           |
| Activity 2.1:       | Provide supervision vehicles to the HDs of Matana, Kayanza, Kibumbu, Kibuye and Provincial Health Offices of Kayanza and Gitega (6 vehicles) |                                                                                                                                                  | Contract awarded and we are awaiting delivery                                                                                                             |
| Activity 2.2:       | Provide Omnium insurance for ten supervision vehicles                                                                                        | New activity after the initial proposal but approved by the ICC (see attached minutes)                                                           | Ten supervision vehicles now have comprehensive insurance, 100%                                                                                           |
| Activity 2.3:       | Maintain and repair the supervision vehicles and provide vehicles to the Provincial Health Office and Health District Office (28 vehicles)   | New activity after the initial proposal but approved by the ICC (see attached minutes)                                                           | 28 Provincial Health Offices and Health District Offices vehicles have been maintained and repaired, 100%                                                 |

#### 4.4 Report on HSS activities in 2009 reporting year

**Note on Table 12 below:** This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M&E framework in the original application and approval letter.

|                     |                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity 2.4:       | Provide fuel for the generator for the Provincial Health Offices and fuel for supervision, and provide supplies to the Provincial Health Offices and the Health District Offices | New activity after the initial proposal but approved by the ICC (see attached minutes) | The supervision and supply fuel and fuel for the generator which is used to operate the cold chambers of the Provincial Health Offices has been provided, 100% |
| Activity 2.5:       | Provide insurance for 42 motorcycles purchased by GAVI – HSS                                                                                                                     | New activity after the initial proposal but approved by the ICC (see attached minutes) | 42 motorcycles purchased by GAVI HSS have comprehensive insurance, 100%                                                                                        |
| Activity 2.6:       | Maintain and repair 42 motorcycles purchased by GAVI - HSS                                                                                                                       | New activity after the initial proposal but approved by the ICC (see attached minutes) | All 42 motorcycles are maintained and repaired, 100%                                                                                                           |
| Activity 2.7        | Obtain insurance for the 12 supply vehicles                                                                                                                                      | New activity after the initial proposal but approved by the ICC (see attached minutes) | All supply vehicles have comprehensive insurance, 100%                                                                                                         |
| Activity 2.8        | Provide each Health District Office with one laptop computer and two USB drives (12 laptops and 24 USB drives)                                                                   | New activity after the initial proposal but approved by the ICC (see attached minutes) | 6 laptops and 24 flash disks were purchased and given to the Health District Offices, 50%                                                                      |
| Activity 2.9        | Internet connections in the Health District Offices (Huawei purchase)                                                                                                            | New activity after the initial proposal but approved by the ICC (see attached minutes) | 100% of the Health District Offices have been given a HUAWEI modem to update their antivirus software                                                          |
| <b>Objective 3:</b> | <b><i>Strengthen maternal and child health interventions</i></b>                                                                                                                 |                                                                                        |                                                                                                                                                                |
| Activity 3.1:       | Maintain and repair 12 district hospital ambulances over 12 months                                                                                                               |                                                                                        | 100% of the ambulances are maintained and repaired                                                                                                             |

|                     |                                                                                                                                                          |                                                                                        |                                                                                                                         |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Activity 3.2:       | Provide fuel for the 12 ambulances                                                                                                                       |                                                                                        | 100% (fuel for the ambulances has been provided)                                                                        |
| Activity 3.3:       | Give bonuses to the 24 drivers of the 12 ambulances (for 12 months)                                                                                      | New activity after the initial proposal but approved by the ICC (see attached minutes) | 100% (22 ambulance drivers receive bonuses, while the two others are paid by HN-TPO, an NGO)                            |
| Activity 3.4:       | Pay the operating expenses of the communication network (ARCT) for 24 months                                                                             | New activity after the initial proposal but approved by the ICC (see attached minutes) | 100% of operating expenses for the communication network are paid                                                       |
| Activity 3.5:       | Purchase 25,000 ITNs for the children who come in for the measles vaccine                                                                                |                                                                                        | 0%<br>The contract was awarded; we are awaiting delivery of the ITNs.                                                   |
| Activity 3.6:       | Distribute 25,000 ITNs to the children who come in for the measles vaccine                                                                               |                                                                                        | 0%<br>The contract was awarded; we are awaiting delivery                                                                |
| Activity 3.7:       | Organise the mother-child health week twice a year                                                                                                       |                                                                                        | 100% (GAVI HSS contributes twice yearly to financing the organisation of the week dedicated to mother and child health) |
| Activity 3.8:       | Finance the advanced strategy in the 12 health districts                                                                                                 | New activity after the initial proposal but approved by the ICC (see attached minutes) | 100% of the HDs have carried out the advanced strategy with GAVI-HSS funding                                            |
| Activity 3.9:       | Train the nurses of the DHCs and district hospitals in clinical IMCI                                                                                     |                                                                                        | 86% of nurses were trained in clinical IMCI                                                                             |
| Activity 3.10:      | Train the health promoters and community health workers in community IMCI                                                                                |                                                                                        | 0%<br>Another partner organised training for the health promoters and community health workers in a target province     |
| Activity 3.11:      | Purchase consumables for the regional blood transfusion centres in Bururi and Gitega and a refrigerator for the Bururi regional blood transfusion centre | New activity after the initial proposal but approved by the ICC (see attached minutes) | 0%<br><br>Contract in progress                                                                                          |
| <b>Objective 4:</b> | <b><i>Strengthen central-level supervision of the four health provinces</i></b>                                                                          |                                                                                        |                                                                                                                         |

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

|               |                                                                                                                                                                |                                                                                        |                                                                                                                   |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Activity 4.1: | Purchase 2 vehicles for monitoring- evaluation                                                                                                                 |                                                                                        | The contract was awarded; we are awaiting delivery (0%)                                                           |
| Activity 4.2: | Obtain insurance for the GAVI HSS project vehicles                                                                                                             |                                                                                        | The project vehicles have comprehensive insurance (100%)                                                          |
| Activity 4.3: | Provide for the operating and repair expenses for GAVI HSS project vehicles                                                                                    |                                                                                        | The project vehicles are maintained and repaired (100%)                                                           |
| Activity 4.4: | Provide fuel for the GAVI HSS project vehicles                                                                                                                 |                                                                                        | Fuel is being provided for project operations (100%)                                                              |
| Activity 4.5: | Motivate the personnel in the GAVI HSS management unit                                                                                                         | New activity after the initial proposal but approved by the ICC (see attached minutes) | The staff in the HSS funds management unit is 100% motivated                                                      |
| Activity 4.6: | Provide for the operation of the GAVI HSS management unit (office equipment, telephone, Internet, operating expenses)                                          |                                                                                        | The management unit is operating at 100%                                                                          |
| Activity 4.7: | Finance the central level in its role of quarterly monitoring-evaluation of the intermediate and peripheral level (mission expenses, fuel, equipment, etc.)    |                                                                                        | 100% of the central level's costs for monitoring-evaluation of the intermediate and peripheral level are provided |
| Activity 4.8: | Organise the annual reviews of health activities in the health districts of those provinces that are receiving GAVI funds through the INSP research department |                                                                                        | Each year, a review of GAVI-HSS activities is organised by the INSP using HSS funding (100%)                      |
| Activity 4.9: | WHO management expenses                                                                                                                                        | New activity after the initial proposal but approved by the ICC (see attached minutes) | 100% of WHO management costs have been withdrawn at the source                                                    |

## 4.5 4.7 Support functions

*This 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?*

### 4.7.1. Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The 2007 GAVI HSS 2007-2011 project, under the responsibility of the Ministry of Health as project owner, is being performed by a management unit with staff that was selected from among the employees of the Ministry of Public Health.

The management structure of the "GAVI HSS" project consists of the steering committee, a technical monitoring committee, and a project management unit. The steering committee is the same as the ICC. Its duties are to approve the annual budgeted action plan and to approve the annual progress report.

The national project technical monitoring committee monitors project implementation, analyses the project implementation reports and sends the analysis reports to the ICCs. This committee is chaired by the Director General of Health. The secretary is the National GAVI HSS Project Coordinator. The other members of this committee are: the health focal points of all the international organisations that are working on health, the Director General of Resources in the Ministry of Public Health; all the directors of departments and vertical programs involved in the GAVI HSS, and one representative of the NGOs working in the project intervention zones.

Under the Directorate General of Public Health, the GAVI HSS management unit works in close cooperation with the GAVI HSS project technical committee and periodically reports on project progress.

At the intermediate level, GAVI HSS project implementation complies with the annual operational plan of each provincial office. It is carried out by the Provincial Health Offices. The central level and its vertical programs provide technical support at the intermediate level. Health provinces that receive GAVI support may not receive additional funding without reporting on the use of the previous instalment.

At the health district level (operational level), GAVI HSS project management is carried out by the district management teams. The entities that receive GAVI HSS funding produce technical and financial reports for any activity financed by GAVI HSS. The GAVI health support beneficiary may not receive additional funding without reporting on the use of the previous instalment.

#### **GAVI HSS project account management**

Regarding the management of the HSS account, the GAVI HSS Project Coordinator, the Director General of Resources, and the Chief of the Minister of Public Health's Cabinet manage the GAVI HSS project bank account and all withdrawals of funds from the account require the authorisation of the Minister of Public Health.

Financial audits and audits of compliance with standards and quality of services are made at the end of each fiscal year by specialised teams under the management of the Office of the Inspector General for Health.

The task of carrying out the annual evaluations and the operability and performance of the health centres, district hospitals, provincial health offices, national departments and services involved with the project, and the project management unit is performed by the research department of the INSP. The terms of reference for these evaluations are prepared by the project's national technical committee.

### 4.7.2. Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

The Director General of Resources and the Director General of Public Health receive technical support from a multidisciplinary team of managers selected from the different central level units that carry out operational

monitoring for proposal implementation.  
Monitoring-evaluation support is necessary to strengthen national capacities.

#### 4.7.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

To support HSS project implementation, technical assistance is necessary, as this will facilitate the monitoring and evaluation of future annual progress reports for adjustment and annual action plans going from the May-April fiscal year to January during the peer review of the 2009 APR in April 2010 in Douala, Cameroon.

*Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).*

*The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here*

**Table 13: Planned HSS Activities for 2010**

| Major Activities | Planned Activity for 2010                                                                                                                                                                | Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised budget for 2010 (proposed) | 2010 actual expenditure as at 30 April 2010 | Explanation of differences in activities and budgets from originally approved application or previously approved adjustments                                                        |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective 1:     | <b><i>Improve the technical skills for all health care personnel in the four provinces by 2011</i></b>                                                                                   |                                                                                                               |                                    |                                             |                                                                                                                                                                                     |
| Activity 1.1:    | Organise training sessions for district health centre nurses in treating obstetrical emergencies at the DHC level and in the practical use of the partogram (Emergency Obstetrical Care) | 0                                                                                                             | 67,592                             | 0                                           | Because of the high level of healthcare worker mobility, a need for training the nurses of the district health centres in emergency obstetrical care is proving to be very relevant |
| Activity 1.2:    | Organise training sessions in anaesthesia techniques for 12 nurses in the health district hospitals                                                                                      | 0                                                                                                             | 42,246                             | 18,392                                      | This training is also deemed important to support the physicians who perform operations in the operating rooms                                                                      |
| Activity 1.3:    | Organise training sessions of 3 months per year for district physicians in obstetric-surgical emergencies in the training centres                                                        | 0                                                                                                             | 23,092                             | 21,328                                      | The district hospitals have general practitioners who are not trained in emergency obstetrical care, who are added each year, and this motivates the continuity of the activity.    |

|                           |                                                                                                                                                                    |          |                            |               |                                                                                                                 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|
| Activity 1.4:             | Copy and distribute 60 training modules in anaesthesia techniques for all the health facilities involved                                                           | 0        | 2,534                      | 1,936         |                                                                                                                 |
| Activity 1.5:             | Copy and distribute the flow charts                                                                                                                                | 0        | 6,057                      | 5,837         |                                                                                                                 |
| <b>Total Objective 1:</b> |                                                                                                                                                                    | <b>0</b> | <b>14,152</b>              | <b>47,493</b> |                                                                                                                 |
| <b>Objective 2:</b>       | <b><i>Improve the organisation and management of health services by 2010</i></b>                                                                                   |          |                            |               |                                                                                                                 |
| Activity 2.1.             | Provide supervision vehicles to the HDs of Matana, Kayanza, Kibumbu, Kibuye and to the Provincial Health Offices of Kayanza and Gitega (6 vehicles)                | 0        | 148,392                    | 824           | Activity was scheduled for 2008 without GAVI funding                                                            |
| Activity 2.2.             | Maintain, repair and pay for supervision and supply vehicle insurance for the Provincial Health Offices and the District Health Offices                            | 0        | 120,000<br>(59,102+60,898) | 19,675        | Activity included in the action plan from May 2009 to April 2010                                                |
| Activity 2.3.             | Provide fuel for the generator for the Provincial Health Offices and fuel for supervision and supply for the Provincial Health Offices and District Health Offices | 0        | 80,000<br>(35 529+44,471)  | 0             | Activity included in the action plan from May 2009 to April 2010                                                |
| Activity 2.4.             | Give computer hardware to the new GAHOMBO                                                                                                                          | 0        | 15,000                     | 0             | A new health district was created in the GAVI HSS intervention zone, and it must be equipped with IT tools just |

|                     |                                                                                                                                                                                                                          |         |           |       |                                                                  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|-------|------------------------------------------------------------------|
|                     | health district                                                                                                                                                                                                          |         |           |       | as the other districts were equipped using GAVI HSS funding      |
| Activity 2.5.       | Maintain the computers of the District Health Offices and the Provincial Health Offices                                                                                                                                  | 0       | 7,832     | 7,832 | Activity included in the action plan from May 2009 to April 2010 |
| Activity 2.6.       | Give the health districts 12 photocopiers                                                                                                                                                                                | 0       | 40,000    | 0     | New activity deemed relevant                                     |
| Activity 2.7.       | Finance detailed training of trainers through the INSP for district management teams, by categories (public health, drug management, SIS management, financial and accounting management, community participation, etc.) | 0       | 70,000    | 0     | New activity deemed relevant                                     |
| Activity 2.8.       | Train the Healthcare Staff Management Committees in community participation                                                                                                                                              | 0       | 20,000    | 0     | New activity deemed relevant                                     |
| Activity 2.9.       | Train loader users how to properly use and manage loaders                                                                                                                                                                | 0       | 15,000    | 0     | New activity deemed relevant                                     |
| <b>Objective 3:</b> | <b><i>Strengthen maternal and child health interventions</i></b>                                                                                                                                                         |         |           |       |                                                                  |
| Activity 3.1.       | Motivate healthcare workers and the Healthcare Staff Management Committees through contracting based on the overall performance of health services                                                                       | 250,000 | 1,000,000 | 0     | Continuity of the activity                                       |

|               |                                                                                           |         |         |   |                                                                                                                                          |
|---------------|-------------------------------------------------------------------------------------------|---------|---------|---|------------------------------------------------------------------------------------------------------------------------------------------|
|               |                                                                                           |         |         |   |                                                                                                                                          |
| Activity 3.2. | Purchase 25,000 ITNs for children who come in for the measles vaccine                     | 150,000 | 150,000 | 0 |                                                                                                                                          |
| Activity 3.3. | Organise the mother-child health week twice a year                                        | 300,000 | 170,000 | 0 |                                                                                                                                          |
| Activity 3.4. | Maintain, repair and obtain insurance for the district hospital ambulances over 12 months | 0       | 60,000  | 0 | Continuity of the activity with no one else interested                                                                                   |
| Activity 3.5. | Provide fuel for ambulances for referrals and counter-referrals                           | 0       | 120,000 | 0 | Continuity of the activity with no one else interested                                                                                   |
| Activity 3.6. | Give bonuses to the ambulance drivers (for 12 months)                                     | 0       | 18,000  | 0 | Continuity of the activity                                                                                                               |
| Activity 3.7. | Finance the advanced strategy at the health district level                                | 0       | 40,000  | 0 | Activity highly relevant to retrieve the dropouts in order to increase vaccine coverage, which is the first mandate of the GAVI Alliance |
| Activity 3.8. | Maintain the radio communication system                                                   | 0       | 40,000  | 0 | Activity is highly relevant because the warranty period ends in June 2010                                                                |
| Activity 3.9. | Purchase consumables for the regional blood transfusion centres in                        | 0       | 40,000  | 0 | Activity postponed because it was not carried out during                                                                                 |

|                    |                                                                                                                                                                                                                                                                                                     |        |        |       |                                                                                                |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|-------|------------------------------------------------------------------------------------------------|
|                    | Bururi and Gitega and a refrigerator for the Bururi regional blood transfusion centre                                                                                                                                                                                                               |        |        |       | the last fiscal year                                                                           |
| <b>Objective 4</b> | <b><i>Supervision and M/E by the central level</i></b>                                                                                                                                                                                                                                              |        |        |       |                                                                                                |
| Activity 4.1       | Have the research department of the INSP organise the annual health activity reviews of the health districts in the provinces that receive GAVI funding                                                                                                                                             | 10,000 | 8,224  | 7,515 |                                                                                                |
| Activity 4.2       | Put in place and make operational the central level management teams in charge of providing technical support to each province that receives GAVI funding (mission expenses for MOPH managers for monitoring-evaluation in the countryside, operating costs and motivation for the management unit) | 50,000 | 80,000 | 0     |                                                                                                |
| Activity 4.3       | Support the annual joint review missions (government and technical and financial partners)                                                                                                                                                                                                          | 0      | 15,000 | 0     | Activity is highly relevant to strengthen capacities at the intermediate and operational level |
| Activity 4.3       | Purchase 2 vehicles for monitoring-evaluation                                                                                                                                                                                                                                                       | 0      | 49,464 | 38    |                                                                                                |
| Activity 4.3       | Provide vehicles for the GAVI HSS project                                                                                                                                                                                                                                                           | 0      | 3,186  | 0     |                                                                                                |

|                    |                                                |                |                  |                |  |
|--------------------|------------------------------------------------|----------------|------------------|----------------|--|
| Activity 4.4       | Provide fuel for the GAVI HSS project vehicles | 0              | 8,904            | 0              |  |
| <b>TOTAL COSTS</b> |                                                | <b>760,000</b> | <b>2,288,654</b> | <b>443,674</b> |  |

**Table 14:** Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

| Major Activities                                                                                                                                                                                      | Planned Activity for 2011                                                                                                                                                                             | Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised budget for 2011 (proposed) | Explanation of differences in activities and budgets from originally approved application or previously approved adjustments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Objective 1: Improve the technical skills of 100% of healthcare workers in the four provinces by 2010.</b>                                                                                         |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| Activity 1.1:                                                                                                                                                                                         |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| Activity 1.2:                                                                                                                                                                                         |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| <b>Objective 2: Improve the organisation and management of health services by 2011</b>                                                                                                                |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| <b>Activity 2.1:</b> Prepare and implement the healthcare worker motivation plans (health centres, health district offices, provincial health offices) and healthcare personnel management committees | Motivate the healthcare workers, community health workers, and members of the healthcare personnel management committees using performance-based financing                                            | 250,000                                                                                                       | Budget not yet revised             |                                                                                                                              |
| Activity 2.2:                                                                                                                                                                                         |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| <b>Objective 3: Strengthen the maternal and child health interventions</b>                                                                                                                            |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| <b>Activity 3.1:</b> Contribute to purchasing and distributing ITNs to children when they come in for the measles vaccine in the four provinces                                                       | Purchase ITNs to be distributed to children when they come in for the measles vaccine in the four provinces                                                                                           | 150,000                                                                                                       | Budget not yet revised             |                                                                                                                              |
| <b>Activity 3.2:</b> Contribute to the operating expenses of the mother-child week twice a year                                                                                                       | Contribute to the operating expenses of the mother-child week twice a year                                                                                                                            | 300,000                                                                                                       | Budget not yet revised             |                                                                                                                              |
| <b>Objective 4: Strengthen the maternal and child health interventions</b>                                                                                                                            |                                                                                                                                                                                                       |                                                                                                               |                                    |                                                                                                                              |
| Strengthen central level capacities in its role of planning and M/E at the intermediate and peripheral level                                                                                          | Put in place and make operational the central level management teams in charge of providing technical support to each province that receives GAVI support (operation of the GAVI HSS management unit) | 50,000                                                                                                        | Budget not yet revised             |                                                                                                                              |

|                                                      |                                                                                                                                                                                                                     |                |                        |  |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|--|
| Organise the external reviews of GAVI HSS activities | Have the research department of the INSP organise the annual review at mid-term in 2009 and the final review in 2011 for the health activities of the health districts in the 3 provinces that receive GAVI funding | 10,000         | Budget not yet revised |  |
| <b>TOTAL COSTS</b>                                   |                                                                                                                                                                                                                     | <b>760,000</b> |                        |  |

The current Burundi HSS action plan goes from May 2009 to April 2010. The next action plan (May 2010 – April 2011) has not yet been prepared. But after a working session with the GAVI team in Douala, Cameroon, during the peer review of the 2009 APR, which took place in April 2010, the country will prepare its action plan over 6 months, from May 2010 to December 2010. The purpose is to align ourselves with the other countries with fiscal years that go from January to December. The activities in the table above are the activities planned in the initial proposal.

#### 4.8 Programme implementation for 2009 reporting year

4.8.1. Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

### **Area 1: Develop the technical capacities of the healthcare workers, health committees and community health workers**

- A training session on Complete Obstetrical Emergency Care was organised and six health district physicians were trained in Complete Obstetrical Emergency Care, or 100%.
- 21 nurses and district hospitals have already been trained in anaesthesia techniques, or 117%.
- Training sessions in Basic Obstetrical Care were organised and 96 providers were trained, or 100%.
- In addition to strengthening the capacities of the physicians and nurses, 60 flow charts and 30 modules on training in anaesthesia techniques have been produced and distributed to the parties involved, for a 100% implementation rate.

These activities contributed to increasing the number of pregnant women that had caesarean deliveries and to improving the quality of maternity centre services and increasing the number of assisted deliveries.

### **Area 2: Strengthen the organisation and management of health services**

- 6 supervision pick-up trucks, or 100%, have already been purchased and distributed to the provincial health offices and the district health offices, and provisions have been made to maintain and repair them. These vehicles carry comprehensive insurance.
- All of the supply and supervision vehicles purchased by GAVI HSS are completely maintained and repaired, and they also carry comprehensive insurance.
- All of the fuel used by the provincial and district health offices is purchased by GAVI HSS. 100% of the fuel used for the emergency generators located in each provincial health office is also provided.
- 42 motorcycles that were given to the health promoters and managers of the district health centres are being maintained and repaired, and all carry comprehensive insurance.
- 12 laptops, each with an external hard drive and 2 flash disks were purchased and given to the 12 health districts that are supported by GAVI HSS. To update the antivirus software on these computers, 12 HUMAEI modems were given to the 12 district health offices and four external hard disks were given to the provincial health offices with GAVI HSS support to protect the data. This activity was 100% carried out.
- 100% of the district and provincial health offices that receive GAVI HSS support are now connected to the Internet using the HUWAEI modem and recharge cards are purchased using GAVI HSS funding.
- The computer hardware purchased by GAVI HSS is being 100% maintained.
- 100% of the health data managers in each health level were trained.
- The district management teams, the provincial health office teams are [sic] in the district approach, the contractual approach and planning – harmonized management of health districts (100% implementation).
- 100% of the Healthcare Staff Management Committees now have some basic knowledge of performance-based financing.
- 4 of the 12 health districts are motivated using performance as a basis, or 33%.

The priorities in this area are to implement health and budgeting planning procedures, to strengthen the health information system at the provincial and health district level, and to put in place resources management tools and systems.

The interventions in this area aim to develop healthcare worker capacities and the capacities of the community-based organisations to correctly manage the implementation of health activities and resources in a contractual framework based on the overall performance of health services. These activities contributed to improving the quality of services and to enhancing the people's ability to access healthcare. The operation of the district and provincial health offices is also facilitated. Moreover, with the new performance-based financing approach, healthcare workers are motivated, stabilized and they provide quality services.

The vehicles that were distributed are used by the different health districts to take advantage of facilities for supervisions and supply. The consequence was an increase in the number of supervised entities (91%), and a decrease in stockouts of drugs, vaccines and other equipment.

### **Area 3: Strengthen key interventions in maternal and child health**

- To lower the mortality rate due to unassisted deliveries, the project contributes to maintaining the ambulances and purchasing fuel. Bonuses are also awarded to the ambulance drivers. The project maintains the solar supply system. The communication radios are installed and are operating in the ambulance and in the district health centres of the 12 health districts the project supports. This is why the referral and counter-referral system works correctly in the four provinces supported by GAVI HSS. It

has resulted in increasing the rate of assisted deliveries and the referral rate of the other patients who are referred. Moreover, all of this contributes to lowering the rate of maternal and child mortality.

- The GAVI HSS project contributed to organising the 2009 edition of the healthcare week for mothers and children (rounds 1 and 2).
- The care providers were trained in clinical IMCI (? providers), through which we trained 82% of the nurses.
- In order to increase vaccine coverage where the rate is low, advanced strategies were organised in each health district to retrieve the dropouts or to make the vaccines more accessible.

Generally speaking, maternal and child mortality has decreased at the national level, down from 176/1,000 in 2005 to 140/1,000 in 2008.

#### **Area 4: Management and monitoring/evaluation of health activities**

- The central level carries out monitoring and evaluation missions of the intermediate and peripheral level twice each year.

A management unit was put in place to implement the GAVI HSS proposal. In an effort to facilitate the operations of this management unit, two vehicles have been provided and they are maintained and repaired. The personnel of this light unit receive a motivation bonus.

- The National Public Health Institute (INSP) organised an evaluation of GAVI HSS activities for fiscal year 2009.

#### **Problems in fiscal year 2009**

- Lengthy procedures for disbursing HSS funds at the WHO level,
- Overlapping of certain activities planned in the HSS action plan with other partners (training in clinical and community IMCI, training of district management teams and provincial health office teams in performance-based financing, etc.);
- Lengthy government contracting procedures.

#### **Solutions found or proposed**

- Change the GAVI fund management procedures by transferring them to the treasury sub-account in the central bank.
- Each quarter, attend the coordination meetings of partners in the health sector in each province supported by GAVI HSS.
- A new aide memoire will be signed by GAVI ALLIANCE and the government of Burundi and will include new mechanisms for managing GAVI funds. These systems will lighten the contracting procedures for external financing.

4.8.2. Are any Civil Society Organisations 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.

The role of civil society is very important in the provision of primary healthcare in Burundi. According to the data from EPISTAT 2009, 32% of the health facilities are managed by the nongovernmental sector (faith-based). Some civil society organisations are also involved in immunization, in health systems strengthening, and in general, in the provision of health services. For example, we can mention ABUBEF, CED CARITAS, the Burundi Red Cross, CEPBU and many others. Some NGOs were in fact involved in preparing the proposal to support health system strengthening and others are part of the ICC which approved this proposal that was submitted to GAVI (CED-CARITAS, CORDAID).

These NGOs and missions will take part in implementation, especially in the context of contracting, since most of them are involved in implementing this policy.

The GAVI HSS project supports four health districts with performance-based financing. Two international NGOs (civil society), namely CORDAID and HN TPO, provide assistance to the Ministry of Public Health in implementing this new approach.

We also note that Burundi has just received funding from GAVI ALLIANCE to support certain Civil Society Organisations (CSOs) that are involved in immunisation, HSS, and in improving child health (form A). With this support, Civil Society Organisations will help implement the HSS proposal.

#### 4.9 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [ IF YES ]: please complete **Part A** below.

[ IF NO ]: please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

**Part B:** briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

*Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.*

In early March, a team from GAVI Alliance came to Burundi to assess the financial management of GAVI funds. Under a financial management procedure for HSS funds since April 2009, GAVI funding transits through the WHO. Once an application for funding from GAVI HSS beneficiaries is received, the management unit analyzes the application and requests authorization to transfer these funds to the beneficiary's account. The GAVI HSS project has an account with a commercial bank into which the WHO transfers the funds the Minister of Health requests. This application to transfer GAVI HSS funds is made each quarter. A detailed financial report is produced by the GAVI HSS funds management unit with an annex of all the supporting documentation. Once the technical and financial quarterly report is approved, the next instalment of funding is made available for activities to be carried out over three months.

At the intermediate and peripheral level, a request for financing is sent to the national project coordinator. The coordinator is in charge of transferring the funds requested after analysis to the accounts of the applicants for funding. Once the requested budget is executed, they produce financial and technical reports that are sent to the GAVI HSS management unit. No other transfers can be made without this step.

This is also true for two NGOs that operate in the field using performance-based financing.

It should be noted that GAVI HSS funds are included in the budget law, but are taken into account in the Ministry of Health annual plans and budgets.

As described in section 5.2 of this report, the use of GAVI HSS funding has been highly problematic, due to delays in transferring GAVI HSS funds. Lengthy procedures for transferring these HSS funds by the WHO, which currently manages the GAVI HSS funds, have also had impacts on carrying out HSS activities (over three months without any disbursements).

The role the ICC plays is of paramount importance in managing GAVI HSS funding.

In fact, the ICC is the local body that validates all the budgeted annual action plans and revises them if need be before they are sent on to the GAVI Alliance secretariat.

#### 4.6 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Annex N° 6**). *(Terms of reference for this financial statement are attached in Annex 2)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N° 7**).

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**Document N° 8**).

#### 4.11 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

**Table 15:** Indicators listed in original application approved

| Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>                                      | Numerator | Denominator | Data Source                         | Baseline Value and date | Baseline Source      | 2009 Target |
|---------------------------------------------------------------------------------------------------------------|-----------|-------------|-------------------------------------|-------------------------|----------------------|-------------|
| <b>Objective 1: Improve the technical skills of 100% of healthcare workers in the four provinces by 2010.</b> |           |             |                                     |                         |                      |             |
| Number of nurses trained or retrained in Emergency Obstetrical Care                                           | 146       | 250         | PNSR Report                         | Not available           | HSS proposal to GAVI | 100%        |
| Number of physicians trained in Complete Emergency Obstetrical Care                                           | 14        | 24          | PNSR Report                         | Not available           | HSS proposal to GAVI | 100%        |
| Number of nurses trained in anaesthesia techniques                                                            | 32        | 30          | Evaluation report on training needs | 0                       | HSS proposal to GAVI | -           |
| Number of care facilities that have added the IMCI approach                                                   | 109       | 141         | Ministry Annual Report              | 0                       | HSS proposal to GAVI | 100%        |
| <b>Objective 2: Improve the organisation and management of health services by 2010</b>                        |           |             |                                     |                         |                      |             |
| 2.1. Number of District Health Offices that have a Minimum Package of Activities                              | 12        | 12          | Ministry Annual Report              | 0                       | HSS proposal to GAVI | 100%        |
| 2.2. Number of Provincial Health Offices that have a Complete Package of Activities                           | 4         | 4           | Ministry Annual Report              | Not available           | HSS proposal to GAVI | 100%        |

|                                                                                                                       |               |               |                                          |        |               |                      |           |
|-----------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------------------------------------|--------|---------------|----------------------|-----------|
| 2.3. Number of District Health Offices that have IT tools                                                             | 12            | 12            | Ministry Report                          | Annual | 0             | HSS proposal to GAVI | 100%      |
| 2.4. Number of health districts that have a complete and protected database                                           | 12            | 12            | Ministry Report                          | Annual | 0             | HSS proposal to GAVI | 100%      |
| 2.5. Number of health facilities that use the motivation strategy for personnel through performance-based contracting | 60            | 141           | Ministry Report                          | Annual | 0             | HSS proposal to GAVI | 100%      |
| <b>Objective 3: Strengthen the maternal and child health interventions</b>                                            |               |               |                                          |        |               |                      |           |
| 3.1. Number of health districts that have a functioning referral and counter-referral system                          | 141           | 141           | Report of the General Health Directorate |        | 0             | HSS proposal to GAVI | 100%      |
| 3.2. ITN coverage rate among children under five                                                                      | Not available | Not available |                                          |        | Not available | HSS proposal to GAVI | -         |
| <b>Objective 4: Have the central level strengthen the supervision of the four health provinces</b>                    |               |               |                                          |        |               |                      |           |
| 4.1. Number of district care facilities per month that have been supervised                                           | 141           | 141           | EPI Report                               |        | Not available | HSS proposal to GAVI | 100%      |
| 4.2. DTP3 coverage rate                                                                                               | 69,998        | 75,838        | EPI Report                               |        | 83%           | HSS proposal to GAVI | 93%       |
| 4.3. Systematic measles coverage                                                                                      | 66,279        | 73,237        | EPI Report                               |        | 78%           | HSS proposal to GAVI | 90%       |
| 4.4. Child mortality rate                                                                                             | Not available | Not available | -                                        |        | 176/1,000     | HSS proposal to      | 140/1,000 |

|  |  |  |  |  |      |  |
|--|--|--|--|--|------|--|
|  |  |  |  |  | GAVI |  |
|--|--|--|--|--|------|--|

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

**There are new indicators in this report that take the new programs into account**

Provide justification for any changes in **the denominator**:

**We are also observing changes in denominators based on the new GAVI HSS activities according to the country priorities. With the population census in 2008, many data have changed, so that most of the denominators were also changed as a result.**

Provide justification for any changes in **data source**:

**The data source also changes because after 2005, the baseline year for preparing the HSS proposal, many national documents were produced and they serve as reference documents for us.**

**Table 16:** Trend of values achieved

| <b>Name of Indicator</b> <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i> | <b>2007</b> | <b>2008</b> | <b>2009</b> | <b>Explanation of any reasons for non achievement of targets</b>                                                                                       |
|------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of nurses trained or retrained in Emergency Obstetrical Care                                                    | 0%          | 19%         | 58.4%       | Hiring new nurses and transfer of GAVI HSS funding for fiscal year 2008 (April 2009)                                                                   |
| Number of physicians trained in Complete Emergency Obstetrical Care                                                    | 0%          | 54%         | 58.3%       | Mobility among district physicians, which changes the denominator and delays the transfer of GAVI HSS funding for fiscal year 2008 (April 2009)        |
| Number of nurses trained in anaesthesia techniques                                                                     | 0%          | 36%         | 106.6%      |                                                                                                                                                        |
| Number of health facilities that have incorporated the IMCI approach                                                   | 14%         | 26%         | 77.3%       | Lack of sufficient staffing for training and monitoring IMCI in the care facilities                                                                    |
| Number of District Health Offices that have a Minimum Package of Activities                                            | 0%          | 100%        | 100%        |                                                                                                                                                        |
| Number of Provincial Health Offices that have a Complete Package of Activities                                         | 100%        | 100%        | 100%        |                                                                                                                                                        |
| Number of District Health Offices that have IT tools                                                                   | 0%          | 100%        | 100%        |                                                                                                                                                        |
| Number of health districts that have a complete and protected database                                                 | 0%          | 0%          | 100%        |                                                                                                                                                        |
| Number of health facilities that use the personnel motivation strategy through performance-based contracting           | 0%          | 0%          | 42.5%       | Underestimated the cost of performance-based financing, and the budget was unable to cover all the health facilities in the GAVI HSS intervention zone |
| Number of health districts that have a functional referral and counter-referral system                                 | 0%          | 100%        | 100%        |                                                                                                                                                        |
| ITN coverage rate among children under five                                                                            | -           | -           | -           |                                                                                                                                                        |
| Number of district health facilities per month that were supervised                                                    | -           | 70%         | 100%        |                                                                                                                                                        |

|                             |           |           |           |                                                                                             |
|-----------------------------|-----------|-----------|-----------|---------------------------------------------------------------------------------------------|
| DTP3 coverage rate          | 90.5%     | 100.65%   | 92.3%     | Problem with the denominator due to the new results of the 2008 national population census. |
| Systematic measles coverage | 85%       | 101.7%    | 90.5%     | Problem with the denominator due to the new results of the 2008 national population census. |
| Child mortality rate        | 176/1,000 | 108/1,000 | 108/1,000 |                                                                                             |

NB: The data in the table above pertain solely to the four provinces that receive GAVI HSS support. At the national level, the indicators of all the provinces in the country are attached to this APR.

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

Certain results from the indicators require a detailed survey for which considerable resources are required. These surveys are performed every two years, and sometimes even every five years. For example, we can mention the calculation of the child mortality rate, the coverage of children under five with ITNs, etc. These same indicators are influenced by several factors other than support for health system strengthening. In the GAVI HSS intervention zone, there are other partners that are involved in health systems strengthening, and their activities are sometimes similar to GAVI HSS activities.

#### 4.7 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

**Table 17: Sources of HSS funds in a pooled mechanism**

| Donor | Amount in US\$ | Duration of support | Contributing to which objective of GAVI HSS proposal                                                                                                                                                                                  |
|-------|----------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WHO   | 50,000         | 2009                | Improve the technical skills for obstetrical emergencies for 100% of healthcare workers in the four provinces by 2010 (hospital nurses and physicians in the health districts, as well as the nurses in the district health centres). |
| WHO   | 75,000         | 2009                | By 2010, improve health services organisation and management                                                                                                                                                                          |
| WHO   | 27,000         | 2009                | By 2010, increase the rate of coverage for preventive and curative services for women and children                                                                                                                                    |
| WHO   | 5,000          | 2009                | Have the central level strengthen supervision in the four health provinces                                                                                                                                                            |

There is no mechanism for common funds in Burundi; this is planned beginning in 2011 with the PNDS II (2011-2015).

Others involved in HSS exist in the GAVI HSS intervention zone. However, their input, objectives and the durations of their projects have not been finalised. The request for this input was sent to the different partners of the Ministry of Health, but only the WHO was able to meet this request (see table above).

## 5. Strengthened Involvement of Civil Society Organisations (CSOs)

### 5.1 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<sup>5</sup>

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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°.....**).

|  |
|--|
|  |
|--|

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.

|  |
|--|
|  |
|--|

---

<sup>5</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

### 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 and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US\$.....

Remaining funds (carried over) from 2008: US\$.....

Balance to be carried over to 2010: US\$.....

## 5.2 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<sup>6</sup>**

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:*

Burundi had a financing agreement with GAVI to support the CSOs, but these funds have yet to be transferred. We are awaiting the signing of the aide memoire between the GAVI Alliance and the government of Burundi. The draft has already been produced; we are now at the stage of making comments on this document.

### 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).

<sup>6</sup> 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 change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

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.

**Table 18:** Outcomes of CSOs activities

| Name of CSO (and type of organisation) | Previous involvement in immunisation / HSS | GAVI supported activities undertaken in 2009 | Outcomes achieved |
|----------------------------------------|--------------------------------------------|----------------------------------------------|-------------------|
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |
|                                        |                                            |                                              |                   |

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, 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.

**Table 19:** Planned activities and expected outcomes for 2010/2011

| Name of CSO (and type of organisation) | Current involvement in immunisation / HSS | GAVI supported activities due in 2010 / 2011 | Expected outcomes |
|----------------------------------------|-------------------------------------------|----------------------------------------------|-------------------|
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |
|                                        |                                           |                                              |                   |

### 5.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US\$.....  
Remaining funds (carried over) from 2008: US\$.....  
Balance to be carried over to 2010: US\$.....

### 5.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [ **IF YES** ]: please complete **Part A** below.  
[ **IF NO** ]: please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

**Part B:** briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

*Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.*

### 5.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

### 5.2.5 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.

**Table 20:** Progress of CSOs project implementation

| Activity / outcome | Indicator | Data source | Baseline value and date | Current status | Date recorded | Target | Date for target |
|--------------------|-----------|-------------|-------------------------|----------------|---------------|--------|-----------------|
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |
|                    |           |             |                         |                |               |        |                 |

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

## 6. Checklist

**Table 21:** Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

| <b>MANDATORY REQUIREMENTS<br/>(if one is missing the APR is NOT FOR IRC REVIEW)</b> |                                                                                                | <b>ISS</b> | <b>NVS</b> | <b>HSS</b> | <b>CSO</b> |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------|------------|------------|------------|
| 1                                                                                   | Signature of Minister of Health (or delegated authority) of APR                                | x          | x          | x          |            |
| 2                                                                                   | Signature of Minister of Finance (or delegated authority) of APR                               | x          | x          | x          |            |
| 3                                                                                   | Signatures of members of ICC/HSCC in APR Form                                                  | x          | x          | x          |            |
| 4                                                                                   | Provision of Minutes of ICC/HSCC meeting endorsing APR                                         | x          | x          | x          |            |
| 5                                                                                   | Provision of complete excel sheet for each vaccine request                                     |            |            |            |            |
| 6                                                                                   | Provision of Financial Statements of GAVI support in cash                                      | x          |            | x          |            |
| 7                                                                                   | Consistency in targets for each vaccines (tables and excel)                                    |            |            |            |            |
| 8                                                                                   | Justification of new targets if different from previous approval (section 1.1)                 |            |            |            |            |
| 9                                                                                   | Correct co-financing level per dose of vaccine                                                 |            |            |            |            |
| 10                                                                                  | Report on targets achieved (tables 15,16, 20)                                                  |            |            |            |            |
| 11                                                                                  | Provision of cMYP for re-applying                                                              |            |            |            |            |
| <b>OTHER REQUIREMENTS</b>                                                           |                                                                                                | <b>ISS</b> | <b>NVS</b> | <b>HSS</b> | <b>CSO</b> |
| 12                                                                                  | Anticipated balance in stock as at 1 January 2010 in Annex 1                                   |            |            |            |            |
| 13                                                                                  | Consistency between targets, coverage data and survey data                                     |            |            |            |            |
| 14                                                                                  | Latest external audit reports (Fiscal year 2009)                                               |            |            |            |            |
| 15                                                                                  | Provide information on procedure for management of cash                                        |            |            |            |            |
| 16                                                                                  | Health Sector Review Report                                                                    |            |            |            |            |
| 17                                                                                  | Provision of new Banking details                                                               |            |            |            |            |
| 18                                                                                  | Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support |            |            |            |            |
| 19                                                                                  | Attach the CSO Mapping report (Type A)                                                         |            |            |            |            |

## 7. Comments

*Comments from ICC/HSCC Chairs:*

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. These could be in addition to the approved minutes, which should be included in the attachments

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2  
TERMS OF REFERENCE:  
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND  
NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
  - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:**  
***An example statement of income & expenditure***

| Summary of income and expenditure – GAVI ISS                                        |                      |               |                           |               |                 |                 |
|-------------------------------------------------------------------------------------|----------------------|---------------|---------------------------|---------------|-----------------|-----------------|
|                                                                                     | Local Currency (CFA) |               | Value in USD <sup>7</sup> |               |                 |                 |
| Balance brought forward from 2008 <i>(balance as of 31 December 2008)</i>           | 25,392,830           |               | 53,000                    |               |                 |                 |
| Summary of income received during 2009                                              |                      |               |                           |               |                 |                 |
| Income received from GAVI                                                           | 57,493,200           |               | 120,000                   |               |                 |                 |
| Income from interest                                                                | 7,665,760            |               | 16,000                    |               |                 |                 |
| Other income (fees)                                                                 | 179,666              |               | 375                       |               |                 |                 |
| Total Income                                                                        | 65,338,626           |               | 136,375                   |               |                 |                 |
| Total expenditure during 2009                                                       | 30,592,132           |               | 63,852                    |               |                 |                 |
| Balance as at 31 December 2009 <i>(balance carried forward to 2010)</i>             | 60,139,324           |               | 125,523                   |               |                 |                 |
| Detailed analysis of expenditure by economic classification <sup>8</sup> – GAVI ISS |                      |               |                           |               |                 |                 |
|                                                                                     | Budget in CFA        | Budget in USD | Actual in CFA             | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure                                                                  |                      |               |                           |               |                 |                 |
| Wages & salaries                                                                    | 2,000,000            | 4,174         | 0                         | 0             | 2,000,000       | 4,174           |
| Per-diem payments                                                                   | 9,000,000            | 18,785        | 6,150,000                 | 12,836        | 2,850,000       | 5,949           |
| Non-salary expenditure                                                              |                      |               |                           |               |                 |                 |
| Training                                                                            | 13,000,000           | 27,134        | 12,650,000                | 26,403        | 350,000         | 731             |
| Fuel                                                                                | 3,000,000            | 6,262         | 4,000,000                 | 8,349         | -1,000,000      | -2,087          |
| Maintenance & overheads                                                             | 2,500,000            | 5,218         | 1,000,000                 | 2,087         | 1,500,000       | 3,131           |
| Other expenditure                                                                   |                      |               |                           |               |                 |                 |
| Vehicles                                                                            | 12,500,000           | 26,090        | 6,792,132                 | 14,177        | 5,707,868       | 11,913          |
| TOTALS FOR 2009                                                                     | 42,000,000           | 87,663        | 30,592,132                | 63,852        | 11,407,868      | 23,811          |

<sup>7</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>8</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3  
TERMS OF REFERENCE:  
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
  - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

GAVI ANNUAL PROGRESS REPORT ANNEX 4  
TERMS OF REFERENCE:  
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
  - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

***ANNEX 10: HSS FINANCIAL STATEMENTS FOR CALENDAR YEAR 2009***

ANNEX 11: HSS FINANCIAL STATEMENTS FOR THE PERIOD FROM JANUARY 1 TO APRIL 30, 2010

***Annex 12: Summary table of expenditures and revenue – GAVI HSS (from May 2009 to April 2010)***

### **EXPLANATORY NOTE OF EXPENSES IN THE 2009-2010 ACTION PLAN**

Since the GAVI ALLIANCE began providing support to Burundi, the GAVI HSS action plans and budget are prepared according to fiscal year, i.e. the period from May 1 to April 30.

Thus, project expenditures spanned two fiscal years, which does not make it easy to produce a financial report for the current fiscal year..

As can be seen in the 2009-2010 action plan, all the plan, not all scheduled expenditures were actually made during 2009 for the reason mentioned above.

The heading entitled maintenance and repair of district hospitals over 12 months exceeded its budget by **5,725,103 Fbu**.

Actually, this overspending can be explained because we forgot to budget for insurance for these ambulances in the 2009-2010 action plan.

To avoid this paralysis of referral and counter-referral activities, the project coordination office used funds available under ambulance maintenance and repair.

The insurance heading for 12 supply vehicles also exceeded its budget by **1,011,767 Fbu** after Omnium Insurance raised its rates.