Annual Progress Report 2008

Submitted by

The Government of

THE REPUBLIC OF CHAD

Reporting on year: 2008

Requesting support for year: 2009

Date of submission: 14 May 2009

Deadline for submission: 15 May 2009

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

and any hard copy can be sent to:

GAVI Alliance Secrétariat,
2, chemin des Mines
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 the general public.

Government Signatures Page for all GAVI Support arrangements (ISS, HSS)

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

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

For the Government of the Republic of Chad

Minister of Public Health:	**Minister of Finance and Budget:**
Title: …….	Title: ……
Signature: ……...	Signature: ……..
Date: ……...	Date: ……..

This report has been compiled by:

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Position: Deputy Head of the Immunization Division

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IACC Signatures Page

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

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

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

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

Full name / Title	Agency / Organization	Signature	Date
Dr MAHAMAT SALEH YOUNOUS	Secretary General / Ministry of Public Health		
Mr. KOLINA JEREMIE	Director of Human Resources / Ministry of Public Health		
Dr SAADA DAOUD	Deputy Head of the Immunization Division / Ministry of Public Health		
Dr NDEIKOUNDAM NGANGRO MOSUREL	Managing Director of Health Activities / Ministry of Public Health		
Mr HARBA KHAMIS	Managing Director of Resources and Planning		
Mr NABIA KANA	Director of Planning		
	World Health Organization		
	UNICEF		
	Red Cross of Chad		
	Ministry of Finance and Budget		
	Ministry of Social Affairs and Family		
	Ministry of Planning and Economy		

Comments from partners:
If you want to, you may send informal comments to: apr@gavialliance.org
All comments will be treated confidentially.

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Has this report been reviewed by the GAVI core regional work group: yes/no
……

HSCC Signatures Page

If the country is reporting on HSS and CSO support

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

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

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

Full Name / Title	Agency / Organization	Signature	Date

Comments from partners:
If you want to, you may send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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

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

Full Name: ……

Position: ……

Organization:……...

Date: ……

Signature: ……

This report has been prepared in consultation with the CSO representatives who take part in national level coordinating mechanisms (HSCC or equivalent and IACC) and those involved in the mapping of the CSOs (for Type A support), together with those who receive financial support from the GAVI Alliance fund to help implement a GAVI HSS proposal or those receiving support for the obtention of GAVI Alliance funds with a view to establishing support for the HSS or the cMYP (for Type B support).

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

Full Name: ……

Position: ……

Organization:……...

Date: ……

Signature: ……

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

Full Name / Title	Agency / Organization	Signature	Date

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

Annual Progress Report 2008: Table of Contents

This annual progress report reports on activities completed between January to December 2008 and specifies requests for the period from January to December 2010.

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

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

Number	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	416 727	429 232	442 539	456 257	470 401			
Infants' deaths	50 822	52 345	53 969	55 641	57 366			
Surviving infants	365 905	376 887	388 570	400 616	413 035			
Pregnant women	416 727	442 842	456 570	470 724	485 316			
Target population vaccinated with the BCG	236 378	407 770	420 412	433 444	446 881			
BCG coverage*	56.72%	95%	95%	95%	95%			
Target population vaccinated with OPV 3	171 246	331 661	348 696	378 374	388 968			
OPV 3 coverage**	41.09%	85%	88%	90%	95%			
Target population vaccinated with DTP 3***	180 054	N/A	N/A	N/A	N/A			
DTP3 coverage**	43.21%	N/A	N/A	N/A	N/A			
Target population vaccinated with DTP 1***	307 710	N/A	N/A	N/A	N/A			
Wastage[1] rate in base-year and planned thereafter	22%	5%	5%	5%	5%			
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the **3rd dose** of the HEB 3 vaccine	71 196	331 661	348 696	378 374	388 968			
HEB 3 coverage**	17.08%	88%	90%	95%	95%			
Target population vaccinated with the **1st dose** of the YELLOW FEVER vaccine	310 722	331 661	348 696	378 374	388 968			
Wastage[1] rate in base-year and planned thereafter	47%	25%	20%	20%	20%			
Target population vaccinated with the **1st dose** of the measles vaccine	223 637	331 661	348 696	378 374	388 968			
Target population vaccinated with the **2nd dose** of the measles vaccine	N/A	N/A	N/A	N/A	N/A			
Measles vaccine coverage**	53.67%	N/A	N/A	N/A	N/A			
Pregnant women vaccinated with tetanus toxoid (TT+)	235 780	320 354	348 696	378 374	388 968			

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Where: A = The number of doses distributed to be used according to the supply records and corrected to take into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

TT+ coverage****		**56.56%**	**85%**	**90%**	**95%**	**95%**			
Vitamin A supplement	Mothers (<6 weeks from delivery)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**			
	Infants (>6 months)	**80%**	**82%**	**85%**	**90%**	**90%**			
Annual DTP drop out rate [(DTP1-DTP3)/DTP1] x100 **(*% of districts with a drop out rate inferior to 10%)**		**11%**	**60%**	**70%**	**90%**	**100%**			
Annual measles vaccine drop out rate (for countries applying for the yellow fever vaccine)		**N/A**	**N/A**	**N/A**	**N/A**	**N/A**			

* Number of infants vaccinated out of the total number of births
** Number of infants vaccinated out of the number of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

Table B: Updated baseline data and annual targets

Number of	Achievements as per the Joint Reporting Form on immunization activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	416 727	429 232	442 539	456 257	470 401			
Infants' deaths	50 822	52 345	53 969	55 641	57 366			
Surviving infants	365 555	376 887	388 570	400 616	413 035			
Pregnant women	416 727	442 842	456 570	470 724	485 316			
Target population vaccinated with the BCG	236 378	407 770	420 412	433 444	446 881			
BCG coverage*	56,72%	95%	95%	95%	95%			
Target population vaccinated with OPV 3	171 246	320 354	348 696	378 374	388 968			
OPV 3 coverage**	41,09%	85%	90%	95%	95%			
Target population vaccinated with DTP 3***	180 054	320 354	348 696	378 374	388 968			
DTP3 coverage**	43,21%	85%	90%	95%	95%			
Target population vaccinated with DTP1***	307 710	376 887	388 570	400 616	413 035			
Wastage[2] rate in base-year and planned thereafter	ND	5%	5%	5%	5%			
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with the 3rd dose of the HEB 3 vaccine	71 196	331 661	348 696	378 374	388 968			
HEB 3 coverage**	17,08%	88%	90%	95%	95%			
Target population vaccinated with the 1st dose of ……..	310 722	376 887	388 570	400 616	413 035			
Wastage[1] rate in base-year and planned thereafter	29%	50%	50%	50%	50%			

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Where: A = The number of doses distributed to be used according to the supply records and corrected to take into account the stock balance at the end of the period under consideration; B = the number of vaccinations with the same vaccine during the same period. For new vaccines check table α after Table 7.1.

Target population vaccinated with the 1st dose of the measles vaccine		**223 637**	**331 661**	**348 696**	**378 374**	**388 968**			
Target population vaccinated with the 2nd dose of the measles vaccine		**SO**	**SO**	**SO**	**SO**	**SO**			
Measles vaccine coverage**		**53,67%**	**95%**	**95%**	**95%**	**95%**			
Pregnant women vaccinated with tetanus toxoid (TT+)		**235 780**	**376 416**	**410 913**	**447 188**	**461 050**			
TT+ coverage****		**56,56%**	**85%**	**90%**	**95%**	**95%**			
Vitamin A supplement	Mothers (<6 weeks from delivery)	**SO**	**SO**	**SO**	**SO**	**SO**			
	Infants (>6 months)	**ND**	**85%**	**90%**	**90%**	**90%**			
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x 100		**11%**	**60%**	**70%**	**90%**	**5%**			
Annual Measles Drop out rate (for countries applying for the yellow fever vaccine)		**SO**	**SO**	**SO**	**SO**	**SO**			

* Number of infants vaccinated out of the total number of births
** Number of infants vaccinated out of the number of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

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

1.1 Immunization Services Support (ISS)

Were the funds received for ISS recorded in the budget? (Are they in the Ministry of Health and Ministry of Finance budget): **No**
If yes, please explain in detail how the GAVI Alliance ISS funding is shown in the Ministry of Health / Ministry of Finance budget in the box below.
If not, please explain why the GAVI Alliance ISS funding is not shown in the Ministry of Health / Ministry of Finance budget and whether the country intends to record the ISS funding in the budget in the near future?

The said funding is not recorded in the Government's normal budget (Finance Law) as it is not paid into the public revenue department. It is paid into a special bank account which is managed by the Ministry of Public Health. It is included in the various plans of the Ministry of Public Health (National Health Development Plan NHDP and the Medium Term Expenditure Framework MTEF).

1.1.1 Management of ISS Funds

Please describe the management mechanism of the ISS funds, including the role played by the Inter Agency Coordinating Committee (IACC).
Please report on any problems that have been encountered involving the use of these funds, such as delays in the availability of the funds for the completion of the program.

The management mechanisms are as follows: The activities of the plan of action of the EPI, which is approved by the IACC, are concerned by this funding; the activity or the expenditure is initiated by the EPI and the budget or the order form is signed by the Managing Director of Health Activities.
The checks are countersigned in turn by the Head of the Immunization Division, the WHO Representative and the Secretary General of the Ministry of Public Health.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*
*(***US $ 1 = 480 CFA Francs***)*

Funds received during 2008: **US $ 111 552**
Remaining funds (carry over) from 2007: **US $ 1 007 559**
Balance to be carried over to 2009: **US $ 52 8490**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
IT equipment	**12 646**			**12 646**	
Transportation	**62 931**		**62 931**		
Maintenance and overheads	**16 852**	**16 852**			
Training	**70 753**			**70 753**	
IEC / social mobilization	**48 762**			**20 513**	
Accelerated routine immunization activities	**136 317**			**136 317**	
Supervision	**12 972**	**12 972**			
Monitoring and evaluation	**12 547**	**12 547**			
Epidemiological surveillance					
Vehicles (functioning)	**47 189**	**47 189**			
Cold chain equipment	**538 890**		**138 000**	**400 890**	
Cold chain functioning	**133 079**			**133 079**	
Building restoration	**20 513**	**20 513**			
Total:	**1 066 262**	**110 073**	**200 931**	**774 198**	
Remaining funds for next year:	**52 849**				

1.1.3 IACC meetings

How many times did the IACC meet in 2008? ***Twice***
Please attach the minutes (DOCUMENT N°.....) from all the IACC meetings held in 2008 and in particular the minutes of the IACC meetings during which the allocation and utilization of the funds were discussed.

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

List CSO member organizations:

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

I/ MAIN ACTIVITIES CONDUCTED IN 2008

The analysis of the activities is carried out in relation to the pillars of the immunization system.

1.1 Social mobilization:

Within the scope of the 2008 plan of action, social mobilization activities were carried out with the support of the IEC office at the Ministry of Public Health and our development partners. They are:

- **Review and production of 2,000 copies of the community relay guide.**
- **Production of media concerning routine EPI social mobilization as part of the introduction of new vaccines:**
  - **5,000 copies of posters and booklets (child immunization schedule)**
  - **5,000 posters and booklets (mother immunization schedule)**
  - **5,000 copies of posters on injection safety**
  - **5,000 copies of posters on the multi dose vial policy**
  - **4,000 copies of posters for vitamin A**
  - **2,000 copies of the Supplementation and deparasitation guide (children aged between 6 months and 5 years)**
- **Review and reprinting of 2,000 copies of the EPI guide**
- **Review and reprinting of 200 copies of the national immunization policy paper**
- **Supervision of the Supplementary Immunization Activities (SIAs) (polio and routine EPI)**
- **Organization of the validation workshop of the Consolidated Appeals Process / Enlarged Program on Immunization (CAP/EPI) survey and the review of the national communication strategy**
- **Organization of the workshop on Essential Family Practices and hand washing**
- **Organization of the workshop on the extension of the "RED" approach: the aspect relating to links between the services and the community was developed.**
- **Supervision of social mobilization activities within the scope of polio SIAs.**

Social mobilization remains an EPI concern as the following weaknesses have been observed on a regular basis:

- **Poor understanding by parents of the importance of immunization in a child's life**
- **Poor involvement of the opinion leaders in heightening parents' awareness;**
- **Repetition of immunization campaigns against polio leading to cases of resistance;**
- **Poor management of social mobilization activities.**

Immunization promotion activities will be pursued in 2009 with the workshop on the integration of immunization activities with other health interventions, namely insecticide impregnated mosquito

nets (IIMNs), Vitamin A and deparasitation.

1.2 Supplies of quality vaccines:

Table 1: Satisfaction of needs in routine vaccines in the Regional Health Offices in 2008.

SATISFACTION OF NEEDS IN VACCINES PER REGION FOR ROUTINE EPI IN 2008													
REGIONS	Children aged between 0 and 11 months	BCG		DTP		OPV		VAR		TT		YELLOW FEVER VACCINE	
BATHA	15 207	23 000	70%	7 500	66%	6 000	8%	15 750	83%	26 500	68%	23 900	126%
BET	4 264	2 000	20%	2 250	25%	0	0%	2 500	42%	4 000	33%	2 500	42%
CHARI BAGUIRMI	26 706	28 500	49%	3 040	9%	6 000	9%	20 200	64%	21 000	29%	22 100	67%
GUERA	15 300	27 500	71%	11 750	47%	18 000	21%	16 000	73%	25 000	59%	24 500	125%
KANEM	17 844	26 000	72%	12 000	53%	0	0%	14 000	77%	11 000	107%	18 000	99%
HADJER LAMIS	16 310	31 500	93%	4 000	13%	12 000	16%	10 100	53%	24 500	58%	15 100	79%
LAC	14 737	29 000	91%	5 390	6%	0	0%	11 800	72%	10 000	30%	13 500	82%
LOGONE OCCID	26 540	56 500	98%	2 100	16%	18 000	20%	28 750	90%	53 170	74%	35 800	114%
LOGONE ORIENT	25 699	56 000	100%	27 200	55%	13 000	10%	22 000	69%	38 000	54%	43 000	135%
MANDOUL	23 145	48 000	94%	18 250	47%	0	0%	20 700	71%	24 500	41%	26 100	90%
MAYO KEBBI EST	29 150	52 000	81%	28 750	52%	7 000	7%	27 050	76%	38 750	49%	31 050	86%
MAYO KEBBI O	18 328	30 000	75%	18 000	51%	9 000	11%	13 750	72%	24 500	50%	18 450	81%
MOYEN CHARI	19 890	33 000	75%	13 580	35%	0	0%	17 900	72%	25 500	47%	22 700	91%
N'DJAMENA	32 784	51 500	73%	18 700	47%	0	20%	34 500	86%	61 750	69%	40 500	101%
OUADDAI	31 691	34 000	51%	25 500	48%	0	1%	25 250	66%	27 750	35%	28 050	72%
SALAMAT	10 744	18 000	90%	250	26%	6 000	28%	9 400	93%	10 000	60%	10 500	114%
TANDJILE	26 444	26 000	72%	35 500	72%	22 000	29%	31 000	96%	49 250	70%	39 500	121%
WADI-FIRA	10 768	18 000	77%	9 250	50%	6 000	16%	14 800	117%	13 000	46%	11 400	93%
Total	365 555	606 000	76%	221 950	42%	123 000	11%	335 450	77%	488 170	55%	426 650	97%

The inputs which were mobilized as part of supplementary immunization activities during the year 2008 are given in the following table:

Table 2: INPUTS MOBILIZED AS PART OF SIAs

OFFICES	Children aged between 0 and 59 months	OPV	Mebendazole	Vit A 100,000 UI	Vit A 200,000 UI
BATHA	86 391	331 000	0	0	0
BET	23 654	130 000	0	4 000	17 000
CHARI BAGUIRMI	154 653	937 600	0	0	144 500
GUERA	95 146	537 000	0	12 000	87 000
KANEM	117 267	676 840	0	11 000	82 000
HADJER LAMIS	84 875	633 000	0	18 000	138 000
LAC	75 696	419 000	0	10 000	70 000
LOGONE OCCIDENTAL	134 547	752 000	0	16 000	121 000
LOGONE ORIENTAL	159 425	777 000	0	21 000	143 000
MANDOUL	121 330	723 000	0	16 000	109 000
MAYO KEBBI EST	151 882	894 000	0	19 000	137 000
MAYO KEBBI OUEST	95 471	543 500	0	12 000	85 000
MOYEN CHARI	141 685	698 000	0	17 000	126 000
N'DJAMENA	192 618	1 931 600	0	37 500	569 000
OUADDAI	184 520	750 000	0	22 000	167 000
SALAMAT	56 116	296 000	0	8 000	51 000
TANDJILE	133 770	710 000	100 000	17 000	120 000

WADI-FIRA	64 799	390 000	0	8 000	59 000	
TOTAL	2 073 845	12 129 540	100 000	248 500	2 225 500	

Table 3: Analysis of supply management in 2008

	ROUTINE IMMUNIZATION						
Antigens	BCG	DTP	OPV	VAR	TT	YELLOW FEVER VACCINE	DTP-HepB-Hib
Immunization Coverage Targets	85%	75%	75%	73%	72%	73%	100%
Annual Requirements (doses)	801 000	715 000	1 784 000	455 000	992 000	455 000	472 000
Stock at 01/01/2008 (doses)	580 000	640 600	0	161 200	421 000	168 300	0
QUANTITY RECEIVED in 2008 (doses)	71 000	0	0	0	0	269 100	621 700
COVERAGE OF ANNUAL REQUIREMENTS	81%	91%	0%	35%	42%	96%	136%
No. of days of shortage (stock = 0)	0	24	0	0	0	0	0
No. of days stocks below reserve	26	0	0	205	97	163	0
No. of days of excess stock	14	92	106	103	171	0	77
PHYSICAL STOCK AT 31/12/2008	14 000	385 390	0	0	0	9 000	240 145

The situation of vaccine and consumable supplies for the year 2008 was satisfactory with regard to the new and under-used vaccines provided by GAVI (DTP-HepB-Hib and the yellow fever vaccine).
As far as the other antigens are concerned, the funds which were to be used to procure and co-finance vaccines were not released by the public revenue department in 2008; the Program had to work with the 2007 balance.

Thanks to GAVI funds vaccine and material supplies were sent to the warehouses of the Regional Health Offices from the central level.
This was only a stopgap measure for the supply difficulties which have to be solved by the implementation of a true supply system resulting from the actual needs required at the base.

1.3 Logistics:

Cold chain

Activities to renew the cold chain were pursued during the year 2008. A total of 120 SIBIR 170 KE refrigerators, 30 WESFTROF MF 314 freezers and 13 generating sets were procured out of GAVI funds which enabled us to increase the storage capacity of 15 regions out of 21, in other words 71%, of 17 districts out of 61 in other words 28% and of 94 health centers.
Despite the continued efforts to renew the cold chain, all needs are not covered. In addition to renewal due to obsolescence, we need equipment for the new health centers which are created and to replace the refrigerators which were burnt during the year 2008. (how many?)

Motorized equipment:

With regard to motorized equipment, within the scope of the SASDE (Accelerated Strategy for Child Survival and Development), UNICEF placed 50 all-terrain motorbikes out of 150 at the disposal of the Health Centers and WHO placed 50 bicycles out of 200 at the disposal of the immunization officers in 5 RED districts. These various contributions helped to improve the logistics situation in the field.

This various equipment covered 55% of the needs with regard to the country's rehabilitation plan. As far as the losses caused by the burnt refrigerators are concerned, the maintenance of the cold chain equipment should constitute a priority of the current plan of action. The strengthening of the capacities of the cold chain users through formative supervision should help to achieve this.

1.4 Provision of services:

As the safety measures taken in the country led to armed confrontations in February here in N'Djamena, some health facilities were destroyed. In addition to this, people abandoned their homes and moved towards the east of the country and to N'Djamena. This year again the incomprehensible shortage of the routine polio vaccine and the tetanus vaccine did not enable us to achieve the targets set. Straight after the events, the Ministry of Public Health, with the support of its partners, organized the multi-antigen campaign in the 4 districts of N'Djamena in order to protect the populations against possible epidemics.
To improve the situation, two campaigns on accelerated routine EPI activities were conducted in 6 health districts with high drop-out rates out of the 26 districts which are easily accessible but which are poorly used.

During the extension workshop, the implementation of the "reach each child and each woman in each district" approach was extended to all the country's health districts. This extension should constitute an important stage in our efforts to reduce drop-out rates and gradually increase immunization coverage on a sustainable basis. The arrival of refrigerators which were procured out of GAVI funds and supplied by UNICEF enabled us to open new immunization centers and to render operational those that had been closed due to the obsolescence of the refrigerator.

Particular emphasis was placed on the supervision of the districts of N'Djamena and supervision within the scope of the monitoring of the computerized management of vaccines in the Regional Health Districts of the Lac and Kanem.

Two appraisal workshops of the EPI with the focal points enabled central level trainers to update the latters' skills in order to enable them to carry out extensive analyses and to manage the program in the Regional Health Districts better.

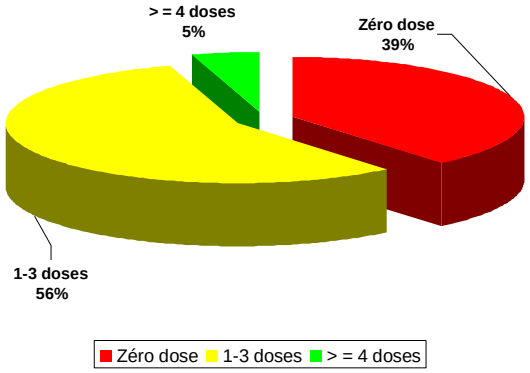
At central level, there was an improvement in the monitoring system of immunization coverage through radiotelegraphy. The completeness of reports was satisfactory; however the promptness of data submission remained poor (from 20% to 50%). Insufficient data analysis at the peripheral level represents a problem that continues to persist despite the trainings received by a large number of Chief District Medical Officers (all the country's health districts are currently RED). Feedback was provided through the Quarterly Feedback Bulletin on EPI Activities. The reports are regularly sent to the partners.

Advanced strategy activities were developed within the scope of the SASDE (Accelerated Strategy for Child Survival and Development) in 18 districts to strengthen immunization services.

The poliomyelitis epidemic which occurred in 2007 continued in 2008. A total of 33 cases of savage poliovirus, 32 of which were of type 3 and 1 of which was of type 1 were confirmed by laboratory testing. The Republic of Chad implemented an emergency plan whose targets was to prevent the circulation of the type 1 savage poliovirus in 2008 and to prevent the circulation of the type 3 savage poliovirus in 2009.

Although less than in previous years, the immunization of Chadian children remains precarious due to poor routine immunization coverage and the often poor quality of the Supplemental Immunization Activities / POLIO.

Chart 1: Immunization status of cases of Savage Poliovirus 2003 – 2008 (n=85) (Without the unknown statuses)



Certain shortcomings which were noticed during the evaluations of the campaigns persist. These concern: zones which are poorly immunized and households that were not visited which regularly leads to a significant proportion of children who are not immunized. Two reporting meetings which were organized with the Health Delegates enabled us to ascertain that the evaluations which had nevertheless been carried out jointly highlighted the aforementioned shortcomings.

The shortcomings which had been noted in the performance of the Supplementary Immunization Activities / POLIO are a worry for the Public Health Department and the partners to eradicate poliomyelitis in the Republic of Chad. This is why the interruption of the circulation of the savage poliovirus is a major challenge for the country as a whole and necessitates the involvement and mobilization of all the top political, administrative and religious authorities.

The actions undertaken within the scope of the emergency plan will be strengthened during the first six months of 2009 in order to rid the Chadian children of this terrible disease.

The evaluation of the situation of Maternal and Neonatal Tetanus (MNT) in 2006 and which is still a topical issue, showed that all districts are at a high risk even if TT2+ immunization coverage in 2008 was 57%.

The efforts to eliminate MNT in the Republic of Chad are hindered amongst others by:

1. **Poor immunization coverage of women of childbearing age;**
2. **Poor health coverage and insufficient qualified human resources;**
3. **Poor rate of prenatal consultations and assisted childbirth;**
4. **Lack of response to cases of MNT;**
5. **The difficulty in mobilizing the operational costs**

As a result of the foregoing, we can see that a number of challenges still have to be met for MNT to be eliminated in the Republic of Chad. In light of this situation, all of the country's districts were reprogrammed for the campaigns to eliminate MNT, including 12 high-risk districts targeting 417,396 women of childbearing age. In 2008, the activities to eliminate MNT took the shape of the development of micro plans for the 12 high-risk districts. In 2009, the Supplementary Immunization Activities will be organized if the Ministry of Public Health is able to mobilize the operational costs.

Measles is one of the most deadly child diseases which continues to cause havoc in the Republic of Chad. The number of cases reported is, it should not be forgotten, inferior to the actual number (see previous table). The Republic of Chad adopted a multi year plan to fight against measles for the years 2004-2008.

A supplementary mass immunization campaign was organized in 2005-2006 per regional block throughout the country. The target for this campaign was children aged below 9 months to 14 years. The coverage obtained during these campaigns varies from 45% (BET) to 109% (Mayo Kebbi Ouest).

Although it is difficult, biological surveillance was implemented providing acceptable completeness in our conditions (40 to 70% of suspected cases were tested). The monitoring campaign, which targeted children aged between 9 months and 5 years was planned for the year 2008. This campaign will finally be conducted at the beginning of 2009 and will involve children aged between 6 and 59 months.

The Republic of Chad, which subscribed to the recommendation of the WHO Technical Advisory Committee "Due to their proven effectiveness and innocuousness, the combined Hib vaccines should be introduced in all routine immunization programs for children", took the necessary steps to introduce the two new vaccines in July 2008 to protect the population against these two diseases (Hib infection and Hepatitis B). An evaluation of this activity will be conducted in 2009.

The Reach Every District (RED) approach and the Accelerated Strategy for Child Survival and Development (SASDE), which should contribute to improving routine immunization coverage, have only recently been implemented. The integrated acceleration activities of routine EPI augur good prospects.

II/ Analysis of performance levels

2.1 Routine EPI:

The following table shows developments in immunization coverage:

Table 5: Developments in immunization coverage from 2000 to 2008*.

YEAR ANTIGENS	2001	2002	2003	2004	2005	2006	2007	2008*
BCG	48.9%	67.02%	72.3%	38.3%	71%	81%	67%	57%
DTP3**	27.3%	40.12%	47%	49.9%	58%	72%	65%	43%
Hep B Hib 3								17%
OPV3	27.2%	40.10%	48.4%	47.4%	57%	69%	60%	41%
VAR	35.3%	55.07%	61.2%	55.8%	70%	78%	73%	54%
Yellow Fever vaccine	35.3%	51.58%	40.8%	49.1%	63%	70%	70%	53%
TT2 AND +	11%	14%	10.3%	13.7%	16.4% (Women of child-bearing age)	98% (Women of childbearing age)	61% (Women of childbearing age)	57%

Source: Statistical Directory of the Ministry of Public Health
*** Joint Reporting Form Data 2008**

Table 6: Analysis of the performance levels of the districts from 2002 to 2008

	2002	2003	2004	2005	2006	2007	2008
Districts having DTP3 superior or equivalent to 80%	4	4	6	7	22	15	1
Districts having DTP3 between 50% and 80%	9	16	17	23	16	21	4
Districts having DTP3 inferior to 50%	39	32	30	24	16	18	56
Total number of districts which reported	52	52	53	54	54	54	61
Immunization drop-out rate	40%	37%	26,3%	31%	27%	27%	26%

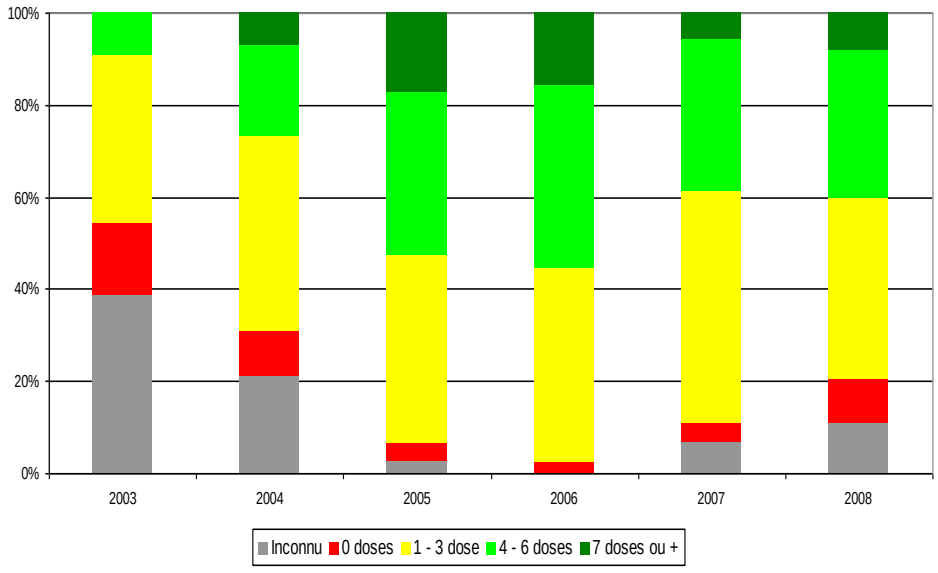
2.2 Surveillance of vaccine preventable diseases and Supplementary Immunization Activities POLIO

Table 7: Cases of target diseases reported

Diseases	2003		2004		2005		2006		2007		2008	
	Cases	*Deaths*	*Cases*	*Deaths*	*Cases*	*Deaths*	*Cases*	*Deaths*	*Cases*	*Deaths*	*Cases*	*Deaths*
*Measles **	*14711*	288	*10 205*	83	*20 278*	516	*1 590*	39	*441*	4	*857*	36
Neonatal tetanus	*348*	131	*216*	74	*191*	80	*91*	30	*100*	34	*154*	40
*Polio**	*25*	0	*24*	1	*2*	0	*0*	ND	*21*	0	*37*	1
*Yellow fever***	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*49*	2
Meningitis	*288*	46	*803*	131	*1 280*	167	*1424*	157	*1434*	132	*1091*	147

Source: Health Statistics Directory of the Republic of Chad (DSIS) / Epidemiological surveillance data
**** Cases of savage poliovirus confirmed in the laboratory***
***** Suspected cases***

Chart 2: Immunization status of the Non-Polio AFP from 6 to 59 months from 2003 to 2008



The performance levels of the surveillance both for cases of AFP and the other vaccine preventable diseases improved. The rate of AFP increased from 2 in 2007 to 2.8 in 2008.

The promptness of reporting is a true problem both with regard to data concerning children who have been vaccinated and the notification of the cases of diseases. The managers of the districts and the Managers of the health centers have a poor understanding of the importance of quality data. Efforts need to be made in this domain to ensure a better collection of data.

4.6. Strengthening of technical and managerial capacities:

The time taken for the implementation of the emergency plan to eradicate the diseases did not enable us to conduct training on the EPI Guide and the training modules on the management of the EPI. However, a certain number of training sessions were carried out as highlighted in the following table:

Table 8: Personnel training sessions

Location	Theme	Planned	Trained	Percentage of completion	Source of funding
Chari Baguirmi, Hadjer Lamis, Kanem, Logone Occidental and Mandoul	Data Quality Self-assessment	27	27	100%	WHO
18 Regional Health Delegates and 18 focal points	Introduction of the new vaccines	36	36	100%	GAVI + WHO
Data managers	EPI info	2	1	50%	WHO
Health Delegates and Chief District Medical Officers	RED approach	40	41	100%	WHO
Total Personnel trained		105	105	100%	

III/ Lessons learnt with regard to the implementation of the 2008 plan of action:

- ✓ **The introduction of the pentavalent vaccine, the practice of data quality self assessment, the implementation of the RED approach and the Accelerated Strategy for Child Survival and Development (SASDE) and the monitoring of immunization coverage and the improvement of cold chain coverage are steps in the right direction to increase routine immunization coverage but have not provided the expected outcomes.**
- ✓ **The poor routine immunization coverage and the persistence of children who were not immunized during supplementary immunization activities are at the origin of the persistence of the circulation of the savage poliovirus (36 cases of savage poliovirus).**
- ✓ **However, the action undertaken during the supplementary immunization activities by the monovalent vaccine against the type 1 virus limited the occurrence of this type of savage poliovirus case to 2 out of the 36.**

Table 9 below summarizes the problems encountered:

DETERMINING FACTOR	PROBLEMS	Causes
1. Social mobilization	• Poor understanding by parents of the importance of immunization in a child's life; • Poor involvement of the opinion leaders in heightening parents' awareness; • Repeated immunization campaigns against polio leading to cases of resistance; • Poor management of social mobilization activities.	• Poor advocacy in favor of immunization • Insufficient awareness of parents • Poor collaboration between the various players in the field • Poor implementation of the RED approach • The immunization services fail to liaise with the population • Insufficient formative supervision of the communication activities
2. Supply of quality vaccines	• Monitoring of the drop-out rates and the wastage rates of the vaccines are still at the early stages; • Vaccine shortages and the difficulties relating to the supply, management and distribution of the vaccines at the peripheral level (reasons mentioned above).	• Information on the quantities of stocks at district and health centre level are not provided on an adequate basis • Lack of means (motorized) to establish a true supply system • Poor management capacity of the supplies at regional and district level
3. Logistic equipment	• Loss of the refrigerators due to bad handling (fire); • All the country's health centers do not provide immunization services; • Poor implementation of the logistic rehabilitation plan.	• Poor formative supervision • Poor mobilization of logistic funding
4. Provision of the services	• Fixed strategy immunization is irregular; • Advanced strategy immunization is insufficient; • Persistence of the circulation of the savage poliovirus; • All the districts are at a high risk for the Maternal and Neonatal Tetanus; • Risk of a measles epidemic; • Delays in the submission of immunization data; • Poor analysis of immunization data.	• Unsuitable work plan, poor application of the guidelines on the multi dose vial policy and the active search for the lost to follow-up, the motorized equipment are insufficient • Insufficient quantity and quality of human resources • Poor implementation of the MNT Plan • Delays in the implementation of the measles monitoring campaign • Insufficient training and formative supervision • Poor implementation of the RED approach
5. Funding	• Difficult mobilization of the financial resources for the procurement of the vaccines and immunization consumables by the Government; • Irregular payment of salaries leading to the stoppage of immunization activities due to workers' strikes.	• Conflicts of priorities at Government level

IV/ CONSTRAINTS

1. **Social problems (strikes, insecurity);**
2. **Delays in the payment of the vaccines invoice by the public revenue department;**
3. **Insufficient qualified human resources.**

Attachments:

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

a) Signed minutes (DOCUMENT N° ……..) of the IACC meeting which endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the IACC meeting during which the financial statement was presented to the IACC.
b) The most recent external audit report (DOCUMENT N°……) (e.g.: Auditor General's Report or equivalent) of the **account(s)** to which the GAVI ISS funds were transferred.
c) A detailed Financial Statement (DOCUMENT N° …..) of the funds spent during the year under review (2008).
d) The detailed Financial Statement must be signed by the Financial Controller at the Ministry of Health and/or Ministry of Finance and the Chair of the IACC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was carried out in 2007 or 2008 please indicate its recommendations below:

List the major recommendations of the DQA

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

YES ☐ *NO* ☐

If yes, please indicate the status and progress of implementation of the recommendations and attach the plan.

Please indicate during which IACC meeting the plan of action for the last DQA was discussed and endorsed by the IACC. *[mm/yyyy]*

Please report on the studies conducted and the problems encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys, household surveys, etc.).

List the studies conducted *List the problems encountered in collecting and reporting on administrative data:*

1.2. GAVI Alliance New or Under-used Vaccine Support (NVS)

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

When was the new or under-used vaccine introduced? Please include any change in doses per vial and in the presentation of the vaccines, (e.g. from the DTP vaccine + monovalent vaccine against Hepatitis B to the DTP – Hep B vaccine)

[List the new or under-used vaccine introduced in 2008]:

[List any change in the doses per vial and in the presentation of the vaccines in 2008]:

Dates the shipments were received in 2008.

Vaccine	Vial size	Total number of doses	Date of introduction	Date shipments received (2008)
DTP-HepB-Hib	**1 dose**	**310 850**	**1 July 2008**	**12 June 2008**
DTP-HepB-Hib	**1 dose**	**310 850**	**1 July 2008**	**18 September 2008**
Yellow fever vaccine	**10 doses**	**170 600**		**13 March 2008**
Yellow fever vaccine	**10 doses**	**98 500**		**18 August 2008**

Where applicable, please report on any problems encountered.

[List the problems encountered]

1.2.2. Major activities

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

[*List the activities*]

1.2.3. Use of the GAVI Alliance financial support (US $ 100 000) for the introduction of the new vaccine:

These funds were received on the: *[dd/mm/yyyy]*

Please report on the proportion of the introduction grant used, the activities undertaken, and the problems encountered such as delays in the availability of funds to complete the program.

Year	Amount in US $	Date received	Balance remaining in US $	Activities	List of problems
2008	**78 811**			**Training of executives at various levels**	The budget granted was in-sufficient
2008	**48 400**			**Production of awareness material**	
2008	**16 688**			**Reproduction of the management tools**	

1.2.4. Effective Vaccine Management Assessment / Vaccine Store Management Assessment

When was the last Effective Vaccine Management Assessment (VMA) / Vaccine Store Management Assessment (EVSMA) conducted? *[month/year]*

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

The assessment was carried out in August 2005.

[List the major recommendations]

Was a plan of action prepared following the EVSMA / VMA? Yes/No

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

[List the major activities]

When will the next VMA / EVSMA * be conducted? *[month/year]*

**All countries will need to conduct a VMA / EVSMA in the second year of new vaccines support under GAVI Phase 2.*

Table 1.2

Vaccine 1: Yellow fever	
Anticipated stock on 1 January 2010	**18 600 doses**
Vaccine 2: DTP - Hep B - Hib	
Anticipated stock on 1 January 2010	**40 600 doses**
Vaccine 3: ……..	
Anticipated stock on 1 January 2010	

1.3 Injection Safety Support (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Do you receive Injection Safety Support in cash or supplies?

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

Injection Safety Material	Quantity	Date received
Auto-disable syringes	**1 260 000**	**29 September 2008**
Sdl 5ml uu	**9 000**	**19 May 2008**
Sdl 5ml uu	**3 000**	**5 June 2008**
Safety boxes	**4 500**	**17 April 2008**
Safety boxes	**2 500**	**5 June 2008**
Auto-disable syringes	**218 000**	**5 June 2008**

Please report on any problems encountered.

No problem was encountered.

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

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

CHADIAN GOVERNMENT: Initiative for Vaccination Independence

Please report on how sharp and pointed waste is disposed of.

The methods used to dispose of waste are:

- **Burning**
- **Burying**

Please report on the problems encountered during the implementation of the transitional plan for safe injections and management of sharp and pointed waste.

[List the problems]

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

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

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

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI to understand the broad trends in immunization program expenditures and financial flows.
Please complete the following table in US $.

	Reporting Year 2008	**Reporting Year + 1**	**Reporting Year + 2**
	Expenditures	Budgeted expenditures	Budgeted expenditures
Expenditures by Category			
Traditional Vaccines	**466 041.1**		
New Vaccines	**2 315 500**		
Injection supplies	**64 126.42**		
Cold Chain equipment			
Operational expenditures			
Other (please specify)			
Total EPI			
Total Government Health expenditures			

Exchange rate used	

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; please indicate whether the funding gaps are manageable, whether they represent a problem or whether they are 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.

Future Country Co-Financing (in US $)

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

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

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

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

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

1st vaccine: Yellow fever		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per vaccine dose		0,20	0,30	0,30			
Number of vaccine doses	#	530,200	700,100	696,500			
Number of auto-disable syringes	#	351,400	396,100	389,200			
Number of reconstitution syringes	#	58,900	77,800	77,400			
Number of safety boxes	#	4,575	5,275	5,200			
Total value to be co-financed by the country	**$**	$519,500	$694,500	$705,000			

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

2nd vaccine: ***DTP – Hep – Hib B***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per vaccine dose		**0,15**	**0,15**	**0,20**			
Number of vaccine doses	#	67,200	81,500	89,800			
Number of auto-disable syringes	#	71,700	86,200	95,000			
Number of reconstitution syringes	#	0	0	0			
Number of safety boxes	#	800	975	1,075			
Total value to be co-financed by the country	**$**	$223,500	$254,500	$262,500			

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

3rd vaccine:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per vaccine dose							
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						

Number of safety boxes	#						
Total value to be co-financed by the country	**$**						

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in the Reporting Year	Actual Payments Date in the Reporting Year	Proposed Payment Date for the following year
	(month/year)	(day/month)	
1st Vaccine Awarded (specify):	June 2008	12 February 2009	
2nd Vaccine Awarded (specify):	June 2008	12 February 2009	
3rd Vaccine Awarded (specify)			

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

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

If the country is in default of payment, please describe and explain the steps the country is planning take to honor its commitments.

3. Request for new or under-used vaccines for the year 2010

*Section 3 concerns the request for new or under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline data, targets, wastage rates, vaccine presentations, etc. from the previously approved plan, and differences in the figures reported with those reported in the **WHO/UNICEF Joint Reporting Form on immunization activities** in the space provided below.*

Are there changes between table A and B? Yes/No

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

Please provide justification for any changes ***in births**:*

_____
_____
_____
_____
_____

*Provide justification for any changes in the number of **surviving infants**:*

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

Vaccine 1: ……..

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

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per vaccine dose.

- Please summarize the list of specifications of the vaccines and the related immunization program in Table 3.1 below, using the population data (taken from Table B of this annual progress report) and the price list and co-financing levels (in Tables B, C and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" in Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

Table 3.1: Specifications of the vaccinations to be carried out with the new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose of the vaccine	*Table B*	#	348,696	378,374	388,968			
Target immunization coverage with the third dose of the vaccine	*Table B*	#	90%	90%	90%			
Number of children to be vaccinated with the first dose of the vaccine	*Table B*	#	348,696	378,374	388,968			
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	2	2	2			
Country co-financing per vaccine dose *	*Excel sheet Table D - tab 4*	$	0,20	0,30	0,30			

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Table 3.2: Portion of supply which will be provided by GAVI Alliance (and estimate of costs in US $)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	2,066,600	1,614,700	1,653,300			
Number of auto-disable syringes	#	1,369,800	913,400	923,800			
Number of reconstitution syringes	#	229,400	179,300	183,600			
Number of safety boxes	#	17,775	12,150	12,300			
Total value to be co-financed by GAVI	**$**	$2,024,500	$1,602,000	$1,673,500			

Vaccine 2: DTP – Hep B - Hib

Proceed as above (table 3.1 and 3.2)

Table 3.3: Specifications of the vaccinations to be carried out with the new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose of the vaccine	*Table B*	#	**348 696**	**378 374**	**388 968**			
Target immunization coverage with the third dose of the vaccine	*Table B*	#	**90**	**95**	**95**			
Number of children to be vaccinated with the first dose of the vaccine	*Table B*	#	**388 570**	**400 616**	**413 035**			
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	**1,05**	**1,05**	**1,05**			
Country co-financing per vaccine dose *	*Excel sheet Table D - tab 4*	$	**0,15**	**0,15**	**0,20**			

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be provided by the GAVI Alliance (and estimate in US $)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	1,422,300	1,210,400	1,221,100			
Number of auto-disable syringes	#	1,516,900	1,280,000	1,291,400			
Number of reconstitution syringes	#	0	0	0			
Number of safety boxes	#	16,850	14,225	14,350			
Total value to be co-financed by GAVI	**$**	$4,729,500	$3,779,500	$3,566,500			

Vaccine 3:……

Proceed as above (table 3.1 and 3.2)

Table 3.5: Specifications of the vaccinations to be carried out with the new vaccine

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

* The total price per vaccine dose includes the cost of the vaccine plus the costs of transport, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be provided by the GAVI Alliance (and estimate in US $)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of auto-disable syringes	#						
Number of reconstitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Health Systems Strengthening Support (HSS)

Instructions for reporting on the HSS funds received

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

4.1 Information relating to this report:

a) The tax year runs from the month of January …….. to the month of December 2009 …….

b) This HSS report covers the period from January 2009 ……..(month year) to December 2009 ……

c) The duration of the current National Health Plan is from 2009 to 2012 …….. (month/year) to ……. (month/year)

d) The duration of the cMYP: 5 years (2008 to 2012) Operational Plan of Action 2009

e) Who was responsible for putting together this HSS report for this person to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand the 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 the UNICEF and the WHO country offices for the verifications required on the sources and review to be carried out. Once their feedback had been acted upon, the report was finally sent to the Health Sector Coordination Committee (or IACC or equivalent) for final review and approval. The report was approved 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	Organization	Role played in the submission of the report	Contact email and telephone number
NABI KANA	Planning Directorate Ministry of Public Health	Coordination	bolbissi@yahoo.fr 002356290668
Other partners and contacts who took part in putting this report together			

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

This issue should be addressed in each section of the report, as different sections may use different sources. This section however should indicate the MAIN sources of information and the IMPORTANT issues raised in terms of the validity, reliability, etcetera of the 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.*

As we have not carried out any activities in the field yet, no information was used. As far as the financial information included in this report is concerned, it has been taken from the management tools of the said funds.

g) In putting together this report did you encounter 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 in the annual progress report? Would it be possible to harmonize the HSS report with the existing report systems in your country better?

We did not encounter any difficulties in completing the tables as the explanations given for each section were clear.

It is not possible to harmonize the presentation of the report as our reporting system differs from that of GAVI.

4.2 Financial breakdown of overall support:

Period for which support has been approved and new requests. For this annual progress report, these are measured in calendar years, but in future it is hoped that tax years will be used:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved		**707 000**	**1 597 743**	**1 069 506**	**820 856**	**783 056**			
Date the funds were received		**09/12/08**	**-**	**-**	**-**	**-**			
Amount spent		**642 896**	**-**	**-**	**-**	**-**			
Balance		**64 104**	**-**	**-**	**-**	**-**			
Amount requested			**1 597 743**	**-**	**-**	**-**			

Amount spent in 2009: 642 896
Remaining balance from total: 64 104

Table 4.3 note: The information given in this section should correspond with the activities initially included in the HSS proposal. It is very important to give a precise description of the extent of progress. So please allocate a completion percentage to each activity line from 0% to 100%. Use the right hand side of the table to explain the progress achieved and to inform the reviewers of all the changes which occurred or which are proposed from the activities which had been originally planned.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, monitoring & evaluation and technical support) is also very important to the GAVI Alliance. Is the management of the HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve the monitoring and evaluation of HSS funds, and to what extent is the monitoring and evaluation integrated in the 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?

Tableau 4.3 HSS activities during the reporting year (in other words 2008)

Major activities	Activities planned for the reporting year	Report on progress achievement[3] (% of completion)	GAVI HSS resources available for the reporting year (2008)	Expenditures of GAVI HSS funds during the reporting year (2008)	Carried forward (balance) into 2009	Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments, and details of achievements
Objective1: Provide 10 hospitals and 100 health centers of 10 Health Districts with an available, trained and motivated personnel						
Activity 1.1:	Develop and place at the disposal of 8 Regional Health Directorates and 10 Health Districts		**19,160**	0	**19,160**	
Activity 1.2:	Assign the required health personnel by the 100 health centers and 10 hospitals		**184,050**	0	**184,050**	
Activity 1.3 :	Train the personnel of the 8 Regional Health Directorates, 10 Health Districts and members of the COGES and COSAN			0		
Activity 1.4 :	Organize ceremonies to reward efficient personnel		**3,700**	0	**3,700**	

3 For example, the number of community health workers trained, the number of buildings constructed or vehicles distributed.

Activity 1.5 :	Carry out an effective monitoring of the administrative files of the personnel		**2,200**	0	**2,200**	
Activity 1.6 :	Carry out a documentary review of the existing analyses		**1,000**	0	**1,000**	
Objective 2:	**Strengthen the distribution and management mechanisms of essential generic drugs and medical products in the health facilities of 10 health districts**					
Activity 2.1:	Develop in the 8 Regional Supply Pharmacies, 10 hospitals and 100 health centers texts and tools		**1,025**		**1,025**	
Activity 2.2:	Train the managers of 8 Regional Supply Pharmacies, 10 hospitals and 100 health centers		**5,440**	31 457	_ 26 017	
Activity 2.3:	Equip each year 10 hospitals with essential generic drugs and medical products		**181,700**		**181,700**	
Activity 2.4:	Equip 100 health centers with essential generic drugs and medical products		-	117 980	-117 980	
Activity 2.5:	Complete the medical and technical equipment of 10 hospitals and 100 health centers		**80,000**	0	80 000	
Activity 2.6:	Evaluate the functioning of the 100 health centers		-			
Objective 3:	**Strengthen the organization and management of the health services at the various levels of the health system**					
Activity 3.1:	Revise or develop and distribute the guidelines		**14,000**	0	14 000	
Activity 3.2:	Train on the guidelines, tools and procedures		**11,042**	0	11 042	
Activity 3.3:	Revise the data collection mechanisms and procedures		**25,750**	0	25 750	

Activity 3.4:	Train and equip 8 teams of the selected Regional Health Directorates and Districts		**37,500**	464 559	-427 059	
Activity 3.5:	Carry out a study		**2,000**	0	2 000	
Activity 3.6:	Organize monitoring meetings		**10,063**	0	10 063	
Activity 3.7:	Supervise the activities and audit them		**4,350**	0	4 350	
Activity 3.8:	Carry out a quick survey linked to the human resources, supervisions and shortages of the essential generic drugs		**2,000**	0	2 000	
Support functions						
Management, Monitoring and evaluation of the proposal		**122,000**	**28 900**	**93 100**		

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

The column on "Planned expenditures in the coming year" should correspond to the estimates provided in last year's annual progress report (Table 4.6 of last year´s report) or – in the case of a first HSS report - as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditures" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for the current year (i.e. January – December 2009) with particular emphasis on the activities which have been carried out between January and April 2009:

Major Activities	Activities planned for the current year (2009)	Planned expenditures in the coming year	Balance available (To be automatically filled in from the previous table)	Requests for 2009	Explanation of the differences in the activities and expenditures from the original application or previously approved adjustments**
Objective 1: Provide 10 hospitals and 100 health centers of 10 Health Districts with an available, trained and motivated personnel					
Activity 1.1:	Develop and place at the disposal of 8 Regional Health Directorates and 10 Health Districts	-		-	
Activity 1.2:	Assign the required health personnel by the 100 health centers and 10 hospitals	184,050	19,160	245,400	
Activity 1.3 :	Train the personnel of the 8 Regional Health Directorates, 10 Health Districts and members of the COGES and COSAN	108,000	184,050	252,000	
Activity 1.4 :	Organize ceremonies to reward efficient personnel	61,806		39,331	
Activity 1.5 :	Carry out an effective monitoring of the administrative files of the personnel	2,200	3,700	2,200	

Activity 1.6 :	Carry out a documentary review of the existing analyses	-	2,200	-	
Objective 2: Strengthen the distribution and management mechanisms of essential generic drugs and medical products in the health facilities of 10 health districts					
Activity 2.1:	Develop in the 8 Regional Supply Pharmacies, 10 hospitals and 100 health centers texts and tools	-		-	
Activity 2.2:	Train the managers of 8 Regional Supply Pharmacies, 10 hospitals and 100 health centers	-	1,025	16,320	
Activity 2.3:	Equip each year 10 hospitals with essential generic drugs and medical products	181,700	_ 26 017	181,700	
Activity 2.4:	Equip 100 health centers with essential generic drugs and medical products	-	181,700	160,000	
Activity 2.5:	Complete the medical and technical equipment of 10 hospitals and 100 health centers	-	-117 980	120,000	
Activity 2.6:	Evaluate the functioning of the 100 health centers	-	80 000	-	
Objective 3:	**Strengthen the organization and management of the health services at the various levels of the health system**				
Activity 3.1:	Revise or develop and distribute the guidelines	-			
Activity 3.2:	Train on the guidelines, tools and procedures	-	14 000	11,042	
Activity 3.3:	Revise the data collection mechanisms and procedures	-	11 042	-	

Activity 3.4:	Train and equip 8 teams of the selected Regional Health Directorates and Districts	-	25 750	**45,000**	
Activity 3.5:	Carry out a study	-	-427 059	**-**	
Activity 3.6:	Organize monitoring meetings	**50,500**	2 000	**50,500**	
Activity 3.7:	Supervise the activities and audit them	**430,250**	10 063	**430,250**	
Activity 3.8:	Carry out a quick survey linked to the human resources, supervisions and shortages of the essential generic drugs	-	4350	**-**	
Support costs					
Management costs					
Management, monitoring & evaluation of the proposal		**51,000**	**93 100**	**44,000**	
Technical support					
TOTAL COSTS				**1 597 743**	

Table 4.5 HSS activities planned for the following year (i.e. 2010). This information will help GAVI to plan its financial commitments.					
Major Activities	**Activities planned for the current year (2009)**	**Planned expenditures in the coming year**	**Balance available (To be automatically filled in from the previous table)**	**Requests for 2010**	**Explanation of differences in the activities and expenditures from the original application or previously approved adjustments****
Objective 1:	**Provide 10 hospitals and 100 health centers of 10 Health Districts with an available, trained and motivated personnel**				
Activity 1.1:	Develop and place at the disposal of 8 Regional Health Directorates and 10 Health Districts	-		-	
Activity 1.2:	Assign the required health personnel by the 100 health centers and 10 hospitals	184 050	19,160	184,050	
Activity 1.3 :	Train the personnel of the 8 Regional Health Directorates, 10 Health Districts and members of the COGES and COSAN	108 000	184,050	108,000	
Activity 1.4 :	Organize ceremonies to reward efficient personnel	61 806	3 700	61,806	
Activity 1.5 :	Carry out an effective monitoring of the administrative files of the personnel	2 200	2 200	2,200	
Activity 1.6 :	Carry out a documentary review of the existing analyses	-	1 000	-	
Objective 2:	**Strengthen the distribution and management mechanisms of essential generic drugs and medical products in the health facilities of 10 health districts**				

Activity 2.1:	Develop in the 8 Regional Supply Pharmacies, 10 hospitals and 100 health centers texts and tools	-	1 025	-	
Activity 2.2:	Train the managers of 8 Regional Supply Pharmacies, 10 hospitals and 100 health centers	-	-26 017	-	
Activity 2.3:	Equip each year 10 hospitals with essential generic drugs and medical products	181 700	181 700	181,700	
Activity 2.4:	Equip 100 health centers with essential generic drugs and medical products	-	-117 980	-	
Activity 2.5:	Complete the medical and technical equipment of 10 hospitals and 100 health centers	-	80 000	-	
Activity 2.6:	Evaluate the functioning of the 100 health centers	-	-	-	
Objective 3:	**Strengthen the organization and management of the health services at the various levels of the health system**				
Activity 3.1:	Revise or develop and distribute the guidelines	-	14 000	-	
Activity 3.2:	Train on the guidelines, tools and procedures	-	11 042	-	
Activity 3.3:	Revise the data collection mechanisms and procedures	-	25 750	-	
Activity 3.4:	Train and equip 8 teams of the selected Regional Health Directorates and Districts	-	- 427 059	-	
Activity 3.5:	Carry out a study	-	2 000	-	

Activity 3.6:	Organize monitoring meetings	**50 500**	**10 063**	**50,500**	
Activity 3.7:	Supervise the activities and audit them	**430,250**	**4 350**	**430,250**	
Activity 3.8:	Carry out a quick survey linked to the human resources, supervisions and shortages of the essential generic drugs	**-**	**2 000**	**-**	
Support costs					
Costs for support to the management, monitoring and evaluation of the proposal		**51 000**	**93 100**	**51 000**	
Technical support					
TOTAL COSTS		**1 069 506**	**64 084****	**1 069 506**	

* This is the first for the HSS and complies with the data given in the proposal (8th section: costs and financing of GAVI HSS support in table 8.1)

** This balance amount does not include the twenty additional dollars awarded by GAVI when the first tranche was paid. Currently, this balance has been used for the administrative documents of the 10 vehicles and payments have been made into the accounts of the districts for their running and upkeep. The expenditures linked to the administrative documents of the vehicles were not initially planned in the estimates for the year;

4.6 Implementation of the program for the reporting year:

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

This section should act as an executive summary of the achievements, 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.

As we have not carried out the activities planned in the support proposal of the Republic of Chad, no particular problems have been encountered. The first tranche of the funds paid was used to procure supervision vehicles and to provide health centers with drugs.

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

At the current stage of the implementation of the support, the involvement of the CSOs amounts to their presence within the management bodies at district and health centre level. It is envisaged that they will be involved in the performance of the activities in the field and in particular through their support in social mobilization to improve the use of the health services.

4.7 Financial overview of the reporting year:

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

a) Are the funds recorded in the budget? (Are they in the Ministry of Health and/or Ministry of Finance budget)? Yes/No
If not, why not and how will it be ensured that they appear in the budget? Please provide details.

Within the scope of the funding planned for health system strengthening activities in the Republic of Chad, GAVI funds are included in the Government’s budget and taken into account in the programming of the activities for 2009 through the National Health Development Plan (NHDP) which embodies the implementation of the National Health Policy (NHP). With regard to the Finance Law for 2009, GAVI support is posted in the section “External Support”.

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

As the GAVI HSS support has still not been audited, no particular problems need to be pointed out in this report.

4.8 General overview of the targets achieved:

Table 4.8 Progress of the Indicators included in the application												
Strategy	**Objective**	**Indicator**	**Numerator**	**Denominator**	**Data Source**	**Baseline Value**	**Source**	**Date of Baseline Value**	**Target**	**Date for Target**	**Current status**	**Explanation for the non achievement of the target**

4.9 Attachments:

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

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

Financial Controller at the Ministry of Health:

Full name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support[4]

Please write in the boxes below and expand where required.

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

5.1.1 Mapping exercise:

Please describe the progress achieved with any mapping exercise that has been undertaken to identify the key civil society stakeholders involved in health systems strengthening or immunization. Please mention the mapping exercises conducted, the expected outcomes and schedules (please indicate if this has changed).

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

Please describe any hurdles or difficulties encountered with the proposed methodology to identify the most appropriate in-country CSOs which are involved or contribute to immunization, 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 the progress accomplished in the nomination processes of the CSO representatives to the HSCC (or equivalent) and IACC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and in the IACC, the current number and the final target. Please state how often CSO representatives attend meetings (% of meetings attended).

Please provide below the Terms of Reference for the CSOs (if developed), or describe the role that they are expected to play. State if there are guidelines / policies governing these points. 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 the involvement of the CSOs in the national level coordination mechanisms (HSCC or equivalent and IACC) has resulted in a change in the way the CSOs interact with the Ministry of Health. Is there now a specific team at the Ministry of Health which is responsible for liaising with the CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds:

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

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

5.1.4 Management of funds:

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[5]

Please write in the boxes below and expand where required.

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

5.2.1 Program implementation:

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

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

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

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

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

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

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

Name of the CSO (and type of organization)	Previous involvement in immunization / in HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

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

Please also indicate the new activities to be undertaken by the CSOs which have already received support.

Name of the CSO (and type of organization)	Current involvement in immunization / in HSS	GAVI supported activities which should be conducted in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds:

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

NAME OF THE CSO	Total funds approved	2008 Funds in US $ (thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all the CSOs)						
Management costs (of the HSCC / regional work group)						
Financial auditing costs (of all the CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate if there are differences with the proposal. Describe the mechanism for budgeting and approving the use of funds and disbursement to the CSOs.

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

5.2.4 Monitoring and Evaluation:

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

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

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for achievement of the 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. Please indicate any problems encountered in measuring the indicators and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with the previous calendar year)		
Government signatures		
IACC endorsement		
Report on the ISS		
Report on the DQA		
Report on the use of the Vaccine introduction grant		
Report on injection safety		
Report on Immunization Financing & Financial Sustainability (progress compared with immunization financing and financial sustainability indicators)		
Request for new vaccines including the co-financing completed and Excel sheet attached		
Revised request for injection safety support (where applicable)		
Report on HSS		
IACC minutes attached to the report		
HSCC minutes, audit report of the accounts for the HSS funds and annual health sector review report attached to the annual progress report		

7. Comments

IACC/HSCC comments:

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

In its meeting of the 14 May 2009, the IACC approved the GAVI annual progress report and recommended the following:

* **To the Ministry of Public Health:**

    1. **Organization of monthly IACC meetings**
    2. **Creation of an EPI data verification committee within the EPI technical support committee**
    3. **A re-update the cold chain inventory**

* **To the GAVI Secretariat:**

    1. **Acceleration of the payment of the second tranche of the GAVI HSS funds**

~ End ~