



GAVI Alliance

# Annual Progress Report **2013**

Submitted by  
The Government of  
**Armenia**

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **12/05/2014**

**Deadline for submission: 22/05/2014**

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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/country/>*

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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: 2013

Requesting for support year: 2015

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant N/A	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available [here](#).

## 2. Signatures

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

By signing this page, the Government of **Armenia** 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 **Armenia**

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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	A.MURADYAN / Minister of Health, Chair of ICC	Name	P. SAFARYAN /Deputy Minister of Finance
Date		Date	
Signature		Signature	

*This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):*

Full name	Position	Telephone	Email
GAYANE SAHAKYAN	NIP MANAGER	+37410 625970	gsahakyan63@yahoo.com

### 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*

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures**

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.

Name/Title	Agency/Organization	Signature	Date
A. MURADYAN	Minister of Health, Chair of ICC		
P. SAFARYAN / Deputy Minister	Ministry of Finance		

S. BARSEGHYAN / Deputy Minister	Ministry of Territorial Management and Substructures		
V. POGHOSYAN / Deputy Minister	Ministry of Health		
G.BADALYAN / Deputy Minister	Ministry of Economics		
J.BAGHDASARYAN / Deputy Minister	Ministry of Labour and Social Affaires		
M. MKRTCHYAN / Deputy Minister	Ministry of Education and Science		
S.KRMOYAN / Head of Staff	Ministry of Health		
G. GEVORGYAN / Member of State Statistic Committee	National Statistic Service		
A.BAKHCHAGULYAN / Head of State Food Safety Service	Ministry of Agriculture		
A. VANYAN / General Director of National Center of Disease Control and Prevention	Ministry of Health		
G. QARYAN / Head of the Department of Custom Clearance	Committee of State Incomes of the Government		
K. SARIBEKYAN /Head of MCH Department	Ministry of Health		
S. HAYRAPETYAN / World Bank – Armenia	World Bank -Armenia		
J.HARUTYUNYAN /Head of Department of Disaster Medicine	Ministry of Emergency Situations		

A.AVOYAN /Head of Epidemiology Department of Hygiene and Anti- Epidemic Service	Ministry of Defense		
A.SARGSYAN /Epidemiologist of the Department of military medicine	National Security Service		
N.KARAPETYAN / Epidemiologist of Hygiene and Anti-Epidemic Center of Medical Department	National Police		
TS.VARDANYAN/ Head of Management of Health Programmes and Quality Department	Ministry of Health		
IZ.ABGARYAN / Head of Department of Legislature	Ministry of Health		
T.HAKOBYAN/ Head of WHO Country office	WHO Country Office		
L. HOVAKIMYAN / Manager of Health and Nutrition programmes	UNICEF Country Office		
R. JAMALYAN / Program Management Specialist	USAID /Armenia		
N.ASLANYAN /Chair of NGO	N.ASLANYAN /Chair of NGO <Center of protection of patients rights> NGO		
A.POGOHOSEYAN / Coordinator of Reproductive Health	<Women Resource Center> NGO		
G. SAHAKYAN / NIP Manager, Secretary of ICC	Ministry of Health, NCDC		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **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.

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.

Name/Title	Agency/Organization	Signature	Date
G. SAHAKYAN / NIP Manager, Secretary of ICC	Ministry of Health, NCDC		

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

All comments will be treated confidentially

Comments from Partners:

NA. Armenia is not reporting on HSS programme. This programme was completed in 2012.

Comments from the Regional Working Group:

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

Armenia is not reporting on CSO (Type A & B) fund utilisation in 2014

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## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	45,368	41,770	45,572	45,572	45,777	45,777
Total infants' deaths	458	411	456	456	458	458
Total surviving infants	44910	41,359	45,116	45,116	45,319	45,319
Total pregnant women	58,978	58,000	59,243	59,243	59,510	59,510
Number of infants vaccinated (to be vaccinated) with BCG	44,000	39,574	44,200	44,200	44,860	44,860
BCG coverage	97 %	95 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	43,560	38,306	43,900	43,900	44,100	44,100
OPV3 coverage	97 %	93 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	44,000	0	44,200	44,200	44,400	44,400
Number of infants vaccinated (to be vaccinated) with DTP3	42,660	0	43,300	43,300	43,500	43,500
DTP3 coverage	95 %	0 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	44,000	38,940	44,200	44,200	44,400	44,400
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	44,000	37,786	44,200	44,200	43,500	43,500
DTP-HepB-Hib coverage	98 %	91 %	98 %	98 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	10	9	10	9	10	9
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.1	1.11	1.1	1.11	1.1
Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		0	44,200	44,200	44,860	44,860

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		0	44,200	44,200	42,147	42,147
Pneumococcal (PCV10) coverage	98 %	0 %	98 %	98 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%)		0	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)		1	1.11	1.11	1.11	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	44,000	13,366	44,200	44,200	44,860	44,860
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	44,000	13,104	44,200	44,200	43,053	43,053
Rotavirus coverage	98 %	32 %	98 %	98 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	1	5	1	5	1
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1.05	1.01
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	43,400	38,464	43,600	43,600	43,800	43,800
Measles coverage	97 %	93 %	97 %	97 %	97 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	3 %	0 %	2 %	2 %	2 %	2 %

\*\* 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

JRF births = 39,962

APR births = 41,770

Birth figures in JRF for 2013 are Immunization data (children of 0-28 days of age registered in primary health facilities). APR for 2013 has been updated based on the figures of the National Statistical Service of Armenia(www.armstat.am) .

- Justification for any changes in **surviving infants**

JRF = 39,962

APR = 41, 359

MoH of Armenia uses its own formula to calculate coverage for routine vaccines that is different from the formula utilized by GAVI. The denominator used in Armenia is number of children who reached age of 12 months in the reporting year. The MoH of Armenia collects data on this denominator from primary health facilities that have registries of children resigning in their catchment area. These registries are updated annually based on household surveys.

GAVI utilizes different denominator to calculate the coverage: number of surviving infants in the reporting year. As the denominator used by MoH to calculate administrative coverage and the denominator used by GAVI might be different, so figures reported in JRF and in APR might be also different.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

Not Applicable.

- Justification for any changes in **wastage by vaccine**

Not Applicable.

### 5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

The overall vaccination coverage improved from 2008 to 2012, increasing from 86% to 95% for fully vaccination coverage. However in 2013 fully vaccination coverage decreased by 2% due to Rota vaccine introduction in November 2012 . Activities contributed to successful performance of the Immunization program were the following:

1. Policy development for the National Immunization Programme 2010- were adopted by the Armenian Government and semiannual reports on performance of the Programme submitted to the Government.

2. Supervisory visits on a quarterly basis for supportive purposes and annual monitoring to supervise the Armenian immunization program.

Quarterly supervisions: conducted by epidemiologists who evaluated the immunization program based on a performance checklist. The results were reported to the national level while recommendations and improvement plans were proposed to local authorities as a feedback.

Yearly monitoring: the immunization team at the national level identifies problems and obstacles and discusses findings with the Ministry of Health and other stakeholders. Based on the findings recommendations and improvement plans were proposed to local authorities as a feedback.

3. PCV vaccine introduction preparatory activities, such as pre-introduction supportive supervisions, trainings of Health Care Workers, monitoring of the National Immunization Program performance with special emphasize on timely vaccination, regular public awareness activities (TV programs, training of mass media representatives, publications, competitions among reporters on immunization agenda etc.), revision of the regulatory documents etc.

4. Cold chain monitoring and upgrade efforts.

5. Vaccine Preventable Disease Surveillance including Sentinel Surveillance of Rotavirus infection, Invasive Bacterial Meningitis to improve data Evidence Based Disicion making. 6. Secreterial support to ICC and NITAG meetings.

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

Not Applicable

### 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Not Applicable.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI’s factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

There are no observable gender inequalities affecting the access to thehealth facilities that offer immunization which is reflected by the highnational coverage rates.(Immunization coverage survey; 2006 andImmunization Programme Management Review; 2006, DHS survey, 2005 and 2010).

### 5.4. Data assessments

5.4.1. 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)

Significant discrepancies between immunizationcoverage data were not revealed during last five years.

\* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

*Quarterly Supportive Supervisions:*

During supportive supervisions immunization teams reveal inaccuracies in reporting forms and train responsible professionals to improve their reporting skills.

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

Population data from two sources (National statistical service and MoH) always differ. It is requested to compare data of the mentioned sources at the local level before reporting. Besides MoH planned to introduce a case based software in HCFs to improve data management.

## 5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 413	Enter the rate only; Please do not enter local currency name
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**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	Ani&Narod Memoryal Foundation	NA	NA
Traditional Vaccines*	1,006,308	1,006,308	0	0	0	0	0	0
New and underused Vaccines**	712,589	282,589	400,000	0	0	30,000	0	0
Injection supplies (both AD syringes and syringes other than ADs)	63,553	18,553	45,000	0	0	0	0	0
Cold Chain equipment	45,000	0	0	0	45,000	0	0	0
Personnel	935,142	935,142	0	0	0	0	0	0
Other routine recurrent costs	1,160,460	920,460	100,000	40,000	100,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
<b>Total Expenditures for Immunisation</b>	<b>3,923,052</b>							
<b>Total Government Health</b>		<b>3,163,052</b>	<b>545,000</b>	<b>40,000</b>	<b>145,000</b>	<b>30,000</b>	<b>0</b>	<b>0</b>

\* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

NA

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

**If Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Not Applicable

If none has been implemented, briefly state below why those requirements and conditions were not met.

Not Applicable

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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 [5.5 Overall Expenditures and Financing for Immunisation](#)

No concerns or recommendations from ICC.

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

List CSO member organisations:
N. Aslanyan /Chair of <Center of protection of patients rights> NGO
N. Aslanyan /Chair of <Center of protection of patients rights> NGO

## 5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for **2014 to 2015**

- 1.PCV and IPV vaccine introduction (revision of regulatory documents, development of training and communication and social mobilization materials, conduct National and regional workshops, trainings of HCWs and academic staff, development of proposal for IPV vaccine introduction and submission to GAVI).
- 2.Procurement of cold chain equipments (refrigerators, cold room, temperature monitoring devices) and distribution to HCFs.
3. Conduct quarterly and annual supportive supervisions to the regions with low performance indicators.
4. Improvement of immunization information systems through introduction of electronic immunization registries.
5. Advocacy and Social mobilization for sustainable Immunization Financing.

## 5.9. 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 2013

Vaccine	Types of syringe used in <b>2013</b> routine EPI	Funding sources of <b>2013</b>
BCG	Syringe, A-D, BCG, 0.05 ml, w/needle	Government
Measles	Syringe, A-D, 0.5 ml, w/needle,	Government
TT	NA	NA
DTP-containing vaccine	Syringe, A-D, 0.5 ml, w/needle,	Government

Hep B	Syringe, A-D, 0.5 ml, w/needle,	Government
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Does the country have an injection safety policy/plan? **Yes**

**If Yes:** Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

No problems.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

In general two approaches are employed for sharpwaste disposal;incineration and open burning.



## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	144,515	58,603,714
Remaining funds (carry over) from 2012 (B)	39,736	16,113,899
Total funds available in 2013 (C=A+B)	184,251	74,717,613
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	184,251	74,717,613

6.1.1. 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.

ISS funds are managed by Financial-Economical Department of Ministry of Health and Ministry of Finance. ISS funds are included in the national health sector plans and budgets. Annual Budget for the upcoming year is developed by ISS responsible accountant and discussed at the ICC meeting.

In order to implement the Approved Budget, responsible accountant prepares a bid, which is submitted to the Financial Department of the Ministry of Health, which is not a specific procedure for procurement and capital expenses. The Financial Department on the basis of bid prepares a separate form (if requested sum exceeds one million AMD) based on tender is announced. After collection of the bids, winner of the tender is defined. Duration of the tender from the day of announcement up to the date of decision making on the winner of the tender lasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance.

6.1.2. 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

ISS Bank account is the only account for Immunization Services Support. Therefore all donations from all sources come to this account including NVI grant (this is reflected in the table 6.1 and Document N8).

According to the Government regulation (adopted in 2010), ISS budget funds are allowed to spend only after Government decision. For this purpose draft decisions of the Government on ISS expenditures are being developed by MoH and submitted to the Ministry of Finance for comments. After MoF review, the draft decisions are submitted to the Government for approval. Several meetings are conducted by Government officials to discuss all draft documents submitted to that time. Usually this process lasts about 3 months.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

During 2013 ISS funds were not been used due to use of donor support from WHO and Armenian diaspora. ISS grant will be used in the future as the National Immunization Programme of Armenia does not have its own budget line for Immunization Services support. Mainly it covers by donor support.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

### 6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial

statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

### **6.3. Request for ISS reward**

Request for ISS reward achievement in Armenia is not applicable for 2013

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

### 7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2013 vaccinations against approvals for 2013

	[ A ]	[ B ]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	146,700	97,300	49,400	No
Pneumococcal (PCV10)		0	0	No
Rotavirus	70,500	70,500	0	No

*\*Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

49,400 doses of DTP-HepB-Hib vaccine were delivered in March, 2014. However, Armenia did not experience a stock-out of DTP-HepB-Hib vaccine due to improving the management of immunization services and decreasing vaccine wastage rate (only 9%).

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

**GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.**

Starting from 2011 vaccine distribution system is centralized. Vaccines and injection supplies are distributed from the national warehouse to regional stores quarterly and to HCFs in Yerevan on monthly bases. In the same way, from the regional stores vaccines are distributed to regional HCFs monthly. In 2012 cold chain was upgraded at primary health care level. 70 refrigerators were procured and distributed to PHC facilities.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Not Applicable

## 7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	No	01/09/2009
Nationwide introduction	Yes	01/09/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Introduction was planned in June , 2009 but introduced in September, 2009 Introduction was postponed in order to guarantee a successful introduction.

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV vaccine will be introduced in September, 2014 in order to have sufficient epidemiological data on invasive bacterial meningitis (for least 2 years).

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	01/11/2012
Nationwide introduction	Yes	01/11/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Due to general elections in Armenia MoH postponed introduction date into later stages in order to ensure smooth introduction,

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9 )

A comprehensive strategy of communication and social mobilization has been developed with objectives, strategies and education, communication, and advocacy activities to promote parents' and medical professionals. Guidelines on reporting of mild AEFI has been developed, printed and distributed to HCWs involved in Immunization .

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

It is known that Rotavirus diarrhea is the main reason of severe dehydration both in developed and developing countries. Given these circumstances, the Ministry of Health introduced Rota vaccine in November, 2012. The effectiveness of Rotavirus vaccine was observed in a short period of time. Rota infections are seasonal. Before the Rota vaccine introduction during the season (February- March) at least 50-60 % of hospitalizations of children under 5 with acute gastroenteritis was due to rotaviruses. After introduction, during the same period of 2013 season, hospitalizations due to Rotaviruses were decreased about twice in all age groups (During February- March, 2012 about 52% hospitalizations, During February-March, 2013 about 23% hospitalizations). Reduction of hospitalizations is most significant in age group of children under 1 year (in 2012 -196 cases, in 2013- 68 cases).

### 7.3. New Vaccine Introduction Grant lump sums 2013

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	100,000	41,359
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	100,000	41,359
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	100,000	41,359

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

#### 7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

NVI grant is transferred in ISS bank account . So, NVI grant is also included in the amount of ISS funds. In 2013 NVI grant was not used. NVI grant was planned for procurement of 90 refrigerators and generators for upgrading of cold chain in Primary Health Care facilities and training of HCWs involved in immunization activities.

Please describe any problem encountered and solutions in the implementation of the planned activities

Mainly NVI grant was planned for procurement of 90 refrigerators and generators for upgrading of

cold chain in Primary HealthCare facilities. Two tenders were announced but winners were not defined due to special request that refrigerators must be listed in PQS catalogue. Regarding the rest part of NVI grant it was reprogrammed due to available donor support from other resources.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards NVI grant was reprogrammed for procurement of 90 refrigerators and generators for upgrading of cold chain in Primary Health Care facilities, training of HCWs (second phase), supporting supervision.

#### 7.4. Report on country co-financing in 2013

**Table 7.4 :** Five questions on country co-financing

<b>Q.1: What were the actual co-financed amounts and doses in 2013?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	164,304	49,400
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	118,285	40,500
<b>Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?</b>		
Government	252,589	
Donor	30,000	
Other	0	
<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	11,280	27,400
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	505	875
<b>Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2015</b>	<b>Source of funding</b>
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	March	Government
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	March	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	March	Government
<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for</b>		

	<b>co-financing</b>
	To date, there is no need.

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Not Applicable.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at [http://www.who.int/immunization\\_delivery/systems\\_policy/logistics/en/index6.html](http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html)

*It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.*

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **March 2011**

Please attach:

(a) EVM assessment (**Document No 12**)

(b) Improvement plan after EVM (**Document No 13**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

Not Applicable.

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2014**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Armenia does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Armenia does not require to change any of the vaccine presentation(s) for future years.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Armenia is not available in 2014

## 7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

Not Applicable.

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

## 7.11. Calculation of requirements

**Table 7.11.1: Specifications for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**

ID	Source		2013	2014	2015	TOTAL
<b>Number of surviving infants</b>	Table 4	#	44,910	45,116	45,319	135,345
<b>Number of children to be vaccinated with the first dose</b>	Table 4	#	44,000	44,200	44,400	132,600
<b>Number of children to be vaccinated with the third dose</b>	Table 4	#	44,000	44,200	43,500	131,700
<b>Immunisation coverage with</b>	Table 4	%	97.97 %	97.97 %	95.99 %	



	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.10
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	18,000		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	18,000		
	Number of doses per vial	Parameter	#		2	2
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		Yes	Yes
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		1.48	1.78
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Not Applicable.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

3

### Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Graduating
--------------------	------------

	2013	2014	2015
Minimum co-financing	1.25	1.48	1.72
Recommended co-financing as per APR 2012			1.72
Your co-financing	1.26	1.48	1.78

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015
Number of vaccine doses	#	77,800	42,000
Number of AD syringes	#	77,100	42,000

<b>Number of re-constitution syringes</b>	#	42,800	23,100
<b>Number of safety boxes</b>	#	1,325	725
<b>Total value to be co-financed by GAVI</b>	\$	244,000	105,500

**Table 7.11.3:** Estimated GAVI support and country co-financing (**Country support**)

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	69,700	102,200
<b>Number of AD syringes</b>	#	69,000	102,100
<b>Number of re-constitution syringes</b>	#	38,400	56,200
<b>Number of safety boxes</b>	#	1,200	1,750
<b>Total value to be co-financed by the Country</b>	\$	218,500	256,500

**Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	47.25 %		
B	Number of children to be vaccinated with the first dose	Table 4	44,000	44,200	20,883	23,317
B1	Number of children to be vaccinated with the third dose	Table 4	44,000	44,200	20,883	23,317
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	132,000	132,600	62,648	69,952
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses needed including wastage	$D \times E$		147,186	69,539	77,647
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		167	79	88
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.25$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	18,000		
H3	Shipment plan	UNICEF shipment report		165,200		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		147,400	69,640	77,760
J	Number of doses per vial	Vaccine Parameter		2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		146,044	68,999	77,045
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		81,070	38,302	42,768
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		2,499	1,181	1,318
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		361,867	170,965	190,902
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		6,572	3,105	3,467
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		325	154	171
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		13	7	6
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		92,277	43,597	48,680
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		691	327	364
T	Total fund needed	$(N+O+P+Q+R+S)$		461,745	218,152	243,593
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		218,152		
V	Country co-financing % of GAVI supported proportion	$U / T$		47.25 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 2)**

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	70.87 %		
B	Number of children to be vaccinated with the first dose	Table 4	44,400	31,465	12,935
B1	Number of children to be vaccinated with the third dose	Table 4	43,500	30,827	12,673
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	131,931	93,494	38,437
E	Estimated vaccine wastage factor	Table 4	1.10		
F	Number of doses needed including wastage	$D \times E$	145,125	102,844	42,281
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	- 167	- 118	- 49
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.25$	875	621	254
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	37,340	26,462	10,878
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	144,100	102,118	41,982
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	143,978	102,031	41,947
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	79,255	56,165	23,090
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,456	1,741	715
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	282,436	200,150	82,286
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	6,480	4,593	1,887
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	318	226	92
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	13	10	3
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	72,022	51,039	20,983
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	682	484	198
T	Total fund needed	$(N+O+P+Q+R+S)$	361,951	256,498	105,453
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	256,498		
V	Country co-financing % of GAVI supported proportion	$U / T$	70.87 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.



**Table 7.11.3:** Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	31,800	55,500
Number of AD syringes	#	32,200	55,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	375	625
Total value to be co-financed by the Country	\$	112,500	195,500

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	17.24 %		
B	Number of children to be vaccinated with the first dose	Table 4	0	44,200	7,620	36,580
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	0	132,600	22,860	109,740
E	Estimated vaccine wastage factor	Table 4	1.00	1.11		
F	Number of doses needed including wastage	$D \times E$		147,186	25,375	121,811
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		36,797	6,344	30,453
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		184,000	31,721	152,279
J	Number of doses per vial	Vaccine Parameter		2		
K	Number of AD syringes (+ 10% wastage) needed	$(I + G - H) \times 1.10$		186,337	32,124	154,213
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		2,050	354	1,696
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		623,944	107,566	516,378
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		8,386	1,446	6,940
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		11	2	9
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		18,719	3,228	15,491
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		651,060	112,241	538,819
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		112,240		
V	Country co-financing % of GAVI supported proportion	$U / T$		17.24 %		

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)**

	Formula	2015			
		Total	Government	GAVI	
<b>A</b>	<b>Country co-finance</b>	V	36.98 %		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	44,860	16,588	28,272
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	134,580	49,763	84,817
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.11		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	149,384	55,237	94,147
<b>G</b>	<b>Vaccines buffer stock</b>	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	550	204	346
<b>H</b>	<b>Stock to be deducted</b>	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
<b>H2</b>	<b>Reported stock on January 1st</b>	Table 7.11.1			
<b>I</b>	<b>Total vaccine doses needed</b>	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	150,000	55,465	94,535
<b>J</b>	<b>Number of doses per vial</b>	Vaccine Parameter	2		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.10$	148,643	54,963	93,680
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$(I / J) \times 1.10$	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.10$	1,636	605	1,031
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	505,500	186,916	318,584
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	6,689	2,474	4,215
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	9	4	5
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$	15,165	5,608	9,557
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	527,363	195,001	332,362
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	195,000		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	36.98 %		



**Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL**

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	44,910	45,116	45,319	135,345
	Number of children to be vaccinated with the first dose	Table 4	#	44,000	44,200	44,860	133,060
	Number of children to be vaccinated with the second dose	Table 4	#	44,000	44,200	43,053	131,253
	Immunisation coverage with the second dose	Table 4	%	97.97 %	97.97 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	14,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	14,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		1.50	2.04	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Not Applicable.

**Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL**

Co-financing group	Graduating		
	2013	2014	2015
Minimum co-financing	1.05	1.50	2.04
Recommended co-financing as per APR 2012			2.04
Your co-financing	1.53	1.50	2.04

**Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)**

		2014	2015
Number of vaccine doses	#	35,200	21,900
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	95,000	59,000

**Table 7.11.3: Estimated GAVI support and country co-financing (Country support)**

		2014	2015
Number of vaccine doses	#	44,400	69,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	119,500	187,000

**Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	Country co-finance	V	0.00 %	55.78 %		
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	44,000	44,200	24,656	19,544
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	2	2		
<b>D</b>	Number of doses needed	$B \times C$	88,000	88,400	49,311	39,089
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b>	Number of doses needed including wastage	$D \times E$		92,820	51,777	41,043
<b>G</b>	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		105	59	46
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
<b>H2</b>	Reported stock on January 1st	Table 7.11.1	0			
<b>I</b>	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		79,500	44,347	35,153
<b>J</b>	Number of doses per vial	Vaccine Parameter		1		
<b>K</b>	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
<b>L</b>	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
<b>M</b>	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0	0
<b>N</b>	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		203,600	113,572	90,028
<b>O</b>	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
<b>P</b>	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b>	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
<b>R</b>	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		10,180	5,679	4,501
<b>S</b>	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
<b>T</b>	Total fund needed	$(N+O+P+Q+R+S)$		213,780	119,250	94,530
<b>U</b>	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		119,250		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / T$		55.78 %		

**Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)**

	Formula	2015			
		Total	Government	GAVI	
<b>A</b>	Country co-finance	V	76.10 %		
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	44,860	34,139	10,721
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	2		
<b>D</b>	Number of doses needed	$B \times C$	89,720	68,278	21,442
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.01		
<b>F</b>	Number of doses needed including wastage	$D \times E$	90,618	68,962	21,656
<b>G</b>	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	330	252	78
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
<b>H2</b>	Reported stock on January 1st	Table 7.11.1			
<b>I</b>	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	91,500	69,633	21,867
<b>J</b>	Number of doses per vial	Vaccine Parameter	1		
<b>K</b>	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
<b>L</b>	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
<b>M</b>	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
<b>N</b>	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	233,600	177,772	55,828
<b>O</b>	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
<b>P</b>	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
<b>Q</b>	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
<b>R</b>	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	11,680	8,889	2,791
<b>S</b>	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
<b>T</b>	Total fund needed	$(N+O+P+Q+R+S)$	245,280	186,660	58,620
<b>U</b>	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	186,660		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / T$	76.10 %		

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

### Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org).

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

## 9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **Yes**

If NO, please indicate the anticipated date for completion of the HSS grant.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Not Applicable.

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

### 9.1.1. Report on the use of HSS funds in **2013**

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

**Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 9.1.3.a](#) and [9.1.3.b](#).**

### 9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

### 9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

**NB:** Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						

Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]						



	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]						

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]				

### Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January						
Closing on 31 December						

### Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

### Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

### Has an external audit been conducted? **Not selected**

**External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)**

## 9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
---	---------------------------	--	--

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
---	--

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

## 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

## 9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

## 9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5: Planned activities for 2014**

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
		0	0			0

## 9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes**

**Table 9.6: Planned HSS Activities for 2015**

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
		0			

## 9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org)

## 9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

## 9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

## 10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

### 10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Armenia **has NOT received GAVI TYPE A CSO support**

Armenia is not reporting on GAVI TYPE A CSO support for 2013

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

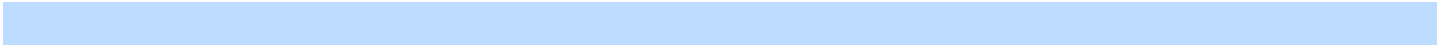
Armenia **has NOT received GAVI TYPE B CSO support**

Armenia is not reporting on GAVI TYPE B CSO support for 2013



## 11. 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



## 12. Annexes

### 12.1. Annex 1 – Terms of reference ISS

#### 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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 12.3. Annex 3 – Terms of reference HSS

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

### 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.6. Annex 6 – Example income & expenditure CSO

### 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.





8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	<a href="#">NOT AVAILABLE.docx</a> <b>File desc:</b> , <b>Date/time :</b> 02/05/2014 02:23:32 <b>Size:</b> 12 KB
9	Post Introduction Evaluation Report	7.2.2	✓	<a href="#">Rota PIE report N9.doc</a> <b>File desc:</b> <b>Date/time :</b> 02/05/2014 02:29:05 <b>Size:</b> 6 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	<a href="#">Financial StatementNVS.pdf</a> <b>File desc:</b> <b>Date/time :</b> 12/05/2014 11:39:18 <b>Size:</b> 1 MB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	<a href="#">NOT AVAILABLE.docx</a> <b>File desc:</b> <b>Date/time :</b> 02/05/2014 02:32:25 <b>Size:</b> 12 KB
12	Latest EVSM/VMA/E VM report	7.5	✓	<a href="#">DOCUMENT N12-EVM ASSESM.doc</a> <b>File desc:</b> <b>Date/time :</b> 02/05/2014 02:42:10 <b>Size:</b> 6 MB
13	Latest EVSM/VMA/E VM improvement plan	7.5	✓	<a href="#">DOCUMENT N13 IMP PLAN.XLS</a> <b>File desc:</b> , <b>Date/time :</b> 02/05/2014 02:43:26 <b>Size:</b> 201 KB
14	EVSM/VMA/E VM improvement plan implementation status	7.5	✓	<a href="#">Armenia Follow on EVM 13 11 03 Doc N14.doc</a> <b>File desc:</b> <b>Date/time :</b> 02/05/2014 02:44:18 <b>Size:</b> 427 KB
16	Valid cMYP if requesting extension of	7.8	✗	<a href="#">ARM-cMYP-ENGLISH-2011-2015_FINAL 1705.doc</a> <b>File desc:</b> , <b>Date/time :</b> 02/05/2014 02:48:28

	support			Size: 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	X	<a href="#">cMYP_ARM_Scenario_A_Revised_2011_FINAL_(upd)_V2.0.xls</a> File desc: Date/time : 02/05/2014 02:50:03 Size: 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	X	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	<a href="#">NOT AVAILABLE.docx</a> File desc: ,,, Date/time : 02/05/2014 02:55:25 Size: 12 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	<a href="#">NOT AVAILABLE.docx</a> File desc: Date/time : 02/05/2014 02:56:09 Size: 12 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	<a href="#">NOT AVAILABLE.docx</a> File desc: Date/time : 02/05/2014 02:59:16 Size: 12 KB
22	HSS Health Sector review report	9.9.3	✓	<a href="#">NOT AVAILABLE.docx</a> File desc: Date/time : 02/05/2014 02:59:49 Size: 12 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	X	<a href="#">NOT AVAILABLE.docx</a> File desc: ..... ..... ..... .....



27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	<a href="#">NOT AVAILABLE.docx</a> <b>File desc:</b> ..... ..... <b>Date/time :</b> 02/05/2014 03:06:19 <b>Size:</b> 12 KB
	Other		X	No file loaded