Annual progress report 2008 consolidated (Windows ISS and HSS)

Submitted by

The Government of

CAMEROON

Reporting year: __2008__

Support request for year: _2010

Date of submission: __14_MAY 2009_____

Deadline for submission: 15 May 2009

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

A printed copy can be sent to:

GAVI Alliance Secretariat,
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CH- 1202 Geneva,
Switzerland

For all enquiries, please contact: **apr@gavialliance.org** or representatives of GAVI partner organisations. Documents can be shared with GAVI's partners, collaborators and the general public.

Government signature page for all forms of GAVI support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress Reports will be neither reviewed nor approved by the Independent Assessment Committee unless signed by both the Minister for Health and the Minister for Finance or their delegated authority.

By signing this page, the signatories accept the entire report and the Government confirms that the funds have been used in line with the Terms and Conditions of the GAVI Alliance as set out in Section 9 of the Application Form.

On behalf of the Government of **CAMEROON**

At the time of signature, Ministers were mistakenly given the old HSS form to sign (see old windows HSS form on page 2 bis) instead of the integrated form (different GAVI support windows).

Health Minister:	**Finance Minister:**
André MAMA FOUDA	**Lazare ESSIMI MENYE**
Titre: **Minister for Public Health**	Titre: **Finance Minister**
Signature: ……	Signature: ……
Date: ……	Date: ……

This report was jointly prepared by:

The Expanded Programme on Immunization (EPI) represented by

Full name: **Dr KOBELA Marie**.
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And

The Technical Secretariat of the Pilot and Health Sector Strategic Follow-up Committee (ST/CP-SSS) represented by/

Full name: **Dr René Owona Essomba**
Position: Director **Technical Secretariat of ST/CP-SSS**
Telephone: **(237) 22 22 60 78 / 76 11 35 00**
Email: **setesss@yahoo.fr**

ICC signatures page

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

We, the undersigned members of the Interagency Co-ordination Committee (ICC), endorse this report. The endorsing signature on this report does not imply any financial (or legal) commitment by partner agencies or individuals.

Financial accountability forms an integral part of GAVI Alliance monitoring of reports on country performance. It is based upon standard Government audit requirements, as set out in the banking form.

The ICC Members confirm that the funds received from the GAVI funding entity have been audited and accounted for in line with standard Government or partner requirements.

Name/Title	Institution/Organisation	Signature	Date
S.E. André Mama Fouda President	**Ministry of Public Health**		
Dr Ekeke Monono Martin Director of Family Health	**Ministry of Public Health**		
Dr Kobela Marie Permanent Secretary of the GTC/EPI, Secretary	**Ministry of Public Health**		
Dr Léonard Tapsoba, Representative	**WHO**		
Ms Ora Musu Clemens, Representative	**UNICEF**		
Dr Gerd Eppel Principal Technical Advisor, Health Projects	**GTZ**		
Mr Jean Richard Bieleu President of the National Polio Plus Committee	**Rotary International**		
Dr Xavier Crespin Director	**Helen Keller International**		
Mr William Eteki Mboumoua, President	**Cameroon Red Cross**		
	Co-opération Française		
	Plan Cameroun		

Comments from partners:
Informal comments can be addressed: apr@gavialliance.org
All comments will be treated confidentially.

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Has this report been reviewed by the GAVI Regional Working Group? **yes**/no

HSCC Signatures Page

If the country is reporting on HSS or CSO funds

We the undersigned members of the National Health Sector Co-ordinating Committee (HSCC) **Strategic Health Sector Pilot Committee (CP-SSS)** (insert names) endorse this report relating to the Health Systems Strengthening Programme and Civil Society Organisational Support. Signature of this document does not imply any financial (or legal) commitment on the part of partner institutions or individuals.

Financial accounting requirements form an integral part of GAVI Alliance country performance monitoring. They are based upon the need to carry out regular Governmental audits, as specified in the Banking Form.

The Members of the HSCC confirm that the funds received from the GAVI funding entity have been audited and accounted for in line with standard Government or partner requirements.

List of members of the Pilot and Follow-up Committee of the implementation of the Health Sector Strategy (see signatures page for members present at the CP-SSS meeting of 21 April 2009 in Annex 1a)

Name/Title	*Institution/Organisation*	*Signature*	*Date*
Mr André Mama Fouda (President)	*Ministry of Public Health*		
Dr Leonard Tapsoba (Member)	*Representative of multilateral partners*		
Mr Ihong III (Member)	*Prime Minister's Department*		
Ms Francisca Monebenimp (Member)	*Ministry for Higher Education*		
Ms Isabelle Obounou (Member)	*Ministry for Territorial Administration and Decentralisation*		
Mr Blaise Essomba Ngoula (Member)	*Ministry for the Economy, Planning and Development*		
Ms Jane Alobwede née Esambe (Member)	*Ministry for Energy and Water*		
Dr. Catherine Mbena (Member)	*Ministry for Secondary Education*		
Mr André Marcel Djockoua (Member)	*Ministry for Primary Education*		
Mr Luc André Bayomock (Member)	*Ministry for Social Affairs*		
Pr Angwafor III Fru (Member)	*Ministry for Public Health*		
Mr Modibo Halidou Ibrahima (Member)	*Representative of Practitioners of Alternative*		
Dr Gerd Eppel (Member)	*Representative of bilateral partners (GTZ)*		

Ms Damaris Mounlom (Member)	*Representative of non-governmental organisations (FESADE)*		
Mr Marcel Félix Nkoum (Member)	*Representative of non-governmental organisations (PESSAF)*		
Dr Jean Robert Mbessi (Member)	*Representative of private denominational and lay organisations*		
Dr René Owona Essomba (Member)	*Head of the Technical Secretariat of the CP-SSS*		

Partner comments:
Informal comments can be addressed to: apr@gavialliance.org
All comments will be treated in confidence.

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Signature page for GAVI CSO support (Type A and B)

This report on GAVI Alliance CSO funding was prepared by: **NA**

Name: ……

Position: ……..

Organisation:……...

Date: ……

Signature: ……

This report was prepared in consultation with representatives of CSOs participating in nation level co-ordination mechanisms (HSCC or equivalent and ICC) and the individuals responsible for the CSO mapping exercise (for Type A funding), as well as with the individuals receiving GAVI funding to help implement a GAVI HSS proposal and those receiving support to obtain GAVI Alliance funding with a view to implementing HSS or cMYP support (for Type B funding).

The consultation process has been approved by the President of the National Health Sector Coordinating Committee (HSCC or equivalent) in the name of the CCSS Members:

Name: ……

Position: ……

Organisation:……..

Date: ……

Signature: ……

We the undersigned Members of the National Health Sector Co-ordinating Committee …… (insert names), endorse this report relating to GAVI Alliance CSO Funding. The HSCC certifies that the CSOs cited are *bona fide* organisations with the expertise and management capacity to successfully carry out the work described.

Name/Title	Representative/Organisation	Signature	Date

The endorsing signature does not imply any financial (nor legal) commitment on the part of partner organisations or individuals.

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The text boxes in this report are provided as a rough guide only. Please feel free to add further text in the space provided

Table A: Latest reference data and annual objectives (*based on most recent information provided to GAVI)*

Number	Results as per Joint Reporting Form on immunization activities	Objectives						
	2008	2009	2010	2011	2012	2013	2014	2015
Live births (4.5% of the total population)	**860,321**	**885,269**	**910,942**	**937,359**				
Infant deaths (0.5% of the total population)	**95,591**	**98,363**	**101,216**	**104,151**				
Surviving infants (4% of the total population)	**764,730**	**786,906**	**809,726**	**833,208**				
Pregnant women (5% of the total population)	**955,912**	**983,632**	**1,012,158**	**1,041,510**				
Target population vaccinated against BCG	**741,413**	**770,184**	**810,738**	**843,623**				
BCG* coverage	**86.8%**	**87%**	**89%**	**90%**				
Target population having received three doses of OPV	**624,456**	**684,608**	**720,656**	**749,887**				
OPV3 coverage**	**81,66%**	**87%**	**88%**	**90%**				
Target population having received three doses of the DTP vaccine***	**641,965**	**684,608**	**720,656**	**749,887**				
DTP3 coverage** HepB3+Hib3	**83.97%**	**87%**	**88%**	**90%**				
Target population having received a dose of DTP***Hep B1+Hib1	**709,395**	**708,215**	**744,948**	**783,216**				
Wastage rates[1] in baseline year and projected thereafter		**5%**	**5%**	**5%**				
Duplicate these rows for the number of new vaccines requested								
Target population having received the **3rd dose** of the **Pneumococcal** vaccine	**NA**	**NA**	**728,754**	**758,220**				
Coverage of **Pneumococcal, 3rd dose**.**	**NA**	**NA**	**90%**	**91%**				
Target population having received the **1st dose** of the **Pneumococcal** vaccine	**NA**	**NA**	**744,948**	**783, 216**				

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. 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, see table α following Table 7.1.

Wastage rates[1] in baseline year and projected thereafter		NA	NA	5%	5%				
Target population having received the **1st dose** of the measles vaccine		610,897	668,870	712,559	749,887				
Target population having received the **2nd dose** of the measles vaccine		NA	NA	NA	NA				
Anti-measles vaccine coverage**		81.66%	85%	88%	90%				
Pregnant women having received tetanus toxoid vaccine (TT+)		731,280	708,215	748,997	781,133				
TT+ coverage****		76.5%	72%	74%	75%				
Vitamin A supplementation	Mothers (<6 weeks before giving birth)	66.88%	70%	75%	80%				
	Infants (6 months -11 months)	121%	100%	100%	100%				
Annual DTP drop-out rate $[(DTP1-DTP3)/DTP1]\times 100$		9.52%	5%	4%	4%				
Annual measles drop-out rate (for countries requesting yellow fever vaccines)		SO	SO	SO	SO				

781 Number of infants vaccinated in relation to total number of births

** Number of infants vaccinated in relation to total number of surviving infants

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

**** Number of pregnant women vaccinated with TT+ in relation to the total number of pregnant women

Table B: Updated reference data and annual objectives

Number of	Results as per the Joint Reporting Form on Immunization Activities	Objectives						
	2008	2009	2010	2011	2012	2013	2014	2015
Live births (4.5%)	860,321	885,269	910,942	937,359				
Infant deaths (0.5%)	95,591	98,363	101,216	104,151				
Surviving infants (4%)	764,730	786,906	809,726	833,208				
Pregnant women	955,912	983,632	1,012,158	1,041,510				
Target population vaccinated against BCG	741,413	770,184	810,738	843,623				
BCG* coverage	86.18%	87%	89%	90%				
Target population vaccinated with three doses of OPV	624,456	692,478	728,754	758,220				
Coverage of OPV3**	81.66%	88%	90%	91%				
Target population vaccinated with three doses of the DTP vaccine***	641,965	692,478	728,754	758,220				
DTP3 coverage**HepB3+Hib3	83.97%	88%	90%	91%				
Target population vaccinated with one dose of the DTP vaccine***Hep B1+Hib1	709,395	708,215	744,948	783,216				
Wastage rates[2] during baseline year and projected thereafter		5%	5%	5%				
Duplicate the columns for the number of new vaccines requested								
Target population vaccinated with **3rd dose** of **Pneumococcal** vaccine	NA	NA	728,000	758,220				
Pneumococcal, 3rd dose coverage**	NA	NA	90%	91%				
Target population vaccinated with **1st dose** of **Pneumococcal** vaccine	NA	NA	744,948	783,216				

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. 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, see table α following Table 7.1

Wastage rates[1] during baseline year and projected thereafter		NA	NA	5%	5%				
Target population vaccinated with **1st dose** of measles vaccine		610,897	668,870	712,559	749,887				
Target population vaccinated with **2nd dose** of measles vaccine		NA	NA	NA	NA				
Measles vaccination coverage**		81.66%	85%	88%	90%				
Pregnant women vaccinated against tetanus toxoid (TT+)		731,280	786,906	829,990	874,864				
TT+ coverage****		76.5%	80%	82%	84%				
Vitamin A supplementation	Vitamin A supplementation (< 6 weeks before giving birth) **FPP**	66.88%	70%	75%	80%				
	Infants (>6 months)	121%	100%	100%	100%				
Annual drop-out rates for DTP vaccine [(DTP1 – DTP3) / DTP1] x 100		9.52%	4%	4%	4%				
Annual drop out rates for measles vaccine (for countries requesting the yellow fever vaccine)		SO	SO	SO	SO				

* Number of infants vaccinated in relation to the total number of births
** Number of infants vaccinated in relation to total number of surviving infants
*** Indicate the total number of children vaccinated either with the DTP vaccine alone or combined vaccines
**** Number of pregnant women vaccinated with TT+ in relation to the total number of pregnant women

2. 1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization services support (ISS)

Were the ISS funds received included in the budget? (do they appear in the Minister for Health and Minister for Finances budgets?): Yes / No
If yes, please explain in detail the context in which the ISS funds from the GAVI Alliance appear in the Minister for Health and/or Minister for Finances budgets.

If no, please explain why the ISS funds from the GAVI Alliance do not appear in the Minister for Health and/or Minister for Finances budgets and whether it is planned to include them in the budget in the near future.

The ISS funds were included in the STATE budget and taken into account in the EPI Action Plan 2008 which itself derives from the cMYP 2007-2011. These two documents are jointly signed by the Minister for Public Health (MPH), the Minister for Finances (MINFI) and the Minister for the Economy, Planning and Territorial Development (MINEPAT).
All partner funds, including those of GAVI, are taken into account in the country budget through MINEPAT (investment and compensatory budget) and the MINFI (operational budget). The STATE compensatory budget is allocated annually on the basis of these funds.
These funds appear in the budget booklet.

1.1.1 Management of ISS funds

Please describe the mechanism for management of ISS funds, including the role played by the Interagency Coordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use

The ICC retained a mechanism of decentralised management of GAVI funds which respects the regulations relating to the management and control of Public Funds.

The GAVI funds are transferred to a bank account in Yaoundé. For all programmed activities which must be led by the EPI, a specification sheet is created accompanied by a corresponding budget, in line with the budget action plan adopted by the ICC. The file is submitted to the Minister for Public Health, the President of the ICC, who authorises the financing of the activity. A cheque is jointly signed by the Director of Family Health (Vice President of the ICC) and the Permanent Secretary of the EPI (secretary of the ICC), allowing the funds to be withdrawn and made available.

GAVI funds are subject to the same audit regulations as funds related to the management of public goods, and are also subject to Government inspection.

Depending upon the mechanism provoked, members of the ICC may be barely involved in monitoring the management of the funds and a good part of the said funds may be used at a central level. A new fund management mechanism is being established following the recommendations of the joint GAVI/WHO mission last March.

1.1.2 Use of immunization services support

In 2008, the following principal sectors of activity were financed by funds coming from the GAVI ALLIANCE ***immunisation support services.***

Funds received during 2008: **USD 0**
Remaining funds (carry over) from 2007: **USD 172,912**
Balance to be carried over to 2009: **USD 0**

Table 1.1: Use of funds in 2008*

Area of immunization services support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR and others
		Central	Region/State/Province	District	
Vaccines					
Injection equipment					
Personnel	139,032	73,630	65,402		
Transport					
Maintenance and general expenses	17,278	17,278			
Training	37,860	17,039	20,821		
IEC / social mobilization	80,250	31,847	15,689	32,714	
Outreach to hard-to-reach groups					
Supervision	22,165		14,079	8,086	
Monitoring and evaluation					
Epidemiological surveillance	13,123	13,123			
Vehicles					
Cold chain equipment					
Other: *(support for the Action Week for Health and Mother and Baby Nutrition 1, HD)*	76,648			76,648	

Total:	**386,356 total to be checked**	**152,917**	**115,991**	**117,448**	
Funds available in 2008 (2007 balance)	**172,912**				
Difference (prefinancing)	**-213,442**				
Balance of funds for the following year:	**0**				

NB: In 2008, the country did not receive GAVI/ISS funding due to late submission of the 2007 report. Nevertheless, with the carry-over balance from 2007 which was 172,912 US$, the EPI was able to finance activities until mid-April 2008. From that point onwards, it will face difficulties in financing the planned GAVI activities. Thus, under the pressure of the vaccine coverage objectives to be reached in 2008, the programme will prefinance certain activities for a sum of 213,442 US$, grants which were initially designed for carrying out activities relating to the introduction of the Hib. These funds will be restored with the 2007 award as soon as it is available. There is, therefore, no report for 2009.

1.1.3 ICC Meetings

How many times has the ICC met in 2008? ***Four (04)***
Please join the minutes of all ICC meetings (DOCUMENT N°.....) held in 2008, and in particular the minutes of the meeting where allocation and use of the funds was discussed.
There were no ICC meetings on fund allocation in 2008, although the annual budget action plan was validated by the ICC.

Are civil society organisations members of the ICC: ***[Yes/No]***
If yes, which?

List the CSO members of the ICC
Conférence Islamique [Islamic Conference]
Service Catholique de la Santé [Catholic Health Service]
Conseil des Eglises Protestantes du Cameroun (CEPCA) [Cameroon Council of Protestant Churches]

Please describe the main activities carried out to strengthen vaccination, as well as any difficulties encountered in the creation of your multi-year plan.

- Elaboration of EPI 2008 Action Plan and its validation by the ICC;
- Evaluation of EPI activities for 2007 and presentation of the results to the ICC;
- Four (04) meetings of the ICC took place in 2008 and were personally chaired by the Minister for Public Health;
- Organisation of three editions of Action Week for Health and Mother and Baby Nutrition (SASNIM) in January, August and December 2008;
- Organisation of Local Vaccination Days (LVD) against polio in April in all three regions: coastal, extreme-north and south-west.
- Organisation of LVD Polio in May and June
- Two campaign tours MNT in 50 High Risk Health Districts in May and July;
- Finalisation of the GAVI request for introduction of a vaccine against pneumoccocal infections in 2010 ;
- Revision of cMYP 2008-2011 in April;
- Re-updating of the EPI Norms and Standards Document;
- Preparatory activities for the introduction of the vaccine against Hib infections;
- Training supervision: centrally, a general EPI supervision (April) and specific supervisions on epidemiological monitoring in the 10 regions have been carried out; support for supervision of regions towards districts and districts towards health areas;
- Receipt, release of batches and distribution of vaccines in the regions;
- Training of regional units and staff at the central level on the use of the DQS tool.

Difficulties encountered:

- Conflict of priorities and agendas between routine EPI activities and multiple vaccination campaigns and other integrated activities;
- Lack of funds to follow-up the EPI (MLM) management courses in the rest of the regions and specific support to poorly-performing districts;
- Huge lack of vehicles to create the advanced strategy in the enclave zones (motorbikes) and the training supervision in the health areas (vehicles);
- Lack of financing of monitoring activities on all levels.

Attachments:

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

a) The minutes (DOCUMENT N°**1: ICC meeting of 15th April 2009**____) from the ICC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting in which the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT No. ____) (e.g. – the Auditor General's Report or equivalent) from the **account(s)** to which the GAVI ISS funds are transferred. **NA. The procedures used up to this point did not advocate these provisions.**
c) Detailed Financial Statement (DOCUMENT No. **2: detailed financial report 2008**___) of funds spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller from the Ministry of Health and/or Ministry of Finance and by the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was carried out in 207 or 2008, please list the recommendations below:

List the main recommendations of the DQA

- No DQA took place in 2007 or 2008.

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

OUI ☐ **NON** ☐

If yes, please indicate how much progress has been made in its implementation and attach the plan.

Please indicate the ICC meeting in which the action plan for the last DQA was reviewed and adopted by the ICC. **[month/year]**

Already done in the 2005 progress report.

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

Indicate the studies conducted: ***N/A***

Indicate the problems encountered while collecting and reporting administrative data:
N/A

1.2. New and Underused Vaccines Support (NVS)

1.2.1. Receipt of new and underused vaccines during 2008

When was the new or underused vaccine introduced? Please include change in doses per vial and change in vaccine presentation, (e.g.– DTP + Hep B mono to DTP-Hep B)

[Specify the new and underused vaccine introduced in 2008]
No vaccines were introduced in 2008

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

Vaccine	Vial size	Total number of doses	Date introduced	Date received (2008)
DTP-HepB	**10 doses**	**453,500**		**16 May 2008**
Yellow fever	**10 doses**	**273,600**		**13 June 2008**
DTP-HepB+Hib	**2 doses**	**232,500** **402,900**		**02 December 2008** **09 December 2008**

Where appropriate, please report any problems encountered.

The 635,400 doses of DTP-HepB+Hib received are a prepositioning of the vaccine for the introduction which is planned for February 2009. The real reason being postponement of the introduction following overstocking of the tetravalent vaccine in the country.

1.2.2. Primary activities

Please provide an overview of the primary activities that have been or will be undertaken with respect to introduction, phasing-in, service strengthening, etc. and describe any problems encountered.

In 2008, efforts were made in:

1) Strengthening the operation of the National Regulation Authority (NRA)
In order to ensure the quality of vaccines used in the country, an Institutional Development Plan (IDP) was drawn up with the support of the WHO in November 2008. 47 batches of vaccines were received, macroscopically analysed (checking of their conformity with documents including: name of the vaccine, date of manufacture and expiry date, description, stability of the preparation, address of the manufacturer and batch number) and on the basis of documentary checks (manufacture protocol, quality control, export certificate from the country of origin, market authorisation in Cameroon.

2) Pharmacovigilence: 213 cases of minor AEFI have been reported

3) Transport material: 16 4x4 vehicles have been acquired with HIPC funds with a view to improving the performance of the health districts and 11 others with C2D funds to ensure logistical monitoring in the regions.

4) Cold chain: To ensure the best use of cold equipment to be acquired in 2009, a study

on contracting out the maintenance of equipment was awarded and is in the process of being carried out. Files have been prepared in 2008 to launch an invitation for tenders to update the national cold equipment maintenance plan, building upon the skills of their users. Moreover, with the aim of increasing the storage capacity of vaccines, calls for tenders were launched to obtain eight cold rooms, eight generators, 1400 refrigerators and 198 freezers with C2D funds.

5) Injection safety: calls for tenders were launched to acquire 80 incinerators.

1.2.3. Use of GAVI funding entity support ($100,000 USD) for the introduction of the new vaccine

These funds were received on: ***6 February 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 USD USD	Date received	Balance remaining in USD	Activities	List of problems
2008	258,096	06/02/2008			
	973			Develop a media plan (multiplex)	
	5,153			Develop and test messages and audio-visual aids for social mobilisation on the Hib in the EPI	
	8,296			Organise official launch ceremonies in the ten regions	
	3,813			Produce and copy Mobosoc messages and audio-visual aids	
	10,137			Receive and distribute vaccines in the regions and HDs	
Total	**32,964**		**203,664**		

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **April 2005**

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

N/A

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

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

Main activities in the Action Plan to improve the system of supply in Cameroon, 2008:

- **Systematise vaccine approval, regardless of their provenance**
- **Develop/adapt batch recall procedures**
- **Disseminate vaccine approval updates**
- **Develop/adapt a technical specification sheet for EPI vaccines**
- **Develop/adapt a specification sheet for the purchase of EPI vaccines**
- **Develop/adapt a joint vaccine approval procedure (EPI, NCEDS, UNICEF);**
- **Ensure follow-up and feedback on vaccine use**
- **Put into place a system for maintaining cold chain equipments**
- **Train relevant staff in the management of vaccines and cold chain management**
- **Make funds readily available for the purchase of vaccines from NCEDS as required.**

When will the next EVSM/VMA* be conducted? **2009 by the IST**

***During GAVI Phase 2, all countries will need to conduct an EVSM/VMA in the second year of the new vaccine support.**

Table 1.2

Vaccine 1: ***Yellow fever***	
Anticipated stock on 1 January 2010	***302,300***
Vaccine 2: DTP-HepB+Hib (pentavalent vaccine)	
Anticipated stock on 1 January 2010	***656,462***
Vaccine 3:	
Anticipated stock on 1 January 2010	*.....*

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving injection safety support in cash or in kind? ..**N/A the INS funds ended in 2005.....**

Please report on the receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as needed). ***N/A***

Injection safety equipment	Quantity	Date received

Please report on any problems encountered.

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

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

Traditional vaccine injection material and a share of new vaccines has been taken over by the Government.

The safety material is purchased through the National Centre for Essential Drug Supply (NCEDS), which is annually funded by the Government (HIPC). These purchases respect the principle of bundling and include:

- **Auto-disable syringes**
- **Dilution syringes**
- **Safety boxes**

Please report the methods of disposing of sharps waste.

There is a document on the National Strategy on Injection Safety and the Disposal of Used Injection Equipment.
Waste from vaccination injections are collected in safety boxes. These are incinerated where incinerators exist, and burnt and buried in pits in areas where there are no incinerators.

However, the management of other hospital waste remains a general problem. The country has recently developed a management plan for biomedical waste which will, without a doubt, address this issue.

Please report problems encountered during the implementation of the transition plan for safe injections and safe management of sharps waste.

Problems encountered:

Lack of means for the construction of incinerators such as those planned in the long term EPI plan.

Lack of central and intermediate dry storage space. To resolve this problem, five new storage warehouses were built in 2008, including one at the central level and four at the regional level. Five other warehouses are being built in the regions. Despite this, the problem remains.

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: ***N/A***

N/A

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 fill in the following table using USD.

	Reporting Year 2008	Reporting Year + 1 (2009)	Reporting Year + 2 (2010)
	Expenditures (in USD)	Budgeted expenditures (in USD)	Budgeted expenditures (in USD)
Expenditure by category			
Traditional vaccines	**1,779,636**	**2,222,222**	**1,042,590**
New vaccines	**364,420**	**5,749,500**	**703,000**
Injection equipment	**140,844**		**740,005**
Cold chain equipment	**412,151**		**238,788**
Operational costs	**12,807,534**	**11,577,837**	**27,781,019**
Other (please specify)			
Total EPI	**15,504,585**	**19,549,559**	**30,505,402**
Total public expenditures for health	**4,850,296**	**3,022,222**	**13,813,072**

Exchange rate used	**450 F CFA**

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 of 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, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

MONTH	Expenditures	Financing		
		Real financing	Expected financing	Deficits
January	423,216	423,216	435,044	11,828
February	105,667	105,667	221,674	116,008
March	769,699	769,699	2,225,103	1,455,404
April	1,319,743	1,319,743	3,522,124	2,202,381
May	1,402,763	1,402,763	911,409	491,354
June	5,013,242	5,013,242	12,591	5,000,651
July	1,895,400	1,895,400	10,005,204	8,109,805
August	221,894	221,894	459,284	237,391
September	72,917	72,917	56,818	16,098
October	694,955	694,955	1,480	693,475
November	2,787,522	2,787,522	138,991	2,648,531
December	797,566	797,566	19,513,255	18,715,688
TOTAL	15,504,585	15,504,585	37,502,979	21,998,394

The analysis of 2008 financing demonstrates that:

Financial projections have anticipated that Government and other partners' contributions will rise to 37,502,979 § but the various obstacles encountered during the development of the Action Plan enabled the mobilisation of slightly more than half of the expected finance: 15,504,585 §

The gap of 21,998,394 is due to the non-mobilisation of C2D funding (8,861,213§) and HIPC funding (7,748,029§).

Government funding was reduced particularly concerning the de-blocking of allocated funding. The partners raise more funds during mass activities

In terms of expenditure:
It can be seen that vaccine purchase and the operational costs of campaigns and such like constitutes 91% of costs, i.e. 14,149,291§.

In terms of future financing, the Government has committed itself during the development of cMYP to increase its share of the budget to support the costs in light of the sustainability of the programme. But this depends on maintaining GDP growth at a rate of 5% during the coming decade. But the financial crisis has arrived and brought with it budgetary restrictions, such as took place since last year. This has made the freeing up of allocated funds very laborious. Nevertheless, vaccination must remain a priority, which is why the reduction in gaps in the cMYP depends upon the level of Government engagement and its partners. Allocation of funds to the programme depends above all on the impetus given by the Government to the EPI in the years to come.

EPI financial viability strategies
Achieving the objective of 90% depends upon the availability of financial, human and material resources, with a view to effectively and efficiently developing EPI activities. This requires that each partner respects their commitments and makes readily available the necessary contributions to put the activities into place. To resolve the gaps, the EPI and its partners must put into place the following strategies:

Axis 1: Mobilisation of additional resources

- **For joint financing, a request will be made to the decision-makers in order that vaccination becomes a national priority and consolidated within the framework of the development of vaccinal independence and the introduction of new vaccines;**
- **To increase vaccination funding, the Government will have to constantly and perennially increase the resources to promote child survival in general and the EPI in particular; to do so, Government funds must count alongside additional resources such as the HIPC funds, MDRI and C2D.**
- **Effective strategies for mobilising additional funds will be developed, thus awareness raising activities will be carried out so that the community finances 1% of the costs of vaccination; this has already been broached during vaccination campaigns.**
- **Meetings will be organised with the heads of large businesses in order that they adhere to the 5% of the vaccination financial strategy to be covered by the private sector.**

Axis 2: Improving the sustainability of resources

Although the political will of the Government to finance vaccination has already been demonstrated and is visible with the aim of vaccinal independence, the sustainability of these resources is often reduced due to problems linked to the mobilisation of resources to effectively be used for EPI activities in line with the schedule. With a view to ensure that resources are mobilised in their entirety and on time, the following actions are necessary:

- **Ensure a request for cutting red-tape required to free up resources allocated to EPI at all levels, in order to make all resources available on time for EPI activities; it should be noted that since 2009, the funds allocated to the purchase of vaccines are nevertheless held by the Ministry for the Economy, Planning and Development, (MINEPAT), in order to improve the availability of equivalent funding previously held by the Ministry of Finance (MINFI) and whose withdrawal process were time-consuming;**
- **Raise awareness among members of the ICC regarding the timely mobilisation of their contribution to the cMYP budget;**
- **Ensure rigorous and transparent management of mobilised resources;**
- **Develop an Administrative, Financial and Logistical Management manual;**
- **Maintain the overall vaccination budgetary procedures with a larger scope than just the Government funds (MTEF = Medium Term Expenditure Framework).**

Axis 3: Improve the efficacy of use of available resources

The actions to be taken within the framework of this axis will enable us to optimise the use of human, financial, material and logistical resources mobilised in aid of EPI activities.

In detail, this will involve:

- **Strengthening capacity of people in the field at all levels of programme management: planning, coordination, training supervision and integrated monitoring;**
- **Reducing the waste rate of vaccines from 15% to 10% between 2007 and 2011 for freeze-dried vaccines (yellow fever and measles) and from 15% to 5% for liquid vaccines (DTP-HepB-Hib) over the same period while strengthening the policy on the use of open vials and the Vaccine Control Stickers (VCS) by workers in the field, and ordering of vials with a smaller and smaller number of doses;**
- **Strengthening the follow-up of vaccine waste**
- **Strengthening communication supporting the programme by intensifying and refocusing the work of workers involved in the social mobilisation of communities to promote vaccination in general and the introduction of new vaccines in particular;**
- **Finalising the strategic procedures document on the maintenance of cold chain equipment and proceed to its effective implementation;**
- **Reducing the drop-out rate by strengthening follow-up of people who slip through the net by using community outreach workers and other social mobilisation workers**
- **Signing performance contracts between associations, health services and rural community radio stations**
- **Integrating into the vaccination programme high impact interventions for child health to improve cost effectiveness (vitamin A, de-parasite treatment, distribution of treated mosquito nets, etc)**

- **Putting into place more incentives to retain staff in charge of vaccinations, including community outreach workers**
- **Harmonising administrative and financial procedures of different EPI partners**
- **Training 332 staff in administrative, financial and logistical management**
- **Installing fund management software at central and regional levels.**

Future Country Co-Financing (in USD)

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:

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

1st vaccine: ***Yellow fever***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Level of co-financing per dose of vaccine		**0.35%**					
Number of vaccine doses	#	289,400					
Number of AD syringes	#	253,700					
Number of re-constitution syringes	#	32,200					
Number of safety boxes	#	3,175					
Total value to be co-financed by the country	$	$289,000					

Source: Analysis of 2007 Report
The 2011 data do not feature in the 2007 Report.

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

2nd vaccine: ***DTP Hep B+Hib***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Level of co-financing per dose of vaccine		0.17%	0.40%				
Number of vaccine doses	#	115,500	158,600				
Number of AD syringes	#	121,900	167,800				
Number of re-constitution syringes	#	64,100	88,000				
Number of safety boxes	#	2,075	2,850				
Total value to be co-financed by the country	*$*	$387,500	$499,500				

Source: Analysis of 2007 Report

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

3rd vaccine: ***Pneumoccocal***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Level of co-financing per dose of vaccine		**3.87%**	**4.46%**				
Number of vaccine doses	#	192,900	188,900				
Number of safety boxes	#	2,150	2,100				
Total value to be co-financed by the country	*$*	$587,000	$574,500				

Source: Approval Document

Table 2.3: Co-financing by the country during the reporting year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st vaccine awarded (**Yellow fever)**	**September 2008**	**December 2008**	**September 2009**
2nd vaccine awarded (**DTP-HepB+Hib)**			**September 2009**
3rd vaccine awarded			

Q. 2: How much did you co-finance?		
Co-Financed Payments	Total amount in USD	Total number of doses
1st vaccine awarded (**Yellow fever**)	**268,500**	**269,800**
2nd vaccine awarded **(DTP-HepB+Hib)**	**220,000**	**60,000**
3rd vaccine awarded		

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

If the country is in default, please describe and explain the steps the country is planning to take to discharge its obligations**. N/A**

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

*Part 3 relates to the request for new and under-used vaccines and injection safety supplies for **2010**.*

3.1. Updated immunization targets

*Please provide justification and reasons for changes to baselines, 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 for Immunization Activities** in the space provided below.*

*Are there changes between table A and B? **Yes***

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

Provide justification for any changes ***in births**: **N/A***

*Provide justification for any changes **in surviving infants**: **N/A***

Provide justification for any changes **in the targets by vaccine**: **Increase in the vaccinal coverage objective for the baseline antigen, and the anti-tetanus vaccine in pregnant women with the aim of boosting vaccinal coverage and achieving the objectives set in the cMYP revision framework.**

Provide justification for any changes **in wastage by vaccine**: **N/A**

Vaccine 1: Yellow fever

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.

- Please summarize 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 immunizations performed with the new vaccine pentavalent

	Use data from:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be immunized with the third dose of the vaccine	*Table B*	#	**NA**					
Target immunization coverage with the third dose	*Table B*	#	**NA**					
Number of children to be vaccinated with the first dose	*Table B*	#	728,754					
Estimated vaccine wastage factor	*Excel sheet Table E - Tab 5*	#	1.25					
Country co-financing per dose *	*Excel sheet Table D - Tab 4*	$	**0.35**					

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

Source: analysis of GAVI Report 2007
The 2011 data do not feature in the 2007 report

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate in USD)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	673,600					
Number of AD syringes	#	590,500					
Number of re-constitution syringes	#	74,800					
Number of safety boxes	#	7,400					
Total value to be co-financed by GAVI	**$**	$672,500					

Source: Analysis of the GAVI Report 2007
The 2011 data do not feature in the 2007 report

Vaccine 2: DTP HepB+Hib

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of immunizations performed with the new vaccine

	Use data from:		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	*Table B*	#	**728,754**	**758,220**				
Target immunization coverage with the third dose	*Table B*	#	**90%**	**91%**				
Number of children to be vaccinated with the first dose	*Table B*	#	**744,948**	**783,216**				
Estimated vaccine wastage factor	*Excel sheet Table E - Tab 5*	#	**1.05**	**1.05**				
Country co-financing per dose *	*Excel sheet Table D - Tab 4*	$	**0.15**	**0.17**				

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

Source: Analysis of the GAVI Report 2007

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate in USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	2,161,400	2,338,800				
Number of AD syringes	#	2,281,400	2,473,900				
Number of re-constitution syringes	#	1,199,600	1,298,000				
Number of safety boxes	#	38,650	41,875				
Total value to be co-financed by GAVI	**$**	$7,245,000	$7,367,500				

Source: Analysis of GAVI Report 2007

Vaccine 3: Pneumococcal vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of immunizations performed with the new vaccine

	Use data from:		2010	2011	2012	2013	2014	2015
Number of children to be immunized with the third dose of the vaccine	*Table B*	#	**728,754**	**758,220**				
Target immunization coverage with the third dose	*Table B*	#	**90%**	**91%**				
Number of children to be vaccinated with the first dose	*Table B*	#	**744,948**	**783,216**				
Estimated vaccine wastage factor	*Excel sheet Table E - Tab 5*	#	**1.05**	**1.05**				
Country co-financing per dose *	*Excel sheet Table D - Tab 4*	$	**3.87**	**4.46**				

* 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, USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	2,740,400	2,308,500				
Number of safety boxes	#	30,425	25,625				
Total value to be co-financed by GAVI	**$**	$8,335,000	$7,021,500				

Instructions for reporting on HSS funds received

1. As a results-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 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 May 15th 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 Annual Progress Reports. In this case, the report may be returned to the country, which could cause delays in the disbursement of additional HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of any new HSS funds.
5. If needed, please use additional space beyond what is provided in this form.

4.1 Information relating to this report:

a) Fiscal year runs from the

b) This HSS report covers the period from **January to December.**

c) Duration of current National Health Plan is from **October 2007** (month/year) **to December 2008** (month/year).

d) Duration of the cMYP: **2007-2011**

e) What is the name of the individual responsible for compiling this HSS report to be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

Full name: Dr René Owona Essomba

Position: Head of the Technical Secretariat of the ST/CP-SSS

Telephone: (237)22 22 60 78 / 76 11 35 00

Email: setesss@yahoo.fr

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 the necessary verification of sources and for 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 March 10, 2008. Minutes of said meeting have been included as annex XX to this report."

This report was drafted by the Technical Secretariat of the Strategic Health Sector Pilot Committee (ST/CP-SSS) The report was finally sent to the Health Sector Coordination Committee (CP-SSS) for final review and approval.

The Annual Progress Report 2008 of activities financed by the GAVI Alliance and the GAVI Request for Funds for the year 2010 were adopted as presented. Nevertheless, the Pilot Committee wanted MINEPAT to proceed to update their internationally-published data (e.g. EPI data), to ensure that the different documents produced by Cameroon are coherent. The MINEPAT representative was asked to relay this message. The Head of the ST/CP-SSS should also be sending a letter from the Minister for Public Health to MINEPAT in this regard.

Within the framework of building a single report for all the GAVI Alliance Funding Windows, the present report has been revised (without HSS window amendments) on the 7th of May 2009 by the IVD Central Africa team, member of the SRWG for the Centre and West.

Name	Organization	Role played in report submission	Contact e-mail and telephone number
Government focal point to contact for any clarifications			

Dr Rene Owona Essomba	**ST/CP-SSS**	**Co-ordination**	**Telephone: (237)22 22 60 78 / 76 11 35 00** **Email: setesss@yahoo.fr**
Other partners and contacts who took part in putting this report together			
Dr Marie Kobela	**EPI**	**Coordination**	**Telephone: (237) 22 23 09 42** **Email: gtc_pev@yahoo.fr / mariekobela2006@yahoo.fr**

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. However, this section should mention the MAIN sources of information were and any SIGNIFICANT issues raised in terms of the validity, reliability, etc. of the information shown. 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 figures were compared and cross-checked 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.*

The main sources of information used were the internal ST/CP-SSS documents and the EPI documents, notably:

- **the technical and financial preparatory report 'SWAp Health' (2007-2008)**
- **the ST/CP-SSS Action Plan 2009**
- **the EPI 2009 Action Plan**

The MICS 2006 Study Report was also consulted, among others.
These documents have been joined as appendices b, f and g.

g) In compiling 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? Do you have any suggestions for improving the HSS section of the APR report? Is it possible to improve harmonization between HSS reporting and existing reporting systems in your country?

The change in framework has introduced requirements which were previously not applicable. For example, signature by the Financial Controller of MINSANTE having been given while the GAVI funds are transferred directly to the *CAA*.

Where required, it is the *CAA* who signs the bank account withdrawal paperwork.

Moreover, the previous form for HSS support was used and approved by the Pilot Committee and signed by the Ministers in charge of Public Health, Finances and

Economy and Planning before this report was consolidated using the current framework.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this Annual Progress Report, the measurement period is the calendar year, but in future it is desirable for fiscal year reporting to be used:

	Year				
	2007	2008	2009	2010	2011
Amount of funds approved	**1,857,943**	**1,911,823**	**1,967,305**	**2,024,315**	**2,083,020**
Date the funds were received	**08/11/07**	**30/04/08**	**03/02/09**		
Amount spent	**870,740**	**868,140**			
Balance	**764,202**	**713,380**			
Amount requested	**1,857,943**	**1,911,823**	**1,967,305**	**2,024,315**	

Amount disbursed in 2008: **1,581,520 USD**

Total remaining balance: **713,380 USD**

The amount received in CFA is greatly smaller than that which had been calculated at the time of submission of the request in 2006 (exchange rate of USD to 500CFA), validated and released by GAVI; this situation threatens the execution of activities as set out in the request. For example, the table below presents the situation of funds received from GAVI-HSS at the 2006 exchange rate used at the time of submission of the request from Cameroon in 2006.

	Year		
HSS Resources	**2007**	**2008**	**TOTAL**
AMOUNT APPROVED AND RELEASED (USD)	**1,857,943**	**1,911,823**	**3,769,765**
AMOUNT EXPECTED IN CFA	**928,971,250**	**955,911,250**	**1,884,882,500**
AMOUNT RECEIVED IN CFA	**817,470,968**	**790,760,019**	**1,608,230,987**
EQUIVALENT OF THE AMOUNT RECEIVED IN USD	**1,634,942**	**1,581,520**	**3,216,462**
EXCHANGE RATE LOSS IN USD	**-223,001**	**-330,302**	**-554,303**

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, monitoring and evaluation, 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 the management and evaluation of HSS funds, and to what extent is this management and evaluation integrated into country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS activities in reporting year (i.e.–2008)						
Primary activities	**Planned activity for reporting year**	**Report on progress (% completed)[3]**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1: Integrated sanitation planning						
Activity 1.1: Provincial training and harmonisation workshops	X	0%	-	-	-	Reprogrammed for 2009
Activity 1.2: HDDP elaboration workshops			-	37,868	-37,868	

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

2008-2011 (90 HDs)						
Activity 1.3: Provincial workshops on HDDP coherence 2008-2011	X	Activity carried out matching 144 HDDP drafts 1 and 8 Consolidated Regional Health Development Plans (CRHDP) (80%)	-	60,042	-60,042	The activity which has seen the most delay due to lack of funding, will be carried out in 2009 in the two other regions (Centre and Extreme North). Because of the delay, stakeholder conferences with a view to approving the HDDP at the HD level and the CRHPD at the intermediate level scheduled for 2008 has been delayed to 2009. This also holds for the consolidation of HDDPs at the national level.
Activity 1.4: Conference of stakeholders affected by the HDDP (90 HDs)	X	0%	-	-	-	Reprogrammed for 2009
Activity 1.5: AWP elaboration workshops of HD (90) from year 2	X	0%	340,200	-	340,200	Reprogrammed for 2009
Activity 1.6: Provincial Project Approval	X	0%	-	-	-	Delayed. Reprogrammed for 2009

Workshop on the Consolidated Provincial Plan on Health Development (HDDP)						
Activity 1.7 Provincial harmonisation workshops for developing AWPs from year 2	X	0%	-	-	-	Reprogrammed for 2009
Activity 1.8: Elaboration of provincial AWPs 2008	X	0%	40,400	-	40,400	Reprogrammed for 2009
Activity 1.9: Data quality audit (SQI), planning and framing in the HDs	-	The Data Quality Audit on management of the different HDDP processes in 8 of the 10 regions which make up the country	-	-	-	

		(100%)				
Support Functions						
Management						
Monitoring and evaluation						
Technical support						

Table 4.4 note: This table should provide updated information on the work underway in the first part of the year at which time this report is being submitted (e.g.– between January and April 2009 for reports submitted in May 2009).

The column on "expenditures planned for next year" should correspond to the estimates provided in the Annual Progress Report from last year (Table 4.6 of last year's report) or –in the case of first-time HSS reporters- should correspond to the data given in the 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: HSS Activities planned for current year (i.e.–January through December 2009) with emphasis placed on those activities that were carried out between January and April 2009

Primary activities	Planned Activity for current year (i.e. 2009)	Planned expenditure in the coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1: Planning integrated sanitation			-		
Activity 1.1: Provincial training and harmonisation activities	X	200,808	-	200,808	
Activity 1.2: HDDP Development workshops 2008-2011 (90 HDs)		-	37,868	-	
Activity 1.3: Provincial workshops on developing HDDP project coherence 2008-2011	-	-	- 60,042	-	

Activity 1.4: HDDP stakeholder conference (90 HDs)		**-**	**-**	**-**	**Activity delayed and rescheduled for 2009**
Activity 1.5: AWP HD (90) development workshops from year 2	**X The AWP development framework has been created and the IT interface is under development**	**340,200**	**340,200**	**340,200**	**Activity delayed and rescheduled for 2009**
Activity 1.6: Provincial project validation workshop on the consolidated provincial health development plan (HDDP)	**-**	**-**	**-**	**-**	**Activity delayed and rescheduled for 2009**
Activity 1.7: Provincial harmonisation workshops on development of AWPs from year 2	**X**	**173,944**	**-**	**173,944**	**Activity delayed and rescheduled for 2009**
Activity 1.8: Development of 2008 provincial AWPs	**X**	**40,400**	**40,400**	**40,400**	**Activity delayed and rescheduled for 2009**
Activity 1.9: Data Quality Audit, planning and framing in the HDs	**X Technical specification sheet developed and submitted to the DEP for allocation**	**228,000**	**-**	**228,000**	
Objective 2: Integrated Monitoring					

Activity 2.1: National training workshop for trainers on using integrated monitoring tools	**3 technical specification sheets have been developed: finalisation of tools, preparatory reprocessing of seminars, training of trainers and workers and submission to DES for allocation**	**-**	**-**	**-**	**Activity delayed and rescheduled from 2009**
Activity 2.2: Finance the training of staff at provincial level and at health district level in the use of integrated monitoring tools (representative of the ECD community, IHC team)					
Objective 3: Integrated supervision					
Activity 3.1: Financing the short term consultation of harmonisation and updating of integrated supervision grids from the CSSD and the CCSI	**X** ***Ad hoc* Committee created, charged with re-organising integrated supervision**	**-**	**-**	**-**	
Activity 3.2: Financing training on integrated supervision of CSSD and CCSI (175 HDs)		**460,883**	**440,883**	**460,883**	**From 2009**

Objective 4: Integrated co-ordination					
Activity 4.1: Elaboration and validation of contents and means of organising co-ordination meetings by level			**-**		
Activity 4.2: Finance co-ordination and monitoring meetings by level (central level: 2, provincial: 2, HD: 4)	**X**	**332,600**	**274,884**	**332,600**	
Activity 4.3: Financing monthly monitoring sessions of the IHC in the HDs with poor IC	**X**	**167,400**	**22,359**	**167,400**	
Objective 5: Support activities					
Activity 5.1: Acquiring transport equipment and maintaining it, year 1	**X**	**23,070**	**-**	**23,070**	
Support costs					

Management costs					
M&E support costs					
Technical support					
TOTAL COSTS		**1,967,305**	**1,020,817**	**1,967,305**	**(This figure must correspond to that for 2009 in table 4.2)**

Table 4.5: HSS Activities planned for next year (i.e.–2010). This information will help GAVI to plan its financial commitments.					
Primary activities	**Planned activities for current year (i.e.–2009)**	**Planned expenditure in the coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1: Integrated sanitation planning					
Activity 1.1: Provincial training and harmonisation workshops	**X**	**-**	**-**	**-**	
Activity 1.2: HDDP 2008 elaboration workshops (90 HDs)	**-**	**-**	**- 37,868**	**-**	
Activity 1.3: Provincial activities to develop coherence in HDDP projects 2008-2011	**-**	**-**	**- 60,042**	**-**	
Activity 1.4: HDDP stakeholders conference (90 HDs)	**-**	**288,900**	**-**	**288,900**	
Activity 1.5: AWP Development workshops for HDs (90) from year 2	**X**	**360,000**	**340,200**	**360,000**	

Activity 1.6: Provincial	**-**	**-**	**-**	**-**	
Activity 1.7: harmonisation workshops on development of AWPs from year 2	**X**	**120,000**	**-**	**120,000**	
Activity 1.8: Provincial AWP 2008 elaboration	**X**	**54,000**	**40,400**	**54,000**	
Activity 1.9: Data quality audit, HD planning and framing	**X**	**220,000**	**-**	**220,000**	
Objective 2: Integrated monitoring					
Activity 2.1: National training workshop for trainers in use of integrated monitoring tools	-	-	-	-	
Activity 2.2: Financing training of staff at the provincial and health district level in the use of integrated monitoring tools (representative of the community, ECD, IHC team)	-	-	-	-	

Activity 2.3 Supporting integrated M & E activities	-	-	-	**CF SUPPORT COSTS**	
Objective 3: Integrated supervision					
Activity 3.1: Financing short-term consultation of harmonisation and updating of integrated supervision grids from CSSD and CCSI	-	-	-	-	
Activity 3.2: Financing the integrating supervision training of CSSD and CCSI (175 DS)	**X**	**120,000**	**440,883**	**120,000**	
Objective 4: Integrated co-ordination					
Activity 4.1: Elaborate and approve the content and organisational methods of co-ordination		-	-	-	

meetings by level					
Activity 4.2: Financing co-ordination/monitoring meetings by level (central level: 2, provincial: 2, HDs: 4)	**X**	**426,215**	**274,884**	**426,215**	
Activity 4.3: Financing monthly monitoring sessions of IHC in the HDs with poor IC	**X**	**60,000**	**22,359**	**60,000**	
Objective 5: Supporting activities					
Support costs					
Management costs		**62,400**		**62,400**	
M&E support costs		**150,000**		**150,000**	
Technical support		**162,800**		**162,800**	
TOTAL COSTS		**2,024,315**	**1,020,817**	**2,024,315**	

4.6 Programme implementation for reporting year:

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

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

Cameroon's request for HSS-GAVI funds submitted in October 2006 was approved on the 8th of August 2007 by the Administrative Council of the GAVI Alliance and the funds for the first year were released on the 8th of November 2007. This release, which was late in relation to the initial development plan, led to a slip in the timescale of the scheduled activities.

Achievements / Impact
In 2008, as a result of joint GAVI-HSS and UNICEF funding, activities relating to integrated sanitation planning at the operational level (Health District (HD) level). It was this which enabled finalisation of the 144 Health District Development Plans (HDDP) for the period 2009-2012 in the 172 operational Health Districts. These HDDPs were consolidated at the level of 8 Public Health Regional Delegations (PHRD) of the existing 10, each matched with a Consolidated Regional Plan on Sanitation Development (CRSDP) 2009-2012. With in the framework of SWAp health, this work is ongoing and will, over the course of 2009, lead to:

- **achieving consolidation in the two remaining PHRDs**
- **national consolidation in HDDPs for producing a Multi-year Sanitation Development Plan (MSDP) 2009-2012, an essential element of the SWAp shared programme.**
- **elaboration of an Annual Work Plan 2009 (AWP 2009) for each of the 172 Health Districts**
- **Consolidation of the AWP at regional and central levels**

NB Each HDDP integrates equally well activities to strengthen the health system as the requirements for services and health care, notably those relating to maternal and infant health.

Simultaneously, in collaboration with the Extended Programme on Immunization (EPI), staff at each level have been trained in using the integrated monitoring tool[4] and subsequently integrated monitoring sessions have been carried out in all 172 operational Health Districts reporting to the PHRD.

The following activities are planned:
In 2009, under the presidency of the General Secretary of MINSANTE, a national review based on the results of the above-mentioned monitoring on joint financing (GAVI-HSS and C2D) will be carried out. This national review will form a co-ordination forum during which this monitoring tool can be evaluated with a view to improving it in order that it better responds to the needs of the development of the Sectoral Health Strategy (SSS), notably in terms of the high-impact interventions in evolution towards the MDGs.
Activities in preparation for the data quality audit through the Systemic Quality Improvement (SQI) approach, will be carried out in 2009. The quality audit itself will be carried out in 2010 and will be matched against a 2011 improvement plan.

[4] The integrated monitoring tool covers not only the EPI interventions but also other health interventions.

Support for development of M & E activities in 2010, following the creation of training scheduled for 2009.

Problems encountered and solutions envisaged:
The development of activities such as those planned in the request continues to be delayed as a result of the delay in the release of funds in year 1 of the programme.
The PHRD from the Centre and the Extreme-North have not yet consolidated their 2009-2012 plan, as a result of lack of funding.

In terms of solutions, some activities from year 1 and year 2 which have not taken place will be postponed until year 3 (2009). A request for funding sent from MINSANTE to the UNFPA in 2008 was re-launched in March 2009 to finance the consolidation of HDDPs by the PHRDs from the Centre and the Extreme-North.

The shared financing mechanisms of SWAp having not yet been established, it has become increasingly difficult for ST/CP-SSS to finance all the management activities and associated administrative costs with only the compensatory funds which have significantly reduced with the delay in SWAp start-up. In order to overcome this difficulty, a new spending heading entitled "other administrative costs" has been created within the activity entitled "ST/CP-SSS support".

b) Are any civil society organizations involved in the implementation of the HSS proposal? If so, please describe their participation. For those pilot countries that have received CSO funding there is a separate questionnaire at the end of the HSS section focusing exclusively on the CSO support.

The pilot committee (CP-SSS), which comprises civil society organisations (NGOs/Associations, denominational groups, alternative therapists) and partners, the Minister for Health and related sectors, is the organism charged with piloting and following up on the development of the updated Sectoral Health Strategy (SSS) 2001-2015. This Committee meets twice a year in Ordinary meetings: in March to approve the Action Plan and in September to evaluate it in light of the development of the Operational Plan the following year. When required, extra-ordinary sessions can be organised.

At the central level, four civil society organisations promoting or providing health care services represent their peers in the Sectoral Strategy Pilot Committee. They are:

FESADE: Femme Santé Développement, represented by Ms Damaris Mounlom
OCASC: Organisation Catholique pour la Santé au Cameroun, represented by Dr Jean-Robert Mbessi
PESSAF: Drinking water promoters and health without borders group represented by Mr Marcel Felix Nkoum
Association of Alternative Therapists by Modibo Halidou Ibrahima

In terms of decentralised services, the CSOs participate as members in the integrated planning teams put into place by the MINSANTE.

In order to better co-ordinate the CSO and to improve how well they represent their peers within the CP-SSS, a type-A request for a mapping exercise of the CSOs has been send by MINSANTE to the Secretariat of the GAVI-ALLIANCE. This request was approved in March 2009 and the mapping exercise will be carried out in 2009.

4.7 Financial overview during 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. As such, they should not be considered 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.

The funds received by GAVI-HSS are used in line with the budget presented in Cameroon's request. They appear at the end of the budget exercise in the results of the country's general budget as DONATIONS (GRANTS) via the *Caisse Autonome d'Amortissement (CAA)* which is the government body responsible for monitoring external finance. The CAA sends data on external finance to the *Direction Generale du Budget* with a view to their integration. The data are also sent to the *Direction Generale du Tresor* to be taken into account in the Treasury accounts (section: global multilateral cooperation donations, or bilateral European Union and other European countries donations).

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

The procedure for an internal audit is underway.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	**Objective (annual 2008)**	**Indicator**	**Numerator**	**Denominator**	**Data Source**	**Baseline Value**	**Source**	**Date of Baseline**	**Target (of project)**	**Date for Target**	**Current status**	**Explanation of any reasons for non achievement of targets**
Reach every district (RED)	80%	National coverage by the DTP3 (%)	641,965 children <11 months vaccinated with DTP3	764,730 children under 11 months	EPI (administrative data)	79.7%	cMYP	2005	90%	2011	83.97%	Weak uptake of the RED components by the HDs
	113, i.e. 66%	Number/% of districts reached ≥80% coverage by DTP3	73	173 of the HDs	EPI (administrative data)	34	cMYP	2005	80%	At least 80%	42%	
Integrated Management of Childhood Illnesses	Progressive reduction in under-5 child mortality	Rate of under-5 child mortality (per 1000)			DHS	144	MICS/DHS	2004	48	2015	144	

4.9 Attachments

Five attachments are required for any further disbursement or future vaccine allocation.

Annex 1:

a. Signed minutes of the HSCC meeting endorsing this reporting form.
b. Latest health sector review report. **(SWAp preparatory health report 2007-2008)**
c. Audit report of the account to which GAVI HSS funds are transferred. **(the internal audit procedure is underway)**
d. Financial statement of funds spent during the reporting year (2008). **(bank account abstract from 31 December signed by the *CAA*)**
e. This sheet needs to be signed by the government official in charge of the accounts to which HSS funds have been transferred, as mentioned below.
f. The ST/CP-SSS 2009 Action Plan
g. the EPI 2009 Action Plan

Annex 2: Signatures of members of the CP-SSS having taken part in the meeting approving the report

This is not applicable, as the accounts are under the responsibility of the Director General of the *CAA*, who is the representative of the Minister for Finances, and is responsible for all external funding.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

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[5]

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:

Funds approved and funding release is underway

5.1.1 Mapping exercise

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

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

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing 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 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 defined), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

.

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

5.1.3 Receipt of funds

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

ACTIVITIES	Total funds approved	2008 Funds USD			Total funds due in 2009
		Funds received	Funds used	Balance	
Mapping exercise					
Nomination process					

Management costs					
TOTAL COSTS					

5.1.4 Management of funds

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

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:

5.2.1 Programme implementation

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

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

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

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

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

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

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

5.2.2 Receipt of funds

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

NAME OF CSO	Total funds approved	2008 Funds USD (in thousands)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Balance remaining		
Management costs (of all CSOs)						
Management costs Management costs (of HSCC / Regional Working Group)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility. Please 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 the availability of 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 target met

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

6. *Checklist*

Checklist of completed form:

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

7. Comments

ICC/HSCC comments:

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

~ End ~