



Annual Progress Report 2009

Submitted by

The Government of

Republic of Moldova

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 26.05.2010

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

any hard copy could be sent to :

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

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

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 TRANSPARANCY 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 **Republic of Moldova**

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 Health V. Hotineanu*

Signature: *[Handwritten Signature]*

Date: *24.05.2010*



Minister of Finance (or delegated authority):

Title: *Viceambasador, Marie Corina*

Signature: *[Handwritten Signature]*

Date: *25.05.10*



This report has been compiled by:

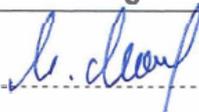
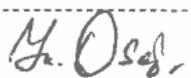
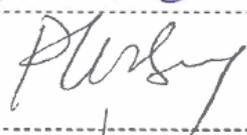
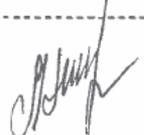
<p>Full name: Melnic Anatolie</p> <p>Position: Head of General Epidemiology Department, National Scientific and Applied Center of Preventive Medicine</p> <p>Telephone +373 22 574 674</p> <p>E-mail: amelnic@sanepid.md</p>	<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>
<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>	<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>

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
MAGDEI Mihail, deputy minister	Ministry of Health		21.05.10.
BAHNAREL Ion, General Director	National Scientific and Practical Centre of Preventive Medicine		20.05.10
OSOIANU Iurie, deputy director	National Company for Health Insurants		20.05.10
PEREBICOVSCHI Liubovi, health sectors	Ministry of Financing		25.05.10
YUSTER Alexandra	UNICEF Moldova Representative		21-5-10
URSU Pavel	WHO Liaison Office in the Republic of Moldova		21.05.10
MELNIC Anatolie Head of General Epidemiology Department	National Scientific and Practical Centre of Preventive Medicine		20.05.10

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

All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

.....

.....

.....

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

Not applicable

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.

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: [Republic of Moldova]'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	Three 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
1	Calculation of [Country's] ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
2	Minutes of all the ICC meetings held in 2009	1.5
NA	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
NA	External audit report of ISS funds during the most recent fiscal year (if available)	2.3
3 & 4	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year	3.2.3
NA	Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
5	Minutes of the ICC meeting endorsing the change of vaccine presentation (if not included among the above listed minutes)	3.5
6	New cMYP for the years 2011 - 2015	3.6
5	Minutes of the ICC meeting endorsing the country request for extension of new vaccine support for the years 2011 - 1015 (if not included among the above listed minutes)	3.6
NA	Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report	5.1.8
NA	Latest Health Sector Review Report	5.1.5
NA	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
NA	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
NA	CSO mapping report	6.1.1
NA	Financial statement for the use of CSO 'Type B' funds in the 2009 calendar year	6.2.4
NA	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 Annex1-excell)

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:

The data about the number of children born in 2009 provided in table 1 to APR for 2009 corresponds to "Common reporting form (JRF) WHO/UNICEF for 2009" filled in by the country. It does not correspond to prognosis data submitted to GAVI in APR for 2008. The number of children born in 2009 increased by 4.8%. This is explained by the fact that large age groups that include a significant number of individuals, entered marriage and childbirth period. The effects of economic crisis in the EU and the Russian Federation led to the fact that many young people, who lost their jobs or met with a significant reduction of their income abroad, had to return to Moldova, where the cost of living is lower. Furthermore, in 2009 1003 mothers with infants born abroad in 2009 returned to Moldova. These infants were registered by population accounting authorities as Moldovan citizens and are subject to health care services in this country.

Provide justification for any changes in surviving infants:

The increase in the number of surviving infants is explained by the fact that the birth rate increased, while the level of infant mortality remained the same.

Provide justification for any changes in Targets by vaccine:

The immunization coverage targets were changed according to the values of indicators achieved in 2009. In 2009 the level of immunization coverage decreased to levels that were uncommon to the Republic of Moldova. The reasons for this decrease are indicated in point 1.2

Provide justification for any changes in Wastage by vaccine:

The value of vaccine wastage factor for DTPHib vaccine has not changed significantly – it had been 1.2 in the previous reporting period and became 1.25. It is based on the actual level for 2009 and is lower than the value recommended by UNICEF for liquid vaccines in 10-20 dose vials (1.33). The increase of the losses indicator for DTPHib vaccine in 2009 compared to the analogical indicator for previous years for DTP vaccine (7%, except for 2008) is explained by the fact that the implementation of the new vaccine is only at its initial stage.

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:

In 2009, despite the influence of the economic and the political crisis, the country managed to provide uninterrupted supply of vaccines and consumables to medical institutions for the immunization of the population. According to the data provided by administrative reports, the country managed to sustain a high level of coverage with primary immunization against tuberculosis – 98.7%, Hepatitis B – 97.1%, Poliomyelitis – 95.9%; first booster vaccination against Poliomyelitis and DTP vaccine – more than 96%, by booster immunization at the age of 7 with OPV, MMR, DT vaccines and by booster dose diphtheria and tetanus at the age of 15 against – more than 96%. The immunization coverage target results were not achieved for DTP (93.9%) and

MMR (91.3%). Due to high immunization coverage, Moldova managed to retain the status of a country free from Poliomyelitis, CRS and neonatal tetanus. No cases of measles, tetanus were registered in Moldova, only 1 case of Rubella was registered (0.02‰) and 1 case of acute viral Hepatitis B among children under 18 years old (0.11 for 100.000 of child population). The control over mumps was reestablished – the morbidity was only 7.12‰, compared to 726.3‰ in year 2008. In 2009, with the help of GAVI, the immunization with DTPHib vaccine against Hib was implemented. With the first dose of DTPHib vaccine in 2009 were immunized 37.866 children, with the second dose - 29102 and 21.509 – with the third dose. Also, in order to minimize the level of loss of DTPHib vaccine, from 01.09.2009, 11531 children at the age of 22-24 months (first booster immunization), were immunized with one dose of the vaccine, which provides, according to WHO documents, sufficient protection against Hib infection for children older than one year. After a period of absence of diphtheria cases (2003-2008), 1 case of diphtheria was registered in the Slobozia rayon (Transnistria). The case was, most likely, imported, but it was not completely investigated because of improper attitude and understanding of the danger by the local health staff. Late notification of information to the national level and the lack of possibility for national specialists to conduct epidemiological investigations in Transnistria did not allow gathering complete epidemiological information. The implementation of DTP-Hib vaccine in 2 towns and 5 rayon of Transnistria, populated by 525000 people, with the number of children born in 2009 being approximately 5000, has been started only from the second half of 2009.

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

In 2009, not all targets related to immunization coverage were achieved and a deeper decline of the level of coverage was observed. This can be explained by the flu outbreak, as part of the pandemic, in October-November 2009. Because of the outbreak, some parents did not bring their children to medical institutions out of fear that their children may become infected with flu. A high pressure posed on primary health system by the need to provide assistance to patients with pandemic flu and other respiratory infections, as well as to conduct flu control measures, including anti-flu immunization, lead to reducing the capability of these institutions for monitoring the timeliness of routine immunization activities. Also, some medical institutions limited sharply the number of immunization visits as a measure to limit/prevent spread of pandemic flu. The limited resources of epidemiology specialists were overloaded by organizing pandemic flu prevention and control measures. The decrease of immunization coverage was also caused by the long political crisis that took place in Moldova. For more than 7 months the Government did not have complete power necessary to control the events that were occurring in the country. Many medical workers, including members of management of medical institutions were involved in politic combat and neglected the orders and requirements of the Ministry of Health. Similarly, a large part of the population showed negativism and resistance to any measures undertaken by the Government. A heightened activity of anti-immunization propaganda was also recorded in 2009. The opinions about the fact that the flu epidemic was invented in order to bring benefits to pharmaceutical corporations, expressed on global level, contributed to the decrease in immunization coverage. We hope that the political and economical stability, as well as the awareness raised by outbreak of Poliomyelitis epidemic in the WHO Euro Region, would strengthen the population and health care commitment toward immunization and would allow to restore the high level of immunization coverage.

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)¹.

Regrettably, the data provided in administrative reports concerning immunization coverage does not correspond to indicators of immunization coverage calculated according to the WHO

¹ 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

methodology. In 2009 the indicators calculated according to WHO methodology were lower than indicators calculated according to administrative reports for immunization with BCG by 2,3%, VHB by 8,4%, OPV by 8,4%, DTP by 9,4%, MMR by 1,0%. This situation worries the Ministry of Healthcare and the specialists working at the NIP. The study of the situation revealed the fact that the denominator in the national reports was understated – while the authorities responsible for population accounting reported the number of surviving infants in 2009 to be 45560, primary healthcare institutions reported the number of infants born in 2009 and registered with these institutions to be only 42705 (-2955 or -6,9%).

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / **NO**]. If YES:

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.

The results of the analysis of immunization coverage for 2009, with the indication of the exact difference between the number of children registered with population accounting authorities and with medical institutions were communicated to the managers and specialists working in the primary and preventive healthcare sectors by a special letter issued by the Ministry of Health, were discussed at the board meeting of the Ministry of Health, at special-purpose seminars.

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.

It is planned that, in near future, a reconstitution will be conducted between the national population accounting database and the database of the population registered with primary healthcare institutions. More accurate and reliable data could be obtained if a computerized system for registering the data related to immunization of the population is available.

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>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	537251	579168	610000
New Vaccines	563355	495667	500000
Injection supplies with AD syringes	89932	76673	80000
Injection supply with syringes other than ADs	7216	7717	8000
Safety Boxes	8528	9194	9500
Cold Chain equipment	0	79073	0
Operational costs	1 890 451	1 858 849	1 827 248
Other (please specify)	6310998	4528599	4717851
Total EPI	7 517 280	7 634 940	7 752 599
Total Government Health	346 141 000	323 280 000	311 624 000

Exchange rate used | 2009 = 11,1134 2010 и 2011 = 12,5

² Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st 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.

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.

In recent years, a sustainable financing of procurement of vaccines and consumables for the immunization program from the country's budget funds is observed. Also, according to the legislation of the Republic of Moldova, the following categories of expenses are covered: salary expenses for personnel, operating expenses for the maintenance of buildings and equipment, transportation expenses, expenses related to epidemiological surveillance.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

There were no such recommendations

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

List CSO member organisations:

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?

- To provide healthcare facilities with a continuous supply of vaccines and immunization-related consumables.
- To restore and to maintain a high level of immunization coverage of corresponding population groups.
- To increase the capacity of refrigeration equipment at the national-level warehouse and at district/municipality level Public Health Centers.
- To prepare the facilities and staff for the introduction of new vaccines against rotavirus and pneumococcal infection.
- To strengthen epidemiological surveillance over vaccine preventable diseases.
- To improve the work of the ICC.
- To improve activities aimed at information and social mobilization of the population.

Note: A more detailed description of the planned activities is provided in the attached comprehensive multi-year plan.

2. Immunisation Services Support (ISS) Not applicable

1.1 Report on the use of ISS funds in 2009

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

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

Not applicable

1.2 Management of ISS 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: 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.

Not applicable

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. Not applicable

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.

1.3 Detailed expenditure of ISS funds during the 2009 calendar year Not applicable

Please attach a detailed financial statement for the use of ISS funds during 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.

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°.....**).

1.4 Request for ISS reward Not applicable

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 1.³

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

2. New and Under-used Vaccines Support (NVS)

2.1 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)? **Yes**. Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
DTPHib vaccine Moldova co-financing	8.300	27.01.2009	8.300	0
DTPHib vaccine GAVI co-financing	152.000	06.04.2009	152.000	0
DTPHib vaccine Moldova co-financing	13.000	10.12.2009	13.000	0
AD syringes GAVI co-financing**	150.300	02.03.2009	150.300	0
SB GAVI co-financing**	1.675	02.03.2009	1.675	0

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

** Starting 2009, Moldova has stopped purchasing the share of AD syringes and safety boxes that is attributable to the country according to the terms of co-funding received through UNICEF; this decision was made because of the very small quantities should be acquired and significant expenses took place related to transportation and customs procedures incurred for these purchases. The country co-financing amount of AD syringes and safety boxes (locally produced) are purchased within one package with injection safety supplies for country NIP (all other vaccines) as part of major acquisitions of goods through domestic tenders.

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?..)	The figures are not different, but significant problems were experienced with the timely delivery of the tetravalent DTPHib vaccine and expiry dates of the supplied batches of vaccine. As a result of supply of vaccine with short life (12 months) in April 2009, and delay of supply in 2010, the use of this vaccine for immunization was partially ceased in May 2010 and has been (will be) stopped entirely starting June 2010. Detailed information may be found in section 2.4.
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)	

2.2 Introduction of a New Vaccine in 2009

2.2.1 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:	DTPHib
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction 02.01.2009
The time and scale of introduction was as planned in the proposal? If not, why?	<i>Not entirely. In the 7 administrative territories of Transnistria, which are not subordinated to the</i>

	<p>central government, immunization against Hib infection with DTPHib vaccine began only starting 01.07.2009. The reason for this was the fact that the immunization calendar that had been approved by the local law in the previous years, did not include immunization against Hib infection. It took time to make changes to the law.</p>
--	---

For the introduction of new vaccine with Hib antigen, the following activities were conducted:

- *Order of Ministry of healthcare no. 487 from 17.12.2008 regarding the practical implementation of immunization against HIB infection with combined DTP+Hib vaccine and instruction on its use was prepared and issued*
- *National training seminar for district/municipality epidemiologists conducted on 18.12.2008 following the order of Ministry of Healthcare no. 487 from 17.12.2008 regarding the practical implementation of immunization against Hib infection with combined DTPHib vaccine and instruction on its use.*
- *In all towns and districts in December 2008 – January 2009 were organized seminars on practical implementation of immunization against Hib infection with combined DTPHib vaccine and involving the study of the instruction on the use of the vaccine.*
- *During the Immunization Week, organized in the country in the period of 21-28 April 2009, a particular attention was paid to informing medical workers and population about vaccine against Hib infection.*
- *In general, the introduction of the vaccine was successful. In 2009 37866 children were immunized with first dose of DTPHib vaccine, with second dose - 29102, with third dose - 21727 (including children under 12 months of age - 21509). In order to reduce the loss of the vaccine due to the short expiry date, starting from 01.09.2009, the DTPHib vaccine was used for one-dose immunization replacing DTP booster at 18 months of age – a total of 11531 children were immunized.*

2.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: US\$ 100000	Receipt date: 08.02.2008
--	--------------------------

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.

Major activities related to the introduction of the DTPHib vaccine were held in sufficient proportions and were financed from internal funds. In 2008, the grant funds were not utilized due to the late arrival of the vaccine and the lack of time for performing financial procedures and conducting tenders for the purchase. In 2009 it was decided to direct the funds to the under-funded areas of the immunization program – the purchase of refrigeration equipment and of vehicles for epidemiological surveillance.

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

Due to economical and political crisis Moldova went through in 2009 financing became possible only in the forth quarter of the year that left little room for organizing tenders and to paying the contracts. It was possible to buy only 2 cars, worth \$ 20.927,72, for epidemiological surveillance.

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:

It is planned that the funds remaining in balance at the beginning of 2010 will be used in this year to procure 45 industrial type refrigerators for district/municipality vaccine stores and for one cold room for the national vaccine store, as part of the renovation of the equipment operating since 1994 on the old Freon R12. That will allow further enlarging the cold chain storage capacity to accommodate introduction of new vaccines.

2.2.3 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.

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

Table 5: Three 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
	(month/year)	(day/month)	
1 st Awarded Vaccine DTPHib	04.2009	04.06.2009	03.2010*
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
<i>*Money Bank Transfer for 2010 performed on 18 March 2010 - 45.983,66 \$US</i>			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine DTPHib (04.06.2009)	47.352,91	13.000 доз	
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1. Accelerated: timely planning of funds in the budget for the coming year.			
2. Slowed down: temporary blocking in 2009 of the bank accounts of the institutions financed from the state budget.			
3.			
4.			

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

The country has completely fulfilled its obligations, including those set for 2010.

2.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy] **Last assessment took place in December 2004.**

If conducted in 2008/2009, please attach the report. (Document N° **Not applicable**)

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? [**YES** / **NO**]

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

Actions	Status
Pre-shipment and arrival procedures	
1. VARs once initiated by the Assistant medical epidemiologist, should be submitted immediately to EPI supervisor for clearance. In principle, this should be completed within 3 days of the arrival.	Implemented
2. VAR should be fully filled VAR report number may be taken as indicated in the general registry file for all supplies, or alternatively, a sequential new numbering system for VARs should be initiated.	Implemented
4. In cases where paperwork is not complete (and especially lack of LRC), programme should be more firm with a defined deadline with the supplier to demand missing documents.	Implemented
Maintaining correct storage temperatures	
1. It is strongly recommended that guidelines available for power cuts are transferred into a contingency plan and this plan be rehearsed at least once a year.	Implemented
2. Programme manager is advised to initialize temperature charts and/or temperature monitoring summary sheets when they are reviewed.	Implemented
Buildings, equipment and transport	
1. CFC units should be changed to CFC-free by the time of a big repair.	Under consideration
2. Although all intermediate stores are notified regarding pick up period, in order to have manageable volume of operations on a daily basis, it is recommended that intermediate stores are given fine days for pick up.	Under consideration
Effective Maintenance	
1. Keep preventive maintenance records.	Under implementation
2. Equipment replacement plan should be developed based on performance of units in the country.	Plan developed but missing financing
Effective Stock Management	
1. Although diluent records can be found in monthly summary reports, it is strongly recommended that for each diluent a new batch card should be opened.	Implemented
2. The assessment team also suggests introduction of an inventory control card to supplement current record system.	The national stock control card developed
3. Diluents should also be registered as a separate product either as a second line in stock registry or in a separate card.	Implemented

4. The team strongly recommends that a computerized stock control system should be developed. This can be done by introducing new worksheet to the excel tool or alternatively a WHO-developed system could be introduced.	Under consideration
5. Since there is a potential risk of programme interruption due to late payments, it is strongly recommended that primary series should be given higher priority by the finance department.	Implemented
Reliable delivery to intermediate stores	
1. Although distributed quantities can be reviewed through batch records and monthly distribution/inventory forms; the assessment team recommends a copy of issue voucher to be kept at the primary store level. This can easily be done by using the 3rd copy of issue vouchers.	Implemented
Minimize damage during distribution	
1. VVM status should be noted on the issue voucher.	Not applicable The issues voucher is a standard financial document
Standard operating procedures	
1. In order to ensure correct practices and sustain quality it is highly recommended that routine procedures be translated into SOP format.	under development
2. Technical content of the wall poster should be carefully reviewed before second printing. Especially sensitivity of vaccines and shake test should be updated according to latest WHO guidelines. Since FW is no longer used by the programme, this section should be removed and replaced with Freeze-tag®	Under consideration
Financial and Human Resources	
1. Purchase of primary series vaccines should be given highest priority to ensure necessary quantities at all times.	Implemented
2. Donor assistance should be sought especially in support of training purposes.	Under consideration
3. One additional technical staff is recommended to be recruited to support the storekeeper.	Not accomplished

When is the next EVSM/VMA* planned? [mm/yyyy] **2010**

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

2.5 Change of vaccine presentation

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:

The country met with significant problems with the timely supply of tetravalent DTPHib vaccine. Initially, the shipment of DTPHib had been planned to be received in May 2008, but was postponed twice and was supplied to the country only on 30.10.2008 with the quantity of 85,800 doses with expiration date being 30.04.2010. Because of the late receipt of the DTPHib vaccine, its implementation started from 01.01.2009 instead of the scheduled date of 01.06.2008. The country co-financed amount of vaccine for 2008, purchased through UNICEF SD, was received

only on 27.01.2009, i.e. after the end of the fiscal year, which required the submission of additional explanations to the financial authorities.

In April 2009, the country received 152.000 doses of tetravalent DTP-Hib vaccine with the same expiry date as the previous batch – 30.04.2010. This led to an excessive stock of vaccine with the same period of validity that could not be used completely before its expiry date. The representatives of UNICEF, GAVI and WHO/Europe were informed about this situation at the meeting that took place in Copenhagen in April 2009.

In the APR for 2008, based on the fact that the expiry date of the received vaccine was 30.04.2010, the country requested to schedule the next supply of DTP-Hib vaccine for 2010 on April 2010. That term was confirmed in the “2010 Vaccine Forecast”, submitted to UNICEF in autumn 2009. However, in January 2010 the SD UNICEF communicated, through its Country UNICEF Office in Moldova, that the delivery of the tetravalent DTPHib is possible only in September 2010. As a result of the intensive correspondence, the delivery time was moved to July 2010.

Due to the short expiry date of the previous shipment (April 2010) and postponing the shipment of DTP-Hib for 2010, Moldova NIP is facing currently a stock-out of DTP-Hib.

Until present, the country has not received any notification about specific delivery dates of DTPHib vaccine, syringes and safety boxes for 2010.

Only 13.000 doses of DTP-Hib vaccine purchased from the funds provided by the country according to its part of the co-financing agreement had a good term of expiry (June 2011) and is used in May 2010. However that is not enough to supply all the regions of the country with the vaccine. As a result, the immunization of children against the Hib infection was ceased in May 2010 in parts of the country, and will be ceased in June 2010 in the entire country. To avoid interruption of immunization of children against diphtheria, pertussis, tetanus, the country returned to immunization with DTP vaccine, which had been acquired and there is in stock for booster immunization. However, the available resources will allow continuing primary immunization until August, and then the country will have to cease the immunization of children against such serious infections as diphtheria, tetanus, pertussis and Hib in case DTP-Hib supply is not ensured.

The SD UNICEF representative stated, at the meetings in Ankara (November 2008) and Copenhagen (April 2009 and March 2010) that there are problems with the provision of the tetravalent DTPHib vaccine, despite the fact that this vaccine appears in the UNICEF lists, as available.

Given the current situation with supply of DTP-Hib vaccine, the Republic of Moldova requests an extension of support of the country with Hib vaccine given in a new formulation - as a component of the liquid pentavalent DTP-HepB-Hib vaccine, supplied in one dose vials.

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

2.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

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 **DTP-HepB-Hib** [vaccine type(s)] vaccine for the years **2011 – 2015** [end year]. At the same time it commits itself to co-finance the procurement of **DTP-HepB-Hib** [vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of **DTP-HepB-Hib** [vaccine type(s)] vaccine support is in line with the new cMYP for the years **2011 - 2015** [1st and last year] which is attached to this APR (**Document N°.....**).

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

2.7 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] / **[NO, I don't]**

If you don't confirm, please explain:

3. 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.

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

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/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
No materials for safety of injections were received from GAVI.		

Please report on any problems encountered:

--

3.2 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	BCG syringes 0,05-0,1 ml produced by Becton Dickenson	Budget funds provided by the Ministry of Healthcare of the Republic of Moldova.
HepB, DTP, MMR, DT, Td	AD syringes 0,5 ml product by Becton Dickenson	Budget funds provided by the Ministry of Healthcare of the Republic of Moldova.
DTPHib	AD syringes 0,5 ml product by Becton Dickenson	GAVI funds and budget funds provided by the Ministry of Healthcare of the Republic of Moldova.

Please report how sharps waste is being disposed of:

The policy of the Ministry of Health of R. Moldova is that 100% of injections given in both the public and private health sectors for any purpose must be safe. It means that every injection must be given with a sterile single-use syringe and needle, which is then safely disposed of after use. All injectable antigens provided by the national immunization programme (both primary series and boosters) should be given through only auto-disable syringes (ADs). Since 1999 only ADs syringes, which are collected in safety boxes and are burnt in open fire, are used for all immunizations in the Republic of Moldova. Since 2001 ADs syringes and safety boxes are purchased from the centralized funds of Ministry of Healthcare. . Since 2006 with the help from GAVI in the domain of safe injections, the production of safety boxes was implemented in the country. In 2009, the greatest part of materials for performing safe injections in immunization program was purchased from the centralized funds of the Ministry of Health, the amount of expenses being 96.486,00 \$ US; the funds received from the GAVI for DTPHib vaccine, with the amount of 9.188,00 \$ US, were also used for the purchase of materials for performing safe injections in immunization program.

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

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)

A particular problem remains availability of environment friendly technologies for disposing of used syringes.

3.3 Statement on use of GAVI Alliance injection safety support in 2009 (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:

Fund from GAVI received in 2009 (US\$): **0**

Funds received earlier:

1st - 2005 (\$ 32,000)

2nd - 2005 (\$ 29,000)

3rd - 2007 (\$ 26,000)

Total used: in 2006 - \$ 28.284

in 2007 - \$ 6.566

in 2008 - \$ 17.719.

In the 2008 report there was a mistake in converting national currency into U.S. dollars – the average exchange rate at the time of purchases made in 2008 was used instead of the exchange rate at the date of receipt of funds at the bank account in 2007. Foreign currency is converted into national currency immediately upon the receipt of funds at the bank account of the budgetary institution – the amount spent in 2008 is 225.400,00 MDL at the exchange rate at the moment of receipt of funds at the NSPCPM account and is \$ 17.719 and not 21.887.00\$ as was erroneously stated in the report for the year 2008. The closing balance at the end of 2008 was \$ 34.430, not \$ 30.262 as stated in the 2008 report.

Amount spent in 2009 (US\$): \$16,127

Balance carried over to 2010 (US\$): \$18,303.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Training of personal	2.911,00
Purchase of equipment for renewal and improvement of the information system for surveillance over infectious diseases, immunization, post-immunization reactions and complications	13.216,00
Total	16.127,00

The requirements for injection materials: AD syringes, BCG syringes, syringes for vaccine reconstitution, safety boxes (locally produced) were purchased in the required quantities from the budget funds provided by the Ministry of Health. More information about expenditure and fund balances for 2009 may be found in the attached financial report.

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

Table 10: Planned activities and budget for 2010	
Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Purchase of devices for cutting and destruction of needles of the used syringes.	18.303,00
Total	18.303,00

4. Health System Strengthening Support (HSS) *Not applicable*

Instructions for reporting on HSS funds received *Not applicable*

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 15th 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 study⁴ 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 tranches 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)

4.1 *Information relating to this report* *Not applicable*

- 4.1.1 Government fiscal year (cycle) runs from(month) to(month).
- 4.1.2 This GAVI HSS report covers 2009 calendar year from January to December
- 4.1.3 Duration of current National Health Plan is from(month/year) to(month/year).

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

4.1.4 Duration of the current immunisation cMYP is from(month/year) to(month/year)

4.1.5 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 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
<i>Government focal point to contact for any programmatic clarifications:</i>			
<i>Focal point for any accounting of financial management clarifications:</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			

4.1.6 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.*]

4.1.7 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?

4.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?
 Please attach the minutes (**Document N°.....**) 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 (**Document N°.....**).

4.2 Receipt and expenditure of HSS funds in the 2009 calendar year **Not applicable**

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)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar year(s)									

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):*

4.3 Report on HSS activities in 2009 reporting year **Not applicable**

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.

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

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
Objective 1:		
Activity 1.1:		
Activity 1.2:		
Objective 2:		
Activity 2.1:		
Activity 2.2:		
Objective 3:		
Activity 3.1:		
Activity 3.2:		

4.4 Support functions **Not applicable**

*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?*

4.4.1 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:

4.4.2 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:

4.4.3 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:

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 [Not applicable](#)

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:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
TOTAL COSTS					

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments* **Not applicable**

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
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

4.5 Programme implementation for 2009 reporting year **Not applicable**)

4.5.1 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.*

4.5.2 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.

4.6 Management of HSS funds **Not applicable**)

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

4.7 Detailed expenditure of HSS funds during the 2009 calendar year **Not applicable**)

Please attach a detailed financial statement for the use of HSS funds during 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.

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°.....**).

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°.....**).

4.8 General overview of targets achieved **Not applicable**)

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
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

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**:

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

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

Table 16: Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1				
1.2				
2.1				
2.2				

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

4.9 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

5. Strengthened Involvement of Civil Society Organisations (CSOs)

Not applicable

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 support⁵

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.

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

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
Not applicable

This section is to be completed by countries that have received GAVI TYPE B CSO support⁶

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).

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.

⁶ 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 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 *Not applicable*

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 *Not applicable*

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 ***Not applicable***

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.

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

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

No comments

~ 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 USD⁷
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 classification⁸ – 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	

⁷ An average rate of CFA 479.11 = USD 1 applied.

⁸ 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.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD⁹
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 classification¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
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
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

⁹ An average rate of CFA 479.11 = USD 1 applied.

¹⁰ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES							
Non-salary expenditure							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTAL FOR ACTIVITY 1.2	18,000,000	37,570	11,792,132	24,613	6,207,868	12,957	
TOTALS FOR OBJECTIVE 1	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

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.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD ⁷
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 ⁸ – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
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
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

⁷ An average rate of CFA 479.11 = USD 1 applied.

⁸ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811