



Annual Progress Report 2008

Submitted by

The Government of

PAPUA NEW GUINEA

Reporting on year: **2008**

Requesting for support year: **2010/2011**

Date of submission: **14 May 2009**

Deadline for submission: 15 May 2009

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

and any hard copy could be sent to :

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Switzerland**

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

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

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

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

For the Government of PAPUA NEW GUINEA

Secretary for Health:

**Director, Health Services Improvement Program
Management Branch – Representing Ministry of
Finance**

Title: Dr. Clement Malau

Title: Ms. Elva Lionel

Signature:

Signature:

Date:

Date:

This report has been compiled by:

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ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Clement Malau, Secretary for Health	National Department of Health		
Mr. Enoch Posanai, Executive Manager, Public Health	National Department of Health		
Dr. Eigil Sorenson, WHO Country Representative	WHO Country Office		
Mr. Hamish Young, UNICEF Country Representative	UNICEF Country Office		
Ms. Peta Leemen, 2 nd Secretary Health Development Cooperation	AusAID		
Mr. Nesaki Shun, Assistant Resident Representative	JICA Country Office		
Dr. Paulus Ripa, Paediatrician & Senior Curriculum Development Advisor	School of Medicine, University of PNG		
Mr. Joseph Sika, Representative, Churches Medical Council	PNG Churches Medical Council		
Dr. David Mokela, President	Paediatric Society of PNG		
Ms. Elva Lionel, Director, HSIP	Health Sector Improvement Program, NDoH		
Mr. Jim Benn, Senior Program Manager	Burnet Institute of PNG		

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: **NO**

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

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

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

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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

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

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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

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

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

* Number

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	209425	216126	223042	230180	237546	245148	252993	
Infants' deaths	13403	13832	14275	14732	15203	15690	16192	
Surviving infants	196022	202294	208768	215448	222343	229458	236801	
Pregnant women	211519	218288	225273	232482	239922	247600	255523	
Target population vaccinated with BCG	131472	205320	211890	218671	225669	232891	240343	
BCG coverage*	68	95	95	95	95	95	95	
Target population vaccinated with OPV3	113132	182065	198329	204676	211226	217985	224961	
OPV3 coverage**	65	90	95	95	95	95	95	
Target population vaccinated with DTP (DTP3)***	101620	-	-	-				
DTP3 coverage**	52	-	-	-				
Target population vaccinated with DTP (DTP1)***	139274	-	-	-				
Wastage ¹ rate in base-year and planned thereafter	25	-	-	-				
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of PENTAVALENT (DTP-HepB-Hib)	0	182065	198329	204676				
DTP-HepB-Hib3 Coverage**	0	90	95	95				
Target population vaccinated with 1 st dose of DTP-HepB-Hib	0	192180	204592	211139				
Wastage ¹ rate in base-year and planned thereafter	0	5	5	5				
Target population vaccinated with 1 st dose of Measles	105130	161835	177453	193903				
Target population vaccinated with 2 nd dose of Measles	-							
Measles coverage**	54	85	90	95				
Pregnant women vaccinated with TT+	66282	222336	237132	244719				
TT+ coverage****	34	95	98	98				
Vit A supplement	Mothers (<6 weeks from delivery)	-						
	Infants (>6 months)	No data	185115	202649	219848			
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	27							
Annual Measles Drop out rate (for countries applying for YF)								

of infants

vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

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

Table B: Updated baseline and annual targets – (No changes as above)

* Number	Number	Achievements as per JRF	Targets							of infants
		2008	2009	2010	2011	2012	2013	2014	2015	
	Births									
	Infants' deaths									
	Surviving infants									
	Pregnant women									
	Target population vaccinated with BCG									
	BCG coverage*									
	Target population vaccinated with OPV3									
	OPV3 coverage**									
	Target population vaccinated with DTP (DTP3)***									
	DTP3 coverage**									
	Target population vaccinated with DTP (DTP1)***									
	Wastage ² rate in base-year and planned thereafter									
	Duplicate these rows as many times as the number of new vaccines requested									
	Target population vaccinated with 3 rd dose of									
	 Coverage**									
	Target population vaccinated with 1 st dose of									
	Wastage ¹ rate in base-year and planned thereafter									
	Target population vaccinated with 1 st dose of Measles									
Target population vaccinated with 2 nd dose of Measles										
Measles coverage**										
Pregnant women vaccinated with TT+										
TT+ coverage****										
Vit A supplement	Mothers (<6 weeks from delivery)									
	Infants (>6 months)									
Annual DTP Drop out rate [(DTP1 -DTP3)/DTP1] x100										
Annual Measles Drop out rate (for countries applying for YF)										

vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

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

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

1.1 Immunization Services Support (ISS)

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

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

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

No ISS funds received for 2008 as PNG did not meet the GAVI requirements for additional children that received DTP3.

However, ISS funds carried over from 2007 was reflected in the Ministry of Health Budget in the SWAp mechanism as GAVI funds for EPI.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

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

*The remaining ISS funds of **\$77,500** brought forward from 2007 were used on the following:*

- 1. District micro-planning for SIA 2 provinces (Oro & Western)- **\$13,057.00***
- 2. Implementation of SIA in 2 low performing provinces, Western & Sandaun - **\$27,774.00***

ICC played a major role in endorsing the use of the ISS funds.

Although funds are released for planned activities for EPI in the Annual Activity Plan for 2008, there were numerous occasions where delays in the release of the funds were experienced.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: **NIL**

Remaining funds (carry over) from 2007: **\$77,500**

Balance to be carried over to 2009 **\$36,670**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training	13,057		13,057		
IEC / social mobilization					
Outreach	27,774			27,774	
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	40,831				
Remaining funds for next year: 2009	36,670				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? x4

Please attach the minutes (DOCUMENT No. 2) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

*Are any Civil Society Organizations members of the ICC: Yes
if yes, which ones?*

1. Church Health Services
2. Paediatric Society of PNG
3. Burnet Institute of PNG

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

PNG decided to hold measles SIA every 2 years starting in 2008, as a strategy to reach the regional goal of elimination of measles by 2012. PNG also decided to integrate measles SIA with routine immunization. The rationale for this was to improve outreach patrols, thus, increasing the routine coverage of all the other antigens. The target population for 2008 was from 6 months to 6 year 11 months old children. The target population in 2010 and 2012 will be from 6 months old to 2 years 11 months old children.

Because Measles SIA was integrated into routine, ISS funds were used to support micro-planning at the district and facility level.

Attachments:

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

- Signed minutes (DOCUMENT N°2) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- Most recent external audit report (DOCUMENT N°3) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- Detailed Financial Statement of funds (DOCUMENT N°4) spent during the reporting year (2008).
- The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

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

No DQA done as yet. Planned for last year but was not done. Will need to do it this year (2009)

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

YES

☐

NO

☒

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

No DQA done

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

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

List studies conducted:

1. 2005 EPI Coverage Survey –(see Document No. 5)
2. 2006 DHS – (Final Official Report not released yet) – Document 6
3. 2007 IMCI Health Facility Survey – (see Document No. 7)
4. 2008 Annual Sector Review (data from routine National Health Information System) – Document 8

List challenges in collecting and reporting administrative data:

1. Poor record keeping of data
2. Delay in submitting monthly reports
3. Poor quality and missing data – leading to under reporting
4. Denominator issues

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

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

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

List new and under-used vaccine introduced in 2008:

1. DTP-Hib (Tetavalent)
2. DTP-HepB-Hib (Pentavalent)

List any change in doses per vial and change in presentation in 2008:

1. DTP-Hib: Liquid 10-dose vial
2. DTP-HepB-Hib: Liquid 1-dose vial

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP-Hib	10-dose vial	434, 400	June/July 2008	11 March 2008
DTP-HepB-Hib	1-dose vial	756,800	Jan/Feb 2009	6 December 2008

Please report on any problems encountered.

List problems encountered:

1. Nationwide stock-out of DTP-Hib (Tetavalent) for about 4 months due to non availability of Tetavalent from Suppliers of vaccine (Norvatis, Italy).
2. Due to power outage and problems with standby gen-set at the National Vaccine Store (Area Medical Store) most of the Pentavalent vaccines that arrived were moved from the Airport to a major Private Firm (supermarket) cold storage room on a temporary basis for the festive and the New Year period.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

List activities:

1. IEC materials on Pentavalent developed and distributed
2. Circular instruction on pentavalent from the office of the Secretary for Health was distributed to all Health workers (public, private, NGO, FBO) nationwide.
3. VHF- Radio system was used to talk to health facility staff on the arrival and disbursement of the pentavalent to provinces and district vaccine stores.
4. Correspondence to the country Pharmaceutical Advisory Committee
5. Radio spots on Pentavalent

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

These funds were received on: **13/08/2008**

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	100,000	13/08/08	80,000	IEC Materials	Could not launch Penta

5.2.2. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **09/2008**

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

EVSM was conducted internally at the Central Medical Store.

[List major recommendations] – (See Document 9)

1. Local VAR be updated to capture VVM status.
2. EPI Office (VPPO) and AMS Badili (VS) to create and document LR certificates.
3. There is a need for creation of temperature monitoring and documentation by Vaccine Storeman. VPPO to lead in this issue.
4. Install three automatic temperature recording devices to the three chillers.
5. Install three power surge protectors.
8. Organize, purchase and install the dual temperature units.
9. Organize, purchase and install the dual temperature units.
10. Do an accuracy test using tiny TAGS.

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

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

Activities are as per the recommendations above. (please see details of issues in Document 7)

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

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

Table 1.2

Vaccine 1: Pentavalent (DTP-HepB-Hib)	
Anticipated stock on 1 January 2010	60,000
Vaccine 2:	
Anticipated stock on 1 January 2010	
Vaccine 3:	
Anticipated stock on 1 January 2010	

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

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

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD Syringes		

Please report on any problems encountered.

[List problems]

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

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

List sources of funding for injection safety supplies in 2008:

1. AD Syringes and Safety Boxes were 100% funded and purchased by Government of PNG

Please report how sharps waste is being disposed of.

Describe how sharps is being disposed of by health facilities:

1. Incineration
2. Open Burning
3. Burial

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

List problems:

Nil

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

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

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

No cash contributions received from GAVI for Injection Safety Support

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

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

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	US\$1,538,461		
New Vaccines			
Injection supplies			
Cold Chain equipment	US\$ 267,951		
Operational costs	US\$1,875,659		
Other (please specify) - Training	US\$ 803,854		
Total EPI	US\$2,947,474		
Total Government Health			

Exchange rate used	0.4629
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

EPI had a budget appropriation of US\$3,802,333 for the year 2008. The total expenditure for 2008 was US\$2,947,474. Most of the expenditure, were used on supporting SIA mop-up and distribution of vaccines and other supplies.

The total unspent fund was US\$1,122,820. This was due to many planned activities not implemented due to delays in the processing of funds as well as lack of capacity in implementation of these activities.

Funds were adequate and there were no financial gaps. However, the health system is quite weak, especially at the implementation levels (districts and facility levels). Thus, many of the planned activities were not effectively implemented and therefore many of the expected outcomes not achieved.

The government and National Department of Health is well aware of the weak health system and is very committed and trying its very best to address this issue while currently undergoing re-structure of the whole Department of Health, as well as having discussions with other line government departments, NGOs, Development Partners, and other stakeholders on how to improve and strengthen the health system in PNG.

Future Country Co-Financing (in US\$)

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

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

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

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

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

<i>1st vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.68	0.68				
Number of vaccine doses	#	152500	146000				
Number of AD syringes	#	162300	154400				
Number of re-constitution syringes	#						
Number of safety boxes	#	1825	1725				
Total value to be co-financed by country	\$	507000	456000				

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

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

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

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

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (DTP-Hib)	100% GAVI Funds	100% GAVI Funds	Oct/Nov 2008
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

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

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?	
1. Nil in 2008	
2.	
3.	
4.	

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

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

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

3.1. Up-dated immunization targets

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

Are there changes between table A and B? **NO**

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

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

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

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

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

Vaccine 1: DTP-HepB-Hib (Pentavalent)

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

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

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

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

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	198329	204676				
Target immunization coverage with the third dose	<i>Table B</i>	#	95	95				
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	204592	211139				
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05				
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.68	0.68				

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

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	593200	524300				
Number of AD syringes	#	631300	554500				
Number of re-constitution syringes	#						
Number of safety boxes	#	7025	6175				
Total value to be co-financed by GAVI	\$	1972500	1637500				

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

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

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

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

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

Vaccine 3:*Same procedure as above (table 3.1 and 3.2)***Table 3.5: Specifications of vaccinations with new vaccine**

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

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

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

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

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

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

4.1 Information relating to this report:

- Fiscal year runs from(month) to(month).
- This HSS report covers the period from(month/year) to(month/year)
- Duration of current National Health Plan is from(month/year) to(month/year).
- Duration of the immunisation cMYP:
- Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

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

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

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

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

4.2 Overall support breakdown financially

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

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

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

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

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

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

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

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (i.e. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

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

Table 4.5 Planned HSS Activities for next year (i.e. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

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

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

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

4.7 Financial overview during reporting year:

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

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

- b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

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

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

No GAVI Type A support to CSO received.

5.1.1 Mapping exercise

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

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
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Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

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

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

5.1.4 Management of funds

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

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

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

5.2.1 Programme implementation

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

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

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

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

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

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

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

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

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

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

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

5.2.2 Receipt of funds

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

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

5.2.3 Management of funds

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

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

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5.2.4 Monitoring and Evaluation

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

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

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

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

6. Checklist

Checklist of completed form:

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

7. Comments

ICC/HSCC comments:

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

~ End ~