



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Somalia

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 14:42:22**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

There is no NVS or INS support this year.

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2014
ISS	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Somalia hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Somalia

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr Mohamed Sheik HASSAN, state minister of TFG	Name	Mr Mohamed HASSAN, MoF, TFG
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Assegid K. TESSEMA	EPI Technical Officer WHO Somalia	+254 734 600 608	kebedea@nbo.emro.who.int	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Adan H. Ibrahim, Minister, MoH, TFG	Rotating chair: High official from the MoH of TFG or Somaliland or Puntland.			
Dr. Marina Madeo	Vice chair, Somali Health Sector Committee.			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

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

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	
Total births	347,904	358,341	369,091	380,164	391,569	
Total infants' deaths	37,922	39,059	40,231	41,438	42,681	
Total surviving infants	309,982	319,282	328,860	338,726	348,888	
Total pregnant women	347,904	358,341	369,091	380,164	391,569	
# of infants vaccinated (to be vaccinated) with BCG	142,052	164,837	184,546	209,090	234,941	
BCG coverage (%) *	41%	46%	50%	55%	60%	
# of infants vaccinated (to be vaccinated) with OPV3	150,852	223,497	246,645	270,981	296,555	
OPV3 coverage (%) **	49%	70%	75%	80%	85%	
# of infants vaccinated (or to be vaccinated) with DTP1 ***	244,575	274,583	295,974	311,628	327,955	
# of infants vaccinated (to be vaccinated) with DTP3 ***	198,662	223,497	246,645	270,981	296,555	
DTP3 coverage (%) **	64%	70%	75%	80%	85%	
Wastage ^[1] rate in base-year and planned thereafter (%)	45%	40%	35%	25%	25%	
Wastage ^[1] factor in base-year and planned thereafter	1.82	1.67	1.54	1.33	1.33	
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	211,516	239,462	263,088	287,917	313,999	
Measles coverage (%) **	68%	75%	80%	85%	90%	
Pregnant women vaccinated with TT+	85,459	125,419	166,091	209,090	254,520	
TT+ coverage (%) ****	25%	35%	45%	55%	65%	
Vit A supplement to mothers within 6 weeks from delivery						

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	19%	19%	17%	13%	10%	

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

The data provided in this proposal are in line with the updated cMYP and the proposal for application for pentavalent vaccine

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

The data provided in this proposal are in line with the updated cMYP and the proposal for application for pentavalent vaccine

Provide justification for any changes in **targets by vaccine**

The data provided in this proposal are in line with the updated cMYP and the proposal for application for pentavalent vaccine

Provide justification for any changes in **wastage by vaccine**

The data provided in this proposal are in line with the updated cMYP and the proposal for application for pentavalent vaccine

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

Major achievements

- Implementation of RED approach in all districts of Somaliland and Puntland
- EPI coordination meeting strengthened at zone level in Puntland and Somaliland.
- Provision of training to MCH health workers in all regions of Somalia: 233 health workers trained in 2010
- Implementation of two rounds of Child Health Days in which routine immunization is delivered with other child survival interventions.
- Improvement of routine coverage from 51% to 64%
- Establishment of 3 regional cold chain in Puntland and strengthening of cold chain in all zones
- Awareness raising activities conducted during vaccination weeks in which all stakeholders were involved and week-long promotional activities conducted in all the three administrative entities.
- Coordination and joint programming activities that were successful in raising funds for CHD
- The decision of the country to apply for Pentavalent DTP-HepB-Hib, using the window made available by GAVI.

Major challenges

- Insecurity and lack of access to some regions in South and Central zone
- High operational cost of immunization activities

- Absence of EPI unit in the Ministry of Health of Transitional Federal Government
 - Low access to immunization services
 - Weak VPD surveillance system.
 - High dropout rate

How challenges were addressed
 - Negotiations with local authorities to get window of opportunity; and prompt use of the opportunity in implementing CHDs even in areas under armed rebels.
 - Inclusion of local elders in planning and implementation of outreach activities in RED/CHDs.
 - Initiation of IDSR using the AFP surveillance structure.
 - Conduct of training in all zones of Somalia; and sensitization of health workers to deliver clear messages to mothers
 - Health promotion through all health facilities and through outreach activities during RED/CHD in which health workers are having ever more increasing contact with communities.
 - Building capacity of the three ministries with financial and technical support.

5.2.2.

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

5.2.3.

Do males and females have equal access to the immunisation services? **Unknown**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

If Yes, please give a brief description on how you have achieved the equal access.

5.2.4.

Please comment on the achievements and challenges in **2010** on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

In the case of Somalia, where there are three local health authorities, Official Estimates are made by WHO/UNICEF Country Offices and endorsed by health authorities. Routine immunization data come from fixed immunization sites and CHD/RED outreach immunization sessions. The data from fixed site are collected and analyzed through the HMIS system of UNICEF. Data from CHD/RED are collected by WHO field staff.

Data from both sources are validated by MOH/UNICEF/WHO zonal team, where local government exists; and by WHO/UNICEF team in areas where no government structure exists. This elaborate and multi-step process makes the estimated immunization coverage of Somalia as much close to reality as possible.

Immunization coverage is calculated administratively using data collected from MCHs and outreach activities through CHD/RED. Vaccines delivered during CHDs are administered on a routine immunization model as follows:

- Children are screened for age-eligibility and prior vaccination history (card and history)
- Required doses are administered based on age and prior dose level, and
- Administered doses are recorded on tally sheet and child health cards, and mothers advised to complete children's

vaccine.

• Data is disaggregated and reported by age and dose level.

It is worth to note that in Somalia, all immunization coverage data are handled by WHO and UNICEF staff.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

If Yes, please describe the assessment(s) and when they took place.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- As of 2009, Somalia has started reporting immunization coverage data by district. Previously, immunization coverage used to be reported by region.
- To improve quality of data collection, trainings were conducted for MCH health workers.
- The issue of data quality was repeatedly discussed in WHO/UNICEF joint forums. As a result, a decision was reached by UNICEF/WHO to develop a uniform vaccination card to capture the doses administered through both fixed and CHD outreach sessions.

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

Data on doses administered through Child Health Days (CHD) and 'classical routine' (Health facility and outreach) used to be collected separately through two vaccination cards. This had created problem in data collection and compilation. As a result, one single Child Health Card is developed to be used for data collection on doses delivered through both strategies: CHD and 'classical routine'.

Currently MICS of UNICEF is underway in parts of Somalia, the results of which will guide the future plan of improving Somalia's administrative data system.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 14406	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name SRCS	Donor name Other donors	Donor name	
Traditional Vaccines*	570,542			570,542					
New Vaccines									
Injection supplies with AD syringes	104,574			104,574					
Injection supply with syringes other than ADs									
Cold Chain equipment									
Personnel	3,096,780	43,200		1,221,570	1,112,010	204,480	515,520		
Other operational costs				2,002,242	956,936	281,162	85,199		
Supplemental Immunisation Activities	19,433,348			8,069,542	11,363,806				
Total Expenditures for Immunisation	23,205,244								
Total Government Health		43,200		11,968,470	13,432,752	485,642	600,719		

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the *New item* icon in the *Action* column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	697,717	475,240	
New Vaccines		3,411,518	
Injection supplies with AD syringes	138,701	156,212	
Injection supply with syringes other than ADs			
Cold Chain equipment			
Personnel	3,305,914	3,405,749	
Other operational costs	7,912,508	11,476,541	
Supplemental Immunisation Activities	19,008,510	19,616,983	
Total Expenditures for Immunisation	31,063,350	38,542,243	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

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

Immunization expenditures and financing have improved in 2010, largely due to implementation of Child Health Days, in which immunization is integrated with other child health services. The financial sustainability prospects for Somalia depend on support from humanitarian agencies, as the country does not have a functioning central government with a strong financial base.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 6

Please attach the minutes (Document number 1) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

Are there any Civil Society Organisations (CSO) member of the ICC ?:

If Yes, which ones?

Note: To add new lines click on the *New item* icon in the *Action* column.

List CSO member organisations:	Actions

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The country's main objectives and priority actions for its EPI programme for 2011 and 2012, which are linked with cMYP, are the following:

- Routine Coverage (DTP3)
 - o 2011: Achieve coverage of 69%
 - o 2012: Achieve coverage of 74%
- Polio
 - o 4 SIAs conducted
 - o AFP surveillance maintained at certification standard
- Measles
 - o Strengthen case-based surveillance in all zones of Somalia.
 - o Conduct 2 follow-up campaigns
- Vaccine management System and cold chain
 - o VSSM established in all zones.
 - o Assure a sufficient cold chain capacity for new vaccine introduction.
- EPI Management Capacity
 - o Establish EPI unit in South/Central zone Strengthen EPI unit in all zones
- Immunization Safety
 - o 2011: Implement AEFI surveillance system in NE/NW zones
 - o 2012: Implement AEFI surveillance system in all zones
- Advocacy and communication
 - o Conduct advocacy and communications training for health workers.
 - o Conduct annual vaccination weeks
 - o Conduct advocacy and communications training for health workers.
- Disease Surveillance
 - o Implement IDSR in all zones.
 - o Strengthen IDSR in all zones.
- New Vaccine Introduction
 - o Conduct assessment and preparatory work for Pentavalent vaccine introduction.
 - o Finalize preparatory work for Pentavalent vaccine introduction.

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05ml	Not procured in 2010	
Measles	0.5ml	Danish Committee for UNICEF, UNOCHA, UN Foundation, Japan, The United Kingdom	
TT	0.5ml	Danish Committee for UNICEF, UNOCHA, UN Foundation, Japan, The United Kingdom	
DTP-containing vaccine	0.5 ml	Danish Committee for UNICEF, UNOCHA, UN Foundation, Japan, The United Kingdom	

Does the country have an injection safety policy/plan? **No**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

UNICEF provides AD syringes and safety boxes for all EPI activities. No shortage has been reported. UNICEF, WHO and health partners are supporting the ministries to develop injection safety plan, by the end of 2011

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All MCHs are using safety boxes that are later burned in metal drums and buried.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$
Remaining funds (carry over) from 2009	US\$
Balance carried over to 2011	US\$

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year?

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector budget?

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

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

Table 3: Calculation of expected ISS reward

				2000	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify				198,662
2	Number of additional infants that are reported to be vaccinated with DTP3				
3	Calculating	\$20	per additional child vaccinated with DTP3		
4	Rounded-up estimate of expected reward				

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

There is no NVS support this year.

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

Note on the submission of APR

In the case of Somalia, both the ICC and HSCC are the same structure. So, we have used the same signatures.

In 2010 no GAVI fund was recieved by the country. So, no financial statement was available. But, since the online subission was impossible without uploading a financial statement, we have uploaded a blank word document and named it 'financial statement'. This was done in the interest of sharing, immunization data and information contained in the APR, with the IRC.

The country is in the process of application for Pentavalent DTP-HepB-Hib vaccine as the window will be made available; and we hope that GAVI will positively consider the application and assist the country meet its aspiration to improve the health status of its children.

12. Annexes

Annex 1

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		10	Yes
Signature of Minister of Finance (or delegated authority)		1, 11	Yes
Signatures of members of ICC		9	
Signatures of members of HSCC		2	Yes
Minutes of ICC meetings in 2010		3	
Minutes of ICC meeting in 2011 endorsing APR 2010			
Minutes of HSCC meetings in 2010		4	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		5	Yes
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		6	Yes
EVSM/VMA/EVM report		8	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		7	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: MOH & MOF signatures	File name: C:\Documents and Settings\kebedea.NBO\Desktop\COPY of MOH_MOF signature.pdf Date/Time: 31.05.2011 12:23:15 Size: 536 KB		
2	File Type: Signatures of members of HSCC * File Desc: HSCC signature	File name: C:\Documents and Settings\kebedea.NBO\Desktop\HSC - signatures.pdf Date/Time: 31.05.2011 12:21:19 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		114 KB		
3	File Type: Minutes of ICC meetings in 2010 *	File name: C:\Documents and Settings\kebedea.NBO\Desktop\HSC Endorsed Minutes March 2010.zip Date/Time: 31.05.2011 12:25:44 Size: 505 KB		
4	File Type: Minutes of HSCC meetings in 2010 *	File name: C:\Documents and Settings\kebedea.NBO\Desktop\HSC Endorsed Minutes March 2010.zip Date/Time: 31.05.2011 12:27:06 Size: 505 KB		
5	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 *	File name: C:\Documents and Settings\kebedea.NBO\Desktop\HSC - signatures.pdf Date/Time: 31.05.2011 12:30:11 Size: 114 KB		
6	File Type: Financial Statement for HSS grant in 2010 *	File name: C:\Documents and Settings\kebedea.NBO\Desktop\Financial statement.docx Date/Time: 01.06.2011 05:24:17 Size: 9 KB		
7	File Type: new cMYP starting 2012	File name: C:\Documents and Settings\kebedea.NBO\Desktop\Somalia cMYP_30_May.docx Date/Time: 01.06.2011 14:41:30 Size: 444 KB		
8	File Type: EVSM/VMA/EVM report	File name: C:\Documents and Settings\kebedea.NBO\Desktop\EVSM.zip Date/Time: 01.06.2011 05:26:47 Size: 312 KB		
9	File Type: Signatures of members of ICC *	File name: APR signature ICC.pdf Date/Time: 28.06.2011 07:23:15 Size: 32 KB		
10	File Type: Signature of Minister of Health (or delegated authority) *	File name: APR signature MOH.pdf Date/Time: 28.06.2011 07:38:18 Size: 32 KB		
11	File Type: Signature of Minister of Finance (or delegated authority) *	File name: Finance Minister's signature.msg Date/Time: 07.07.2011 08:56:21 Size: 34 KB		
	File Desc: Explanation for exception			