



# Annual Progress Report 2008

Submitted by

The Government of

**REPUBLIC OF MOLDOVA**

Reporting on year: \_\_2008\_\_

Requesting for support year: \_\_2010/2011\_\_

Date of submission: 05.06.2009

**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](mailto:apr@gavialliance.org)

and any hard copy could be sent to :

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

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

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

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

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

For the Government of [*Name of Country*] Republic of Moldova

**Minister of Health:**

Title: Deputy Minister GOLOVIN Boris

Signature: .....

Date: 04.06.2009

**Minister of Finance:**

Title: Deputy Minister LUPAN Nina

Signature: .....

Date: 04.06.2009

*This report has been compiled by:*

Full name: MELNIC Anatolie

Position: Head of General Epidemiology Department, National Scientific and Practical Centre of Preventive Medicine, MOH Republic of Moldova

Telephone/fax: +373 22 574 674 ; тел. +373 22 574 501 , факс + 373 22 729 725

E-mail: [amelnic@sanepid.md](mailto:amelnic@sanepid.md)

## ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organisation	Signature	Date
GOLOVIN Boris, deputy minister	Ministry of Health		
BENES Oleg, General Director	National Scientific and Practical Centre		
OSOIANU Iurie, deputy director	National Company for Health Insurants		
PEREBICOVSCHI Liubovi, health sectors	Ministry of Financing		
Alexandra Yuster	UNICEF Moldova Representative		
URSU Pavel	WHO Liaison Office in the Republic of Moldova		
MELNIC Anatolie Head of General Epidemiology Department	National Scientific and Practical Centre of Preventive Medicine		

### Comments from partners:

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

All comments will be treated confidentially

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

**HSCC Signatures Page NOT APPLICABLE**

*If the country is reporting on HSS, CSO support*

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

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

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

Name/Title	Agency/Organisation	Signature	Date
<b>NOT APPLICABLE</b>			
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Comments from partners:  
 You may wish to send informal comment to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
 All comments will be treated confidentially

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

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

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

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

Name/Title	Agency/Organisation	Signature	Date
<b>NOT APPLICABLE</b>			

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

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

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

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	44067	44728	45399	46080	46771	47473	47473	47473
Infants' deaths	485	492	499	507	514	522	522	522
Surviving infants	43582	44236	44900	45573	46257	46951	46951	46951
Pregnant women	NA	NA	NA	NA	NA	NA	NA	NA
Target population vaccinated with BCG	42780	44281	44945	45619	46303	46998	46998	46998
BCG coverage*	97%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with OPV3	41128	43793	44451	45117	45794	46481	46481	46481
OPV3 coverage**	94.4%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with DTP (DTP3)***	39732	41872	42081	42292	42503	42716	42716	42716
DTP3 coverage**	91.2%	94.7%	93.7	92.8	91.9	91.0	91.0	91.0
Target population vaccinated with DTP (DTP1)***	40549	42086	42297	42509	42721	42935	42935	42935
Wastage <sup>1</sup> rate in base-year and planned thereafter	1.4	1.2	1.2	1.2	1.2	1.2	1.2	1.2
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of DTP+Hib	NA	42516	42729	42943	43157	43373	43373	43373
DTP+Hib Coverage**	NA	96.1%	95.2%	94.2%	93.3%	92.4%	92.4%	92.4%
Target population vaccinated with 1 <sup>st</sup> dose of DTP+Hib	NA	42989	43204	43420	43637	43855	43855	43855
Wastage <sup>1</sup> rate in base-year and planned thereafter	NA	1.25	1.20	1.20	1.20	1.20	1.20	1.20
Target population vaccinated with 1 <sup>st</sup> dose of Measles	41607	43793	44451	45117	45794	46481	46481	46481
Target population vaccinated with 2 <sup>nd</sup> dose of Measles	37550	38830	39210	41144	40638	40995	41395	41023
Measles coverage**	95.5	99%	99%	99%	99%	99%	99%	99%
Pregnant women vaccinated with TT+	NA	NA	NA	NA	NA	NA	NA	NA
TT+ coverage****	NA	NA	NA	NA	NA	NA	NA	NA
Vit A supplement	Mothers (<6 weeks from delivery)	NA	NA	NA	NA	NA	NA	NA
	Infants (>6 months)	NA	NA	NA	NA	NA	NA	NA
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	2.0	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Annual Measles Drop out rate (for countries applying for YF)	NA	NA	NA	NA	NA	NA	NA	NA

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

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

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

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

**Table B: Updated baseline and annual targets**

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	43625	44279	44944	45618	46302	46997	47701	48417
Infants' deaths	529	531	535	538	542	545	549	552
Surviving infants	43096	43748	44409	45080	45760	46452	47152	47865
Pregnant women	NA	NA	NA	NA	NA	NA	NA	NA
Target population vaccinated with BCG	42780	43837	44494	45162	45839	46527	47224	47933
BCG coverage*	98,1%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with OPV3	41126	43311	43964	44629	45302	45987	46681	47386
OPV3 coverage**	95,4%	99%	99%	99%	99%	99%	99%	99%
Target population vaccinated with DTP (DTP3)***	39732	41561	42188	42826	43472	44129	44795	45472
DTP3 coverage**	92,2%	95%	95%	95%	95%	95%	95%	95%
Target population vaccinated with DTP (DTP1)***	40549	42436	43078	43727	44387	45058	45738	46429
Wastage <sup>2</sup> rate in base-year and planned thereafter	1,4	1,25	1,2	1,2	1,2	1,2	1,2	1,2
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of DTP+Hib	0	41561	42188	42828	43472	44129	44795	45472
DTP+Hib Coverage**	0	95%	95%	95%	95%	95%	95%	95%
Target population vaccinated with 1 <sup>st</sup> dose of DTP+Hib	0	42436	43076	43727	44387	45058	45738	46429
Wastage <sup>1</sup> rate in base-year and planned thereafter	0	1,4	1,25	1,2	1,2	1,2	1,2	1,2
Target population vaccinated with 3 <sup>rd</sup> dose of Pneumococcal vaccine	0	0	0	42828	43472	44129	44795	45472
Pneumococcal vaccine Coverage**	0	0	0	95%	95%	95%	95%	95%
Target population vaccinated with 1 <sup>st</sup> dose of Pneumococcal vaccine	0	0	0	43727	44387	45058	45738	46429
Wastage <sup>1</sup> rate in base-year and planned thereafter	0	0	0	1,05	1,05	1,05	1,05	1,05
Target population vaccinated with 3 <sup>rd</sup> dose of Rotavirus vaccine.	0	0	0	0	43472	44129	44795	45472
Rotavirus vaccine. Coverage**	0	0	0	0	95%	95%	95%	95%
Target population vaccinated with 1 <sup>st</sup> dose of Rotavirus vaccine	0	0	0	0	44387	45058	45738	46429
Wastage <sup>1</sup> rate in base-year and planned thereafter	0	0	0	0	1,05	1,05	1,05	1,05

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



Target population vaccinated with <b>1<sup>st</sup> dose</b> of Measles	41607	43311	43964	44629	45302	45987	46681	47386
Target population vaccinated with <b>2<sup>nd</sup> dose</b> of Measles	37550	38830	39210	41144	40638	40995	41395	41023
Measles coverage**	96,5%	99%	99%	99%	99%	99%	99%	99%
Pregnant women vaccinated with TT+	NA	NA	NA	NA	NA	NA	NA	NA
TT+ coverage****	NA	NA	NA	NA	NA	NA	NA	NA
Vit A supplement	Mothers (<6 weeks from delivery)	NA	NA	NA	NA	NA	NA	NA
	Infants (>6 months)	NA	NA	NA	NA	NA	NA	NA
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	2,0	2,1	2,1	2,1	2,1	2,1	2,1	2,1
Annual Measles Drop out rate (for countries applying for YF)	NA	NA	NA	NA	NA	NA	NA	NA

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

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

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

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

### **1.1 Immunization Services Support (ISS) NOT APPLICABLE**

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

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

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

**NOT APPLICABLE**

#### **1.1.1 Management of ISS Funds NOT APPLICABLE**

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

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

**1.1.2 Use of Immunization Services Support NOT APPLICABLE**

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

Funds received during 2008 \_\_\_\_\_  
 Remaining funds (carry over) from 2007 \_\_\_\_\_  
 Balance to be carried over to 2009 \_\_\_\_\_

**Table 1.1: Use of funds during 2008\* NOT APPLICABLE**

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

### 1.1.3 ICC meetings

How many times did the ICC meet in 2008? 3

**Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.**

Are any Civil Society Organizations members of the ICC: **[Yes/No]** No civil society institutions are part of MKK.  
if yes, which ones?

List CSO member organisations

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

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### Attachments: NOT APPLICABLE

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

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

### 1.1.4 Immunization Data Quality Audit (DQA) NOT APPLICABLE

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

List major recommendations <b>NOT APPLICABLE</b>
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Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared? **NOT APPLICABLE**

YES

NO

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

**NOT APPLICABLE**

**Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy] NOT APPLICABLE**

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

List studies conducted:

**NOT APPLICABLE**

List challenges in collecting and reporting administrative data:

**NOT APPLICABLE**

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

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

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

*In 2008 due to late arrival of DTP+Hib vaccine, new vaccines were not introduced. There were no changes in the size of vials.*

*Dates shipments were received in 2008.*

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
<b>Hepatitis B vaccine</b>	<b>2 dose vial</b>		<b>September 2002</b>	
Hepatitis B vaccine	2 dose vial	80400		07.04.2008
AD Syringes		85000		18.04.2008
Safety Boxes		950		18.04.2008
<b>DTP+Hib vaccine</b>	<b>10 dose vial</b>		<b>January 2009</b>	
DTP+Hib vaccine	10 dose vial	85800		30.10.2008
AD Syringes		83600		28.05.2008
Safety Boxes		950		28.05.2008
DTP+Hib vaccine (MDA co-financing)	10 dose vial	8300		27.01.2009
AD Syringes (MDA co-financing)		8100		26.11.2008
Safety Boxes(MDA co-financing)		100		26.11.2008

*Please report on any problems encountered.*

*There were no problems in obtaining and applying Hepatitis B vaccine. The shipment of DTP+Hib vaccine, which should have been received in May 2008, was postponed twice and was received only at 30.10.2008. Due to this reason and due to presence of DTP vaccine, purchased from local funds, the introduction of DTP+Hib vaccine was started from 01.01.2009.*

*The country was not informed on time about the arrival of syringes and safety boxes. The notices were received only when the trucks with goods were located at the border of the country. The customs procedures of declaring the goods as external free help lasts approximately 2 weeks. As a result of this the transport stood idle and the process of urgent preparation of documents necessary for obtaining the cargo was problematic.*

*The provision of vaccine on co-financing basis represents, in reality, a separate purchase of vaccine, syringes and safety boxes from funds provided by GAVI and separately by the country through a separate subdivision of UNICEF. The legislation of the country requires that the acquisitions are to be made only at mandatory tenders. UNICEF, according to its Statute, cannot participate at national tenders. The payment for the goods can only be made according to contracts signed as the result of public tenders with indication of exact price of the goods and time of shipment. UNICEF does not sign that type of contracts. UNICEF funds are not transferred directly to the country office of UNICEF, but directly to a specialized subdivision of UNICEF (in foreign currency). Due to these particularities, the procedure of agreeing the conditions and of obtaining the permission to purchase the country share of DTP+Hib vaccine, syringes and safety boxes took approximately 4 months. It was also necessary to obtain an additional license for acquisition of vaccine.*

*The cost of purchase of the country share of DTP+Hib vaccine and consumables exceeded the planned amount, indicated in the letter from the Secretariat of GAVI (GAVI/07/ir/sk.) from 18.12.2007 – for 8.300 doses of vaccine, 8.100 AD syringes and 100 safety boxes – 28,500.00 \$US, and actually equaled 36,628.00 \$US (+28,5%), including the cost of the goods, transportation expenses and UNICEF commissions – 33,418.87 (bill from 08.10.2008 10008484/K1), bank commissions – 167.00 \$US, import taxes – 236.00 \$US, customs duties – 2,607.00 \$US, handling of the cargo at the airport – 199.00 \$US. Initially, the amount of 28.500.00 \$US was planned in the budget, according to the amount indicated in the letter issued by the Secretariat of GAVI, and this created additional problems regarding the finding and obtaining the necessary additional funds. The funds were transferred to UNICEF at 15.10.2008, the goods were received, respectively at 26.11.2008*

(syringes and safety boxes) and at 27.01.2009 (vaccine), i.e. after the end of the financial year, which caused the need to provide additional explanations to the financial state authorities.

### 1.2.2. Major activities

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

- 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
- At the republican seminar from 18.12.2008 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 were communicated to medic-epidemiologists.
- In all towns and regions in December 2008 – January 2009 seminars on practical implementation of immunization against Hib infection with combined DTP+Hib vaccine and involving the study of the instruction on the use of the vaccine were organized.
- According to the data obtained from monthly monitoring, the application of DTP+Hib was started from January 2009 with the exception of regions of Trans-Dniester region which do not subordinate to the decisions of central Government. At 37 administrative territories during 4 months of 2009 the coverage with the first dose of DTP+Hib was 95,9%, with the second dose – 91,9%. For 16.517 doses of vaccine imported, only one reaction of fever (39°C) was reported (0,006%).
- 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.
- Vaccination coverage and vaccine stocks were monitored on monthly base at health facility/district/national levels. Coverage with immunization against Hepatitis B of population younger than 12 months in 2008 reached a level of 93.1%.

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

These funds were received on: 08/02/2008]

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	100,000	08.02.2008	100,000	Weren't conducted	Due to late arrival of DTP+Hib vaccine the measures for its implementation were transferred to 2009.

### 1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? - **12/2004**

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

[List major recommendations] Not applicable. **The evaluation was conducted in December 2004.**

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

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

<b>Actions</b>	<b>Status</b>
<b>Pre-shipment and arrival procedures</b>	
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
<b>Maintaining correct storage temperatures</b>	
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
<b>Buildings, equipment and transport</b>	
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
<b>Effective Maintenance</b>	
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
<b>Effective Stock Management</b>	
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



<b>Reliable delivery to intermediate stores</b>	
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
<b>Minimize damage during distribution</b>	
1. VVM status should be noted on the issue voucher.	Not applicable The issues voucher is a standard financial document
<b>Standard operating procedures</b>	
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
<b>Financial and Human Resources</b>	
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 will the next EVSM/VMA\* be conducted? [mm/yyyy] **2010**

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

**Table 1.2**

<b>Vaccine 1: DTP+Hib</b>	
<b>Anticipated stock on 1 January 2010</b>	<b>45500</b>
<b>Vaccine 2: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....
<b>Vaccine 3: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? **In cash by bank transfer.**

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

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
Received in cash by bank transfer	\$32,000	06 October 2005
Received in cash by bank transfer	\$29,000	30 December 2005
Received in cash by bank transfer	\$26,000	22 March 2007

*Please report on any problems encountered.*

[List problems]

*Mumps epidemic, insufficiency of qualified personnel created problems for spending the funds allocated for 2008.*

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

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

[List sources of funding for injection safety supplies in 2008]

*The 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 2008, the materials for performing safe injections during the immunization campaign were purchased from centralized funds of Ministry of Healthcare – for this 100,194.00 \$US were spent.*

*Please report how sharps waste is being disposed of.*

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

*According to the national policy, used injection equipment should be addressed within the context of the National regulation on medical waste disposal. It means that syringes and needles be collected immediately after use, in single-use sharps puncture resistant containers, which are colour coded (yellow), labelled "Biological hazard" and are destructed together with their content.*

*Up to date the achievements of Moldova regarding to the safe disposal of sharp waste produced by the immunization program are as follows:*

- Disposable syringes and needles, including auto-disable and reconstitution syringes, are disposed of immediately following use in a designated safety box or sharps puncture-proof container. The needle is not recapped or removed from the syringe: the*

*whole combination is inserted into the safety box directly after use.*

- *A system tracking stocks, the distribution and utilization of injection equipment and safety boxes is introduced countrywide and is integrated in monthly vaccination reports.*
- *Additional waste from injections (cap, syringe packaging) are disposed of as common waste.*
- *Full safety boxes are incinerated in small numbers by open burning in a pit, iron vessels. These methods of destruction are particularly practiced by small producers of sharp waste (village health centres and posts, small family doctors centres)*
- *Residues from incineration (oxidized needles, vials, etc.) are buried in a common waste pit.*
- *Possibilities for radical solution of medical waste destruction through building 1-3 plants are explored.*

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

***The main problem related to the transition for safe injections and sharps waste disposal is related to the destruction of sharp waste.***

- *The current practice of burning safety boxes is not considered environment friendly and is regarded as a temporary solution. Implementation of high temperature incineration is also questionable due to the need of huge investments, problems meeting environment regulations, ensuring sustainability of the process. The safe sharp waste disposal was subject of a number of meetings and workshops involving national and international organizations, NGOs. Possibilities for radical solution of medical waste destruction through building 1-3 plants are explored. That requires important investments and also raises issues related to sustainability of running those facilities. Other options include using autoclaves and shredders. Unfortunately, an agreement was not achieved yet regarding the most cost effective and sustainable solution.*
- *Taking into consideration immunization services are integrated in Moldova with primary health care, it is worth mentioning safe disposal of immunization sharp waste must be addressed in the context of disposal of all medical waste produced by health facilities, as it represent only a small fraction of that waste. Actually there is a need to solve the issue of disposal of all hazardous medical waste generated by health facilities.*

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

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

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

*The Republic of Moldova has received 3 instalments of funds (two instalments in 2005 and one in 2007) from the approved GAVI support for injection safety at the Treasury account of the National Center of Preventive Medicine:*

*1st instalment – 06 October 2005 (\$32,000)*

*2nd instalment - 30 December 2005 (\$29,000)*

*3rd instalment - 22 March 2007 (\$26,000)*

*Due to the late arrival of funds at the time required to proceed all formal procedures to allow use of funds, funds on injection safety started being used in 2006. The expenditures were as follows:*

*TOTAL expenditures in 2006 – \$28,284*

*- Initiation of the local production of safety boxes, procurement of safety boxes -\$16,699*

*- Strengthening the information system to monitor stocks and usage/wastage of syringes and safety boxes -\$5,541*

*- Strengthening the laboratory support for infectious diseases following unsafe injections and for those preventable by vaccinations -\$6,044*

*Balance for 2007 - \$32,716 + \$26,000 received in 2007 = \$58,716*

*TOTAL expenditures in 2007 – \$6,566*

- Expenses for the group for elaboration of normative and instruction documents, project realisation - \$2,246;*
- Equipment and consumables - \$4,123;*
- Transportation expenses - \$197.*

*Balance for 2008 - \$52,149*

*At the end of 2007 and first half of 2008 a large mumps epidemic was registered in Moldova. In total, there were registered 30528 cases, most of which were registered at young people aged from 14 to 25 years immunized at the age of 1 year with 1 dose of mumps vaccine. The morbidity rate was 723‰. Due to limited resources and large expenses for treating the patients and conducting the immunization campaign in order to stop the epidemic, at the meeting of ICC and Exceptional situation commission of Ministry of Healthcare it was decided to use a part of funds provided by GAVI for insuring the safety of injections for purchasing of syringes for reconstitution and for purchase of safety boxes. In total, for this scope **21,887.00** \$US were spent, including 8,155.00 for purchase safety boxes and 13,732.00 for purchase of syringes.*

*Balance for 2009 - \$30,262*

*The balance is scheduled for further development of the national policy, guidelines and tools toward injection safety, procurement of injection safety devices, as well as to support training and awareness of health workers on injection safety issues.*

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

**Table 2.1: Overall Expenditures and Financing for Immunization**

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

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

	<b>Reporting Year 2008</b>	<b>Reporting Year + 1 2009</b>	<b>Reporting Year + 2 2010</b>
	Expenditures \$US	Budgeted \$US	Planning \$US
<b><i>Expenditures by Category</i></b>			
Traditional Vaccines	355634.00	392597.00	407450.00
New Vaccines	36628.00	185043.00	197917.00
Injection supplies	99235.00	93243.00	119683.00
Cold Chain equipment	ND	ND	ND
Operational costs	ND	ND	ND
Other (please specify) MMR mass immunization company	173251.00	ND	ND
<b>Total EPI</b>	565513.00 0,28%	670883.00 0,29%	725505.00
<b>Total Government Health</b>	202829780.00	232739130.00	ND

<b>Exchange rate used</b>	
<b>2008</b>	1:10.3895
<b>2009</b>	1:11.5
<b>2010</b>	1:12

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

*During the last 8 years the financing of the immunization program was stable. The funds allocated in 2008 were sufficient for purchase of vaccines and immunization materials, including co-financing for acquisition of DTP+Hib vaccine. An increase of expenses for immunization for acquisition of vaccines and immunization materials for the period 2009-2010 was planned. Funds allocated for staff training are sufficient. The situation in 2010 will largely depend on the dynamics of world economic crisis and prices for vaccines and immunization materials. Prices for vaccine registered a significant increase in 2009: for hepatitis B + 33%; DTP +63%; DT +66%; Td +70%; MMR – by more than 2 times. Refrigerator equipment in the primary link has to be renewed. It is also necessary to increase the number of refrigerator equipment both at regional and at national level.*

*The data about other expenses linked to immunization cannot be collected easily, due to the fact that the system of provision of immunization services is integrated and that healthcare institutions are financed from a variety of sources, lack of separate articles of expenses and reports on their execution.*

## Future Country Co-Financing (in US\$)

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

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

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

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

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

<i>1<sup>st</sup> vaccine: DTP+Hib</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose	\$US	0.30	0.40	0.40	0.40	0.40	0.40
Number of vaccine doses	#	13100	18900	19200	19500	19800	2010
Number of AD syringes	#	11300	17500	17800	18100	18300	18600
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	125	200	200	225	225	225
<b>Total value to be co-financed by country</b>	<b>\$</b>	44000	63000	64000	65000	66500	67500

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

<i>2<sup>nd</sup> vaccine: Pneumococcal vaccine</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose	\$US	0	0.20	0.20	0.20	0.20	0.20
Number of vaccine doses	#	0	4800	3900	4000	4000	4000
Number of AD syringes	#	0	5100	4100	4200	4200	4300
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	75	50	50	50	50
<b>Total value to be co-financed by country</b>	<b>\$</b>	0	34500	28500	28500	29000	29500

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

<i>3<sup>rd</sup> vaccine: Rotavirus vaccine</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose	\$US	0	0	0,13	0,13	0,13	0,13
Number of vaccine doses	#	0	0	7000	7100	7200	7200
Number of AD syringes	#	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0
<b>Total value to be co-financed by country</b>	<b>\$</b>	0	0	23500	19000	19500	20000

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

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in Reporting Year</b>	<b>Actual Payments Date in Reporting Year</b>	<b>Proposed Payment Date for Next Year</b>
	(month/year)	(day/month)	
1st Awarded Vaccine (DTP+Hib)	04.2008	15.10.2008	04.2009
2nd Awarded Vaccine (specify)	NA	NA	NA
3rd Awarded Vaccine (specify)	NA	NA	NA

<b>Q. 2: How Much did you co-finance?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
1st Awarded Vaccine (DTP+Hib)	36628.00	8300
2nd Awarded Vaccine (specify)	NA	NA
3rd Awarded Vaccine (specify)	NA	NA

<b>Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?</b>
1. Look p. 1.2.1.
2.
3.
4.

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

*The country fulfilled its obligations.*

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

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

#### 3.1. Up-dated immunization targets

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

Are there changes between table A and B? Yes/no **YES**

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

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

The number of newborn children did not change significantly – within the limits of 1%. The modifications were introduced due the correction for tendency of birth rate for the last 3years, the dynamics of which was different from the tendency for the 3 years preceding the previous report. The decrease of the birth rate is due to the continued emigration of young people from the country.

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

The number o newborn children did not vary significantly –within the limits of 1 - 1.12% which was caused by the decrease of the birth rate coupled with a relatively stable infant death rate.

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

The previously provided algorithm of calculation was based on assumption that they will be an increase in declines to be immunized. This crisis had been overcome and in the previous years the number of declines decreased and the indicators are in conformity with National Immunization Program.

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

The indicators of losses in previous reports was calculated based on the implementation of single-dose vaccine.



## Vaccine 1: DTP+Hib

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

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

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

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

**Table 3.1: Specifications of vaccinations with new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	42188	42828	43472	44129	44795	45472
Target immunisation coverage with the third dose	<i>Table B</i>	#	95%	95%	95%	95%	95%	95%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	43076	43727	44387	45058	45738	46429
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1,25	1,20	1,20	1,20	1,20	1,20
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.30	0,40	0,40	0,40	0,40	0,40

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

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

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	132200	138600	141300	143400	145600	147800
Number of AD syringes	#	114100	128200	130800	132700	134700	136800
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	1275	1425	1475	1475	1500	1525
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>441500</b>	<b>464000</b>	<b>472500</b>	<b>479500</b>	<b>487000</b>	<b>494500</b>

## Vaccine 2: Not applicable for 2010

Same procedure as above (table 3.1 and 3.2)

**Table 3.3: Specifications of vaccinations with new vaccine**

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

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

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

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

### Vaccine 3: Not applicable for 2010

Same procedure as above (table 3.1 and 3.2)

**Table 3.5: Specifications of vaccinations with new vaccine**

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

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

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

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

## 4. Health Systems Strengthening (HSS) Not applicable

### Instructions for reporting on HSS funds received

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

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

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

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10<sup>th</sup> 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
<b>Government focal point to contact for any clarifications</b>			
<b>Other partners and contacts who took part in putting this report together</b>			

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

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

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

#### 4.2 Overall support breakdown financially **Not applicable**

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

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

Amount spent in 2008:

Remaining balance from total:

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

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						Not applicable
Major Activities	Planned Activity for reporting year	Report on progress <sup>3</sup> (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>						
Activity 1.1:						
Activity 1.2:						
<b>Objective 2:</b>						
Activity 2.1:						
Activity 2.2:						
<b>Objective 3:</b>						
Activity 3.1:						

<sup>3</sup> For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed  
Annual Progress Report 2008

Activity 3.2:						
<b>Support Functions</b>						
Management						
M&E						
Technical Support						



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

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

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

<b>Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009</b>					
<b>Not applicable</b>					
<b>Major Activities</b>	<b>Planned Activity for current year (ie.2009)</b>	<b>Planned expenditure in coming year</b>	<b>Balance available (To be automatically filled in from previous table)</b>	<b>Request for 2009</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>Support costs</b>					

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

**Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments Not applicable**

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

#### 4.6 Programme implementation for reporting year: **Not applicable**

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

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

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

#### 4.7 Financial overview during reporting year:

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

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

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

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

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

#### **4.9 Attachments**

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

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

#### **Not applicable**

**Financial Comptroller Ministry of Health:**

Name:

Title / Post:

Signature:

Date:

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

**Not applicable**

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

**This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>4</sup>**

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

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

#### **5.1.1 Mapping exercise Not applicable**

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

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<sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.  
Annual Progress Report 2008

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

### **5.1.2 Nomination process Not applicable**

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

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



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

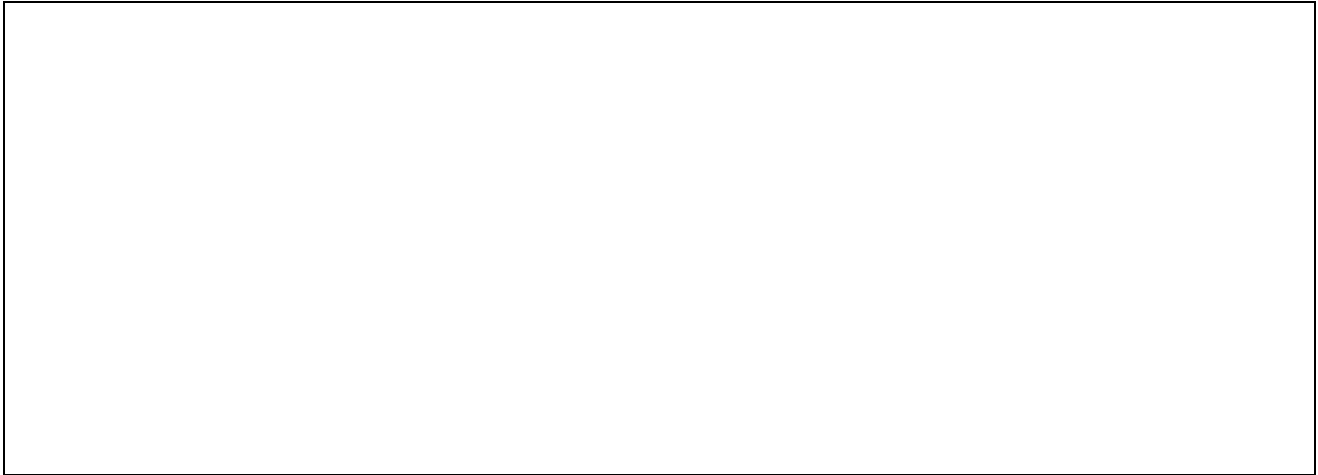
### 5.1.3 Receipt of funds Not applicable

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

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

#### **5.1.4 Management of funds Not applicable**

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



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

**Not applicable**

**This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>5</sup>**

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

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

**5.2.1 Programme implementation Not applicable**

*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).*

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

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

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

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

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

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

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

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

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

**5.2.2 Receipt of funds Not applicable**

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

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

**5.2.3 Management of funds Not applicable**

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

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

#### 5.2.4 Monitoring and Evaluation Not applicable

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

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

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

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

## 6. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Not Applicable	
DQA reported on	Not Applicable	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Not Applicable	
HSS reported on	Not Applicable	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	Not Applicable	



## **7. Comments**

*ICC/HSCC comments:*

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

~ End ~