GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of

Democratic Republic of the Congo (Kinshasa)

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **10.06.2011 11:41:23**

Deadline for submission: 1 Jun 2011

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE 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 language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTC-HepB-Hib, 1 dose/flacon, liquide	DTC-HepB-Hib, 1 dose/vial, liquid	2012
NVS	Antipneumococcique (PCV13), 1 dose/flacon, liquide	Pneumococcal (PCV13), 1 dose/vial, liquid	2011
NVS	Antiamaril, 5 doses/flacon, lyophilisé	VAA 5 doses/vial, freeze-dried	2015

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	Pneumococcal (PCV13), 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010
CSO	2010
ISS	2010

2. Signatures

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

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

By signing this page, the Government of Democratic Republic of the Congo (Kinshasa) 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 Democratic Republic of the Congo (Kinshasa)

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Dr Victor MAKWENGE KAPUT	**Name**	MATATA PONYO MAPON
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

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

Full name	Position	Telephone	Email	Action
Dr Audry MULUMBA WA KAMBA	Physician EPI Director	:(243) 998363739	audrymwk@yahoo.fr	
Dr Hyppolite KALAMBAY NTEMBWA	Physician DEP Director	(243) 815203096	hkalambay@yahoo.fr	
Dr Granga DAOUYA	Immunization Specialist /UNICEF	(243) 817150248	gdaouya@unicef.org	
Dr Koffi TSOGBE	IVD Focal Point WHO/DRC	(243) 817006419	tsogbek@cd.afro.who.int	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Victor MAKWENGE KAPUT, Minister of Public Health	GOVERNMENT			
Dr LEODEGAL BAZIRA, WHO Representative/DRC	WHO			
Pierrette Vu Thi, UNICEF Representative /DRC	UNICEF			
Mr Stephen M HAYKIN, Director	USAID			
Mr Ambroise TSHIMBALANGA, President	Rotary International			
Dr Audry MULUMBA : Director of the Expanded Programme for Immunization	Ministry of Public Health			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - Dr Pierre LOKADI OTETE OPETHA, Dr LEODEGAL BAZIRA, Pierrette Vu Thi, Henry Got, Dr Hyppolite KALAMBAY, Dr Henri GOT, Dr , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Pierre LOKADI OTETE OPETHA	Government			
Dr LEODEGAL BAZIRA: WHO Representative	WHO			
Pierrette Vu Thi:	UNICEF			
Henry Got	IDHG EU			
Dr Hyppolite KALAMBAY:	GOVERNMENT			
Dr NOTERMAN Jean Pierre : develoment cooperation assistant	DGDC – Embassy of Belgium			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Valentin MUTOMBO GAVI CSO Project Manager , DRC (CSO coordinator for type A)	Rotary Clubs DRC			
Mme Liliane DIATEZULWA GAVI CSO Project Manager DRC/COP (Type B)	SANRU Program			
Dr Benoît MIBULUMUKINI Focal point Child survival, M & E GAVI CSO DRC/COP	SANRU Program			

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - Dr Pierre LOKADI OTETE OPETHA, Dr LEODEGAL BAZIRA, Pierrette Vu Thi, Henry Got, Dr Hyppolite KALAMBAY, Dr Henri GOT, Dr , endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Pierre LOKADI OTETE OPETHA: Secretary General for Health	Government			
Dr LEODEGAL BAZIRA: Representative	WHO			
Pierrette Vu Thi: Representative	UNICEF			
Dr Hyppolite KALAMBAY:Director of Research and Planning	GOVERNMENT			
Dr Henri GOT	IDHG/EU			

Name/Title	Agency/Organisation	Signature	Date	Action
Dr NOTERMAN Jean Pierre : Development cooperation assistant	DGDC – Embassy of Belgium			

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

3. Table of Contents

This APR reports on Democratic Republic of the Congo (Kinshasa)'s activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	2,940,421	3,028,634	3,119,493	3,213,077	3,309,470	3,408,754
Total infants' deaths	374,904	386,151	397,735	409,667	421,957	434,616
Total surviving infants	2,565,517	2,642,483	2,721,758	2,803,410	2,887,513	2,974,138
Total pregnant women	2,940,421	3,028,634	3,119,493	3,213,077	3,309,470	3,408,754
# of infants vaccinated (to be vaccinated) with BCG	2,836,262	2,725,770	2,869,933	2,988,162	3,143,996	3,238,316
BCG coverage (%) *	96%	90%	92%	93%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	2,262,935	2,246,110	2,367,929	2,495,035	2,598,761	2,676,724
OPV3 coverage (%) **	88%	85%	87%	89%	90%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	2,221,306	2,378,235	2,504,017	2,607,171	2,743,137	2,825,431
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,995,070	2,246,110	2,367,929	2,495,035	2,598,761	2,676,724
DTP3 coverage (%) **	78%	85%	87%	89%	90%	90%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	2,221,306	2,378,235	2,504,017	2,607,171	2,743,137	2,825,431
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	1,995,070	2,246,110	2,367,929	2,495,035	2,598,761	2,676,724
3rd dose coverage (%) **	78%	85%	87%	89%	90%	90%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	2,116,337	2,113,986	2,313,494	2,467,001	2,598,761	2,676,724
Yellow Fever coverage (%) **	82%	80%	85%	88%	90%	90%
Wastage[1] rate in base-year and planned thereafter (%)	25%	20%	20%	20%	20%	15%
Wastage[1] factor in base-year and planned thereafter	1.33	1.25	1.25	1.25	1.25	1.18
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal		1,056,993	2,041,318	2,607,171	2,743,137	2,825,431
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal		792,745	1,769,142	2,495,035	2,598,761	2,676,724
Pneumococcal coverage (%) **	0%	30%	65%	89%	90%	90%
Wastage[1] rate in base-year and planned thereafter (%)		5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles	2,239,464	2,113,986	2,313,494	2,467,001	2,598,761	2,676,724
Measles coverage (%) **	87%	80%	85%	88%	90%	90%
Pregnant women vaccinated with TT+	2,508,092	2,422,907	2,651,569	2,827,508	2,978,523	3,067,878
TT+ coverage (%) ****	85%	80%	85%	88%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	10,643,007	13,802,683	14,216,763	14,643,266	15,082,564	15,535,041
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	10%	6%	5%	4%	5%	5%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

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

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

Provide justification for any changes in **births**

No change was made in the number of births

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

No change was made in the number of surviving infants

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

1. The coverage objectives set in 2011 take into account the poor performance in 2010. This poor performance was due to a shortage in vaccines and injection supplies at all levels of the immunization system; without them, it is not possible to reach those objectives.
2. Regarding the new PCV-13 vaccine, this objective is set on an annual basis, and it seems low given the fact that the vaccine will be introduced into the country gradually, and the schedule calls for the process to end in January 2012.

It should be pointed out that immunization activities in the DRC do net yet have the benefit of secure, sustainable financing that compllies with the vaccine independence policy. The results obtained in 2010 will remain fragile until the commitments contained in the MOU signed by all the stakeholders in immunization are met.

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

The wastage rate objectives were maintained for reasons cited above.

5.2. Immunisation achievements in 2010

5.2.1.

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

No vaccine coverage objective was reached in 2010 for any antigens. This poor performance in 2010 was due to the shortage of vaccines and vaccine supplies at all levels of the immunization system.
In 2010, the obstacles encountered involved mainly problems of shipping the vaccines in the provinces and health zones, due to insufficient resources, high shipping costs, remote hard-to-reach areas, the inability to raise sufficient internal financing to meet operatng costs, including the implementaton of five components of the RED approach, and the poor cold chain capacity, particularly at the intermediate and operational levels, which led to an increase in the frequency of shiprments. To overcome these obstacles, the following actions were taken: Additional resources were raised with the partners to cover the cost of the shipments.. We took advantage of shipments of campaign inputs to send vaccines and routine immunization inputs to the provinces. Cold chain equipment was acquired through financing from the partners, and thanks to GAVI ISS funds, cold chain

coverage was increased from 52% to 55%..
To solve these problems, the country agrees to raise the additional resources by contributing the resources raised at the provincial level and expanding the partnership to new donors in support of the healthcare system

5.2.2.

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

Shortage of vaccines and injection supplies at all levels of the immunization system

5.2.3.

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

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

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

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

5.2.4.

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

5.3. Data assessments

5.3.1.

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

- No survey of vaccine coverage was conducted in 2009 or 2010.
- UNICEF conducted an MICS survey in 2010.
- In 2011, the country offered to conduct an internal review combined with a national vaccine coverage survey.

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

5.3.2.

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

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

5.3.3.

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

• DQS (self-evaluations of immunization data quality) were conducted in December 2008 in 64 HZ, in November 2009 in 58 health zones holding AID (Intensified Immunization Days), and in June 2010 in 6 of the 57 Health Zones that received ECC/Axxes Support.
• Monthly monitoring meetings were held in the health zones to analyze the data from the health zones and make any necessary adjustments.
• A few heathcare units (44/176) held quarterly reviews; others did not for lack of financing.
• Some six-month reviews were held at the coordination level (11/22) to analyze the data from health zones/units and make any necessary adjustments
• In 2010, no mid-point review was held. The annual review was held in December 2010.

5.3.4.

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

• Get the data validation committees up and running at the national and provincial levels
• Apply the DQS in all the health zones
• Continue holding periodic meetings at all levels
• The country aims to hold an external assessment of the EPI combined with the vaccine coverage survey in June 2011.
• Incorporate immunization data gathering into the national health information system.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 $US = 915	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** USAID	**Donor name** ROTARY	**Donor name** Autres	
Traditional Vaccines*	1,946,041			393,312					
New Vaccines									
Injection supplies with AD syringes	566,184		172,872						
Injection supply with syringes other than ADs									
Cold Chain equipment	863,613		853,763				9,850		
Personnel	298,609	266,424		50,000		32,185			
Other operational costs	549,230		101,538	1,181,762		293,966	103,726		
Supplemental Immunisation Activities	16,255,983				15,008,185	6,258	31,886	59,778	
Transport and shipment of vaccines	387,348		87,348	300,000					
Total Expenditures for Immunisation	*20,867,008*								
Total Government Health		266,424	1,215,521	1,925,074	15,008,185	332,409	145,462	59,778	

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	3,749,129	3,915,532	
New Vaccines	29,426,190	34,238,757	
Injection supplies with AD syringes	2,242,611	2,310,441	
Injection supply with syringes other than ADs			
Cold Chain equipment	548,988	624,227	
Personnel			
Other operational costs			
Supplemental Immunisation Activities	43,627,479	46,813,827	
Total Expenditures for Immunisation	79,594,397	87,902,784	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 8

Please attach the minutes (Document number 10 à 15 et 40 à 42) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

- Introduce the pneumococcal vaccine in phases in accordance with an established time line ;
- Take advantage of SIA to make the data more complete

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

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
Association of the Rotary Clubs of Congo (ARCC)	
SANRU/ECC	
Catholic Relief Services (CRS)	
National Council of Health NGOs (CNOS	
Red Cross of the Democratic Republic of the Congo	

List CSO member organisations:	Actions
(CRDRC	
BDOM (Diocesan Office of Medical Works)	
SABIN VACCINE INSTITUTE	
MCHIP (Maternal and Children Health Integrated Program)	
MSH (Management of Science Health)	

5.6. Priority actions in 2011 to 2012

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

1. Objectives
1.1. For systematic EPI:

1. Reduce the number of children not immunized with Penta 3 by at least 60% by 2012 ;
2. By 2012, expand the introduction of the pneumococcal vaccine (PCV 13) to the whole country.

.2. For SIA:

1. Stem the spread of WPV in the country;
2. Reduce the number of MNT high risk health zones from 80 to 0 by 2012;

1.3. For Surveillance of the EPI target diseases:

1. Reach and maintain polio eradication certification standards;
2. Improve the Surveillance indicators for Measles, Yellow Fever and NNT and surveillance of Rota-induced PBM sentinel sites

2. Priority activities

a. Routine EPI

- Improve the implementation of the "Reach Every Health Zone" (ACZ) approach)
- Incorporate essential health interventions for mothers and children
- Improve the availability of vaccines and injection supplies from secure financing
- Create national level warehouses relocated to the provinces
- Improve mobility and telecommunications at the intermediate and operational levels
- Set up efficient waste management mechanisms in the health zones
- Make certain that project research monitoring and evaluation are in sync with routine EPI activities
- Advocate for immunization with the Government and the other operating partners (CSO…)
- Introduce New Vaccines and new technologies
- Carry out communications promoting routine EPI

b. Supplemental immunization activities (SIA)

- Organize quality SIA against polio, measles and Yellow Fever from 2011 to 2012

c. Surveillance of diseases

- Validate 60% of reported cases
- Improve the active search for AFP at the reporting sites
- Make certain the polio committees are operating (CNEP, CNC)
- Investigate all cases of AFP
- Hold personnel training sessions at the operational level
- Improve VPD surveillance supervisions
- Hold educational sessions with religious leaders on community-based surveillance
- Hold an external EPI review and surveillance combined with the vaccine coverage survey
- Reproduce and disseminate guidelines on managng biological samples to the BCZS and EPI units

- Organize site evaluation missions on keeping and transporting stool samples
- Further incorporate active research on the other VPD into research on AFP
- Improve the capacity of the measles and YF lab of the INRB [National Institute of Biological Research]
- Investigate all suspected cases of measles, YF and NNT
- Expand sentinel surveillance of Rota-induced PBM and GE in the provinces of Orientale and Kasaï Occidental
- See to it that the three existing sentinel sites are in operation

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	BCG autodisable syringes	Unicef, AXxes, Government DRC	
Measles	0.5 ml autodisable syringes	Unicef, AXxes	
TT	0.5 ml autodisable syringes	Unicef, AXxes	
DTP-containing vaccine	0.5 ml autodisable syringes	GAVI	
YF vaccine	0.5 ml autodisable syringes	GAVI	

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? (Please report in box below)

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

Due to insufficient financing by the Government, it was not possible to overcome the shortage in syringes to administer antigens.

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

- The use of boxes to collect sharps waste (used syringes)
- Burning and then burying waste in holes
- Incineration in those medical units that have incinerators

Problems rencontrés :

- The injection safety plan is underfunded, resulting in a disruption in the inventory of BCG syringes all over the country from October 2010 until now.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 438,877
Balance carried over to 2011	US$ 58,869

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

-Reproduction of the manual and technical forms for introducing the pneumococcal vaccine
-Training of communications workers on introducing the pneumococcal vaccine
-Distribution and installation of cold chain equipment for introducing the pneumococcal vaccine
-Awareness training of the community on the introduction of the pneumococcal vaccine

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.
If No, please complete Part B below.

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

Nothing to report

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

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

-Management of the GAVI/ISS funds is a collaborative effort among the EPI and the partners (WHO, Unicef). The plan for releasing the funds is countersigned by the partners before the funds go out. The check is signed by the Director of the EPI and the WHO/DRC Representative.
-The remainder of the GAVI funds was blocked for six months at the Congolese Bank after it was dissolved by force. Those funds are now available for the EPI in an account at the RAW BAK.
-The type of bank account used is commercial .
-The budgets are prepared by the EPI and validated by the IACC during the meetings of the finance unit.
-The funds are channelled to the provinces either by bank transfer or by certified transfer agencies.
-The financial reports are prepared by the EPI (at the national and sub-national levels) and forwarded to the IACC for endorsement and forwarding to superiors.

-The overall role of the IACC is to orient, examine and validate the technical and financial data.
-The funds were not included in the national health sector plan and budget.

Is GAVI's ISS support reported on the national health sector budget? No

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

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number number 15) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			2,303,286	1,995,070
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-308,216
3	Calculating	$20	per additional child vaccinated with DTP3		-6,164,320
4	**Rounded-up estimate of expected reward**				**-6,164,000**

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

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

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	7,445,100	5,698,600	0	
Yellow Fever	2,078,700	2,705,800	0	

** Please also include any deliveries from the previous year received against this DL*

If numbers [A] and [B] above are different

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

• The doses of DTC-HépB-Hib received in 2010 amounted to less than the amounts specified in GAVI's decision letter because of the failure to provide the quantities specified in the said GAVI letter • The withdrawal in late February 2010 of the Shan 5 pentavalent vaccine also disrupted the availability and use of the DTC-HepB-Hib with a 60-day hiatus at the national level.• The lack of financing for transporting inputs from the national level to the provinces and the health zones is also one of the causes of disruptions at the operational level • Another cause is the irregular operation of the cold chain at the operational level related to the insufficiency of a regular supply of fuel

Quantity B is greater than quantity A for the Yellow Fever vaccine in the table for the following reason. The country had ordered the YF vaccine in packages of five doses per vial. GAVI provided vaccine in 10-dose vial packages because of the scarcity of the 5-dose vial packages.

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)

• The country improved vaccine storage conditions by installing solar cold chain equipment throughout the health zones and EPI units. It also strengthened some of the other health units and EPI coordination units with cold rooms throughout the country with financing from the partners and from GAVI• Vaccines were provided to the provinces thanks to the support of the partners and the opportunities offered by the SIA.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 60 days at the national level

Please describe the reason and impact of stock-out

The withdrawal of the pentavalent vaccine in the health zones on the recommendation of the WHO and the fact that it was not replaced in time with a valid vaccine caused the stock-our ot this antigen.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Pneumococcal	
Phased introduction	Yes	**Date of introduction** 04.04.2011
Nationwide introduction	No	**Date of introduction**
The time and scale of introduction was as planned in the proposal?	No	**If No, why?** The period initially scheduled was in January 2010, but after the PCV-13 vaccine became unavailable on the world market, the roll-out was postponed until April 2011.

7.2.2.

When is the Post introduction Evaluation (PIE) planned? 8 months after the vaccine is introduced

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	0
Receipt date	

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

With the remainder postponed in 2010, the following activities were organized:
- Drafting and reproduction of training manuals, sheet and technical forms in connection with the introduction of the new vaccine (PVC13);
- Training of trainers at the national level and in the two provinces of Kinshasa and Bas-Congo (co-financed with HSS funds);

- Top-down training of healthcare providers in these two provinces;
- Educational sessions held on introducing pneumo in the same two provinces;
- Cold chain equipment transported from Kinshasa to the provinces

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

- Delay in supplying of vaccines according to the schedule
- Delay in the release of funds. In fact, the Congolese Bank (at the time in liquidation) was uable to release them in time.

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US$ 56,699

Please describe the activities that will be undertaken with the balance of funds

- Reproduction of training and educational tools for the introduction of pneumo
- Training of healthcare workers (provincial physician inspectors, physician coordinators and physicians/EPI unit directors, logisticians,
- Educating the populaton on the introduction of the pneumococcal vaccine
- Continuing to introduce the pneumococcal vaccine gradually in the nine other provinces.

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTC-HepB-Hib, 1 dose/flacon, liquide	0	0
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	0	0
3rd Awarded Vaccine Antiamaril, 5 doses/flacon, lyophilisé	0	0
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	NA	
Other	NA	

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. The slow pace of the government system for releasing funds at the Ministries of Budget and Finance
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTC-HepB-Hib, 1 dose/flacon, liquide	7
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	7
3rd Awarded Vaccine Antiamaril, 5 doses/flacon, lyophilisé	7

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/resources/9___Co_Financing_Default_Policy.pdf.

Continue advocacy work with the Government and the Parliament.

Is GAVI's new vaccine support reported on the national health sector budget? No

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 15.08.2005

When was the last Vaccine Management Assessment (VMA) conducted? 15.10.2007

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N°)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

When is the next Effective Vaccine Management (EVM) Assessment planned? 10.07.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

For the DTC-HepB-Hib vaccine, the country wishes to receive the 10-dose packages instead of the single dose

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: No

If you don't confirm, please explain

The rotavirus vaccine can be introduced only in 2013, given that PCV-13 was introduced only in 2011.

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirotavirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirotavirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012					TOTAL
Number of Surviving infants	Table 1	#	2,642,483	2,721,758					5,364,241
Number of children to be vaccinated with the third dose	Table 1	#	2,246,110	2,367,929					4,614,039
Immunisation coverage with the third dose	Table 1	#	85%	87%					
Number of children to be vaccinated	Table 1	#	2,378,235	2,504,017					4,882,252

	Instructions		2011	2012					TOTAL
with the first dose									
Number of doses per child		#	3	3					
Estimated vaccine wastage factor	Table 1	#	1.05	1.05					
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1					
AD syringes required	Select YES or NO	#	Yes	Yes					
Reconstitution syringes required	Select YES or NO	#	No	No					
Safety boxes required	Select YES or NO	#	Yes	Yes					
Vaccine price per dose	Table 6.1	$	2.580	2.470					
Country co-financing per dose		$	0.10	0.20					
AD syringe price per unit	Table 6.1	$	0.053	0.053					
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032					
Safety box price per unit	Table 6.1	$	0.640	0.640					
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%					
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%					

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Faible revenu

	2011	2012			
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.10	0.20			

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**

Required supply item		2011	2012				TOTAL
Number of vaccine doses	#		7,378,600				7,378,600
Number of AD syringes	#		7,805,000				7,805,000
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		86,650				86,650
Total value to be co-financed by GAVI	*$*		19,379,000				19,379,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		2011	2012				TOTAL
Number of vaccine doses	#		608,200				608,200
Number of AD syringes	#		643,400				643,400
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		7,150				7,150
Total value to be co-financed by the country	*$*		1,597,500				1,597,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012											
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
A	Country Co-finance			7.62%											
B	Number of children to be vaccinated with the first dose	Table 1	2,378,235	2,504,017	190,682	2,313,335									

		Formula	2011	2012											
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3									
D	**Number of doses needed**	B x C	7,134,705	7,512,051	572,045	6,940,006									
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05									
F	**Number of doses needed including wastage**	D x E	7,491,441	7,887,654	600,648	7,287,006									
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		99,054	7,543	91,511									
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		7,986,708	608,191	7,378,517									
J	**Number of doses per vial**	Vaccine parameter		1	1	1									
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		8,448,327	643,343	7,804,984									
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0									
M	**Total of safety boxes (+ 10% of**	(K + L) /100 * 1.11		93,777	7,142	86,635									

		Formula	2011	2012												
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	extra need) needed															
N	Cost of vaccines needed	I x g		19,727,169	1,502,230	18,224,939										
O	Cost of AD syringes needed	K x ca		447,762	34,098	413,664										
P	Cost of reconstitution syringes needed	L x cr		0	0	0										
Q	Cost of safety boxes needed	M x cs		60,018	4,571	55,447										
R	Freight cost for vaccines needed	N x fv		690,451	52,579	637,872										
S	Freight cost for devices needed	(O+P+Q) x fd		50,778	3,867	46,911										
T	Total fund needed	(N+O+P+Q+R+S)		20,976,178	1,597,342	19,378,836										
U	Total country co-financing	I 3 cc		1,597,342												
V	Country co-financing % of GAVI supported proportion	U / T		7.62%												

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	2,642,483	2,721,758	2,803,410	2,887,513	2,974,138		14,029,302
Number of children to be vaccinated with the third dose	Table 1	#	792,745	1,769,142	2,495,035	2,598,761	2,676,724		10,332,407
Immunisation coverage with the third dose	Table 1	#	30%	65%	89%	90%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	1,056,993	2,041,318	2,607,171	2,743,137	2,825,431		11,274,050
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		$	0.15	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Faible revenu

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.15	0.20	0.20	0.20	0.20

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		6,820,600	8,195,900	8,280,800	8,486,200	31,783,500
Number of AD syringes	#		7,249,100	8,686,500	8,759,400	8,974,400	33,669,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		80,475	96,425	97,250	99,625	373,775
Total value to be co-financed by GAVI	*$*		25,545,000	30,694,000	31,011,000	31,780,000	119,030,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		384,800	462,400	467,200	478,800	1,793,200
Number of AD syringes	#		409,000	490,100	494,200	506,400	1,899,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		4,550	5,450	5,500	5,625	21,125
Total value to be co-financed by the country	*$*		1,441,500	1,732,000	1,750,000	1,793,000	6,716,500

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-**			5.34%			5.34%			5.34%			5.34%		

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	finance														
B	**Number of children to be vaccinated with the first dose**	Table 1	1,056,993	2,041,318	109,008	1,932,310	2,607,171	139,233	2,467,938	2,743,137	146,499	2,596,638	2,825,431	150,895	2,674,536
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3
D	**Number of doses needed**	B x C	3,170,979	6,123,954	327,024	5,796,930	7,821,513	417,697	7,403,816	8,229,411	439,496	7,789,915	8,476,293	452,683	8,023,610
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	3,329,528	6,430,152	343,375	6,086,777	8,212,589	438,582	7,774,007	8,640,882	461,471	8,179,411	8,900,108	475,317	8,424,791
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		775,156	41,394	733,762	445,610	23,798	421,812	107,074	5,719	101,355	64,807	3,462	61,345
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		7,205,308	384,769	6,820,539	8,658,199	462,379	8,195,820	8,747,956	467,189	8,280,767	8,964,915	478,778	8,486,137
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		7,658,013	408,944	7,249,069	9,176,507	490,058	8,686,449	9,253,499	494,188	8,759,311	9,480,621	506,320	8,974,301
L	**Reconstitution**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	syringes (+ 10% wastage) needed														
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		85,004	4,540	80,464	101,860	5,440	96,420	102,714	5,486	97,228	105,235	5,621	99,614
N	**Cost of vaccines needed**	I x g		25,218,578	1,346,691	23,871,887	30,303,697	1,618,324	28,685,373	30,617,846	1,635,161	28,982,685	31,377,203	1,675,722	29,701,481
O	**Cost of AD syringes needed**	K x ca		405,875	21,675	384,200	486,355	25,974	460,381	490,436	26,192	464,244	502,473	26,835	475,638
P	**Cost of reconstitution syringes needed**	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	M x cs		54,403	2,906	51,497	65,191	3,482	61,709	65,737	3,511	62,226	67,351	3,597	63,754
R	**Freight cost for vaccines needed**	N x fv		1,260,929	67,335	1,193,594	1,515,185	80,917	1,434,268	1,530,893	81,759	1,449,134	1,568,861	83,787	1,485,074
S	**Freight cost for devices needed**	(O+P+Q) x fd		46,028	2,458	43,570	55,155	2,946	52,209	55,618	2,971	52,647	56,983	3,044	53,939
T	**Total fund needed**	(N+O+P+Q+R+S)		26,985,813	1,441,062	25,544,751	32,425,583	1,731,640	30,693,943	32,760,530	1,749,592	31,010,938	33,572,871	1,792,983	31,779,888
U	**Total country co-financing**	I 3 cc		1,441,062			1,731,640			1,749,592			1,792,983		
V	**Country co-financing % of GAVI supported proportion**	U / T		5.34%			5.34%			5.34%			5.34%		

Table 7.3.1: Specifications for Yellow Fever, 5 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	2,642,483	2,721,758	2,803,410	2,887,513	2,974,138		14,029,302
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	80%	85%	88%	90%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	2,113,986	2,313,494	2,467,001	2,598,761	2,676,724		12,169,966
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.25	1.25	1.25	1.25	1.18		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	5	5	5	5	5		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		$	0.10	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 5 doses/vial, Lyophilised

Co-financing group	Faible revenu

	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.20	0.20	0.20	0.20

	2011	2012	2013	2014	2015
Your co-financing	0.10	0.20	0.20	0.20	0.20

Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		2,344,400	2,485,200	2,610,500	2,508,700	9,948,800
Number of AD syringes	#		2,092,800	2,215,300	2,325,400	2,359,900	8,993,400
Number of re-constitution syringes	#		520,500	551,800	579,600	557,000	2,208,900
Number of safety boxes	#		29,025	30,725	32,250	32,400	124,400
Total value to be co-financed by GAVI	*$*		2,271,500	2,408,000	2,529,000	2,438,500	9,647,000

Table 7.3.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			**For approval**	**For endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		609,900	646,600	679,200	649,900	2,585,600
Number of AD syringes	#		544,500	576,400	605,000	611,400	2,337,300
Number of re-constitution syringes	#		135,400	143,600	150,800	144,300	574,100
Number of safety boxes	#		7,550	8,000	8,400	8,400	32,350
Total value to be co-financed by the country	*$*		591,000	626,500	658,000	632,000	2,507,500

Table 7.3.4: Calculation of requirements for Yellow Fever, 5 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
A	**Country Co-finance**			20.64%			20.65%			20.65%			20.58%		
B	**Number of children to be vaccinated with the first dose**	Table 1	2,113,986	2,313,494	477,583	1,835,911	2,467,001	509,317	1,957,684	2,598,761	536,542	2,062,219	2,676,724	550,762	2,125,962
C	**Number of doses per child**	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	**Number of doses needed**	B x C	2,113,986	2,313,494	477,583	1,835,911	2,467,001	509,317	1,957,684	2,598,761	536,542	2,062,219	2,676,724	550,762	2,125,962
E	**Estimated vaccine wastage factor**	Wastage factor table	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.18	1.18	1.18
F	**Number of doses needed including wastage**	D x E	2,642,483	2,891,868	596,979	2,294,889	3,083,752	636,647	2,447,105	3,248,452	670,678	2,577,774	3,158,535	649,900	2,508,635
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		62,347	12,871	49,476	47,971	9,904	38,067	41,175	8,502	32,673	0	0	0
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		2,954,215	609,850	2,344,365	3,131,723	646,550	2,485,173	3,289,627	679,179	2,610,448	3,158,535	649,900	2,508,635
J	**Number of doses per vial**	Vaccine parameter		5	5	5	5	5	5	5	5	5	5	5	5
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		2,637,184	544,404	2,092,780	2,791,619	576,335	2,215,284	2,930,329	604,998	2,325,331	2,971,164	611,346	2,359,818

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		655,836	135,387	520,449	695,243	143,535	551,708	730,298	150,778	579,520	701,195	144,278	556,917
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		36,553	7,546	29,007	38,705	7,991	30,714	40,633	8,390	32,243	40,764	8,388	32,376
N	Cost of vaccines needed	I x g		2,528,809	522,032	2,006,777	2,680,755	553,447	2,127,308	2,815,921	581,377	2,234,544	2,703,706	556,314	2,147,392
O	Cost of AD syringes needed	K x ca		139,771	28,854	110,917	147,956	30,546	117,410	155,308	32,065	123,243	157,472	32,402	125,070
P	Cost of reconstitution syringes needed	L x cr		24,922	5,145	19,777	26,420	5,455	20,965	27,752	5,730	22,022	26,646	5,483	21,163
Q	Cost of safety boxes needed	M x cs		23,394	4,830	18,564	24,772	5,115	19,657	26,006	5,370	20,636	26,089	5,369	20,720
R	Freight cost for vaccines needed	N x fv		126,441	26,102	100,339	134,038	27,673	106,365	140,797	29,070	111,727	135,186	27,816	107,370
S	Freight cost for devices needed	(O+P+Q) x fd		18,809	3,883	14,926	19,915	4,112	15,803	20,907	4,317	16,590	21,021	4,326	16,695
T	Total fund needed	(N+O+P+Q+R+S)		2,862,146	590,843	2,271,303	3,033,856	626,345	2,407,511	3,186,691	657,926	2,528,765	3,070,120	631,707	2,438,413
U	Total country co-financing	I 3 cc		590,843			626,345			657,926			631,707		
V	Country co-financing % of GAVI supported proportion	U / T		20.64%			20.65%			20.65%			20.58%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

The CSO form is available at this address: CSO section of the APR 2010 @ 18 Feb 2011.docx

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

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

Annex 2

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

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		44	Oui
Signature of Minister of Finance (or delegated authority)		34	Oui
Signatures of members of ICC		35	Oui
Signatures of members of HSCC		36, 37, 38	Oui
Minutes of ICC meetings in 2010		10, 11, 12, 13, 14	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		42	Oui
Minutes of HSCC meetings in 2010		22, 23, 24, 25, 26, 40, 41, 45	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		Missing	Oui
Financial Statement for ISS grant in 2010		15	
Financial Statement for CSO Type B grant in 2010		1, 47	Oui
Financial Statement for HSS grant in 2010		8	Oui
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)		18, 46	
New Banking Details			
new cMYP starting 2012		43	
Summary on fund utilisation of CSO Type A in 2010		17	
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant		2, 3, 4, 5, 6, 7	
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

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

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

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Financial Statement for CSO Type B grant in 2010 * **File Desc:** Financial Statement for CSO Type B grant in 2010	**File name:** Etats financiers OSC type B pr RSA 2010.xlsx **Date/Time:** 11.05.2011 05:30:22 **Size:** 37 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
2	**File Type:** External Audit Report (Fiscal Year 2010) for CSO Type B grant **File Desc:** 2008 Audit Report CNOS_CSO type B	**File name:** 10a_Microsoft Word - 090508 2 FLK-JPN-JPP-DM Rapport final d'audit Gavi Project CNOS, 2008.pdf **Date/Time:** 11.05.2011 05:35:20 **Size:** 239 KB		
3	**File Type:** External Audit Report (Fiscal Year 2010) for CSO Type B grant **File Desc:** 2008 Audit Report ARCC_CSO type B	**File name:** 10b_Microsoft Word - 090508 6 FMM-AMN-JPN-JPP-DM Rapport final d'audit Projet GAVI-ARCC, 2008.pdf **Date/Time:** 11.05.2011 05:41:20 **Size:** 323 KB		
4	**File Type:** External Audit Report (Fiscal Year 2010) for CSO Type B grant **File Desc:** 2008 Audit Report CRS_CSO type B	**File name:** 10c_Microsoft Word - 090508 AMN-JPN-JPP-DM Rapport final d'audit Projet GAVI-CRS, 2008.pdf **Date/Time:** 11.05.2011 05:44:33 **Size:** 294 KB		
5	**File Type:** External Audit Report (Fiscal Year 2010) for CSO Type B grant **File Desc:** 2008 Audit Report ECC_CSO type B	**File name:** 10d_Microsoft Word - 090525 AMN-JPN-JPP-DM Rapport d'audit Projet GAVI-ECC, Exercice2008.pdf **Date/Time:** 11.05.2011 05:47:32 **Size:** 308 KB		
6	**File Type:** External Audit Report (Fiscal Year 2010) for CSO Type B grant **File Desc:** 2008 Audit Report COP_CSO type B	**File name:** 10e_Microsoft Word - 090526 FLK-JPN-JPP-DM Rapport final d'audit Gavi Project COP, 2008.pdf **Date/Time:** 11.05.2011 05:50:23 **Size:** 261 KB		
7	**File Type:** External Audit Report (Fiscal Year 2010) for CSO Type B grant **File Desc:** 2008 Audit Report CRDRC_CSO type B	**File name:** 10f_Microsoft Word - 090615 FLK-JPN-JPP-DM Rapport d'audit Projet Gavi CRRDC,2008.pdf **Date/Time:** 11.05.2011 05:53:03 **Size:** 249 KB		
8	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** HSS bank statement	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\RSS\Releve de compte BC_RSS.pdf **Date/Time:** 12.05.2011 11:21:32 **Size:** 1 MB		
9	**File Type:** other **File Desc:** Annex to the HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\RSS\Annexes au RAS 2010 GAVI_nestor 9avril.doc **Date/Time:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		12.05.2011 11:40:22 **Size:** 870 KB		
10	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of the IACC – ISS meeting of the EPI/ DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\PEV\Annexes PEV RAS GAVI 2010\1-COMPTE RENDU CCIA DU 28 JUILLET 2010.doc **Date/Time:** 12.05.2011 11:50:35 **Size:** 864 KB		
11	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of the IACC – ISS meeting of the EPI/ DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\PEV\Annexes PEV RAS GAVI 2010\2-COMPTE RENDU CCIA TECH_02_9_2010.docx **Date/Time:** 12.05.2011 11:55:01 **Size:** 15 KB		
12	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** ISS Minutes of the IACC – ISS meeting of the EPI/ DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\PEV\Annexes PEV RAS GAVI 2010\3-COMPTE RENDU DE LA REUNION DE CCIA TECHNIQUE DU 06 OCTOBRE 2010.docx **Date/Time:** 12.05.2011 11:59:14 **Size:** 21 KB		
13	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of the IACC ISS meeting of the EPI/ DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\PEV\Annexes PEV RAS GAVI 2010\4-Compte rendu de la réunion du CCIA tech du 29 sept 2010.doc **Date/Time:** 12.05.2011 12:03:23 **Size:** 72 KB		
14	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes IACC – ISS meeting of the EPI DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\PEV\Annexes PEV RAS GAVI 2010\6-COMPTE RENDU DU CCIA TECHNIQUE 12 NOV 2010 amendé.doc **Date/Time:** 12.05.2011 12:13:28 **Size:** 65 KB		
15	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Budget allocation tables in 2010: ISS of the EPI DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\PEV\Annexes PEV RAS GAVI 2010\7-Tableau execution budget 2010 BIS (Enregistré automatiquement).xls **Date/Time:** 12.05.2011 12:21:26 **Size:** 71 KB		
16	**File Type:** other **File Desc:** APR CSO Type A Section	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\CSO\CSO_section_of_the_APR_2010_@_2011_Fr_Type A.doc **Date/Time:** 20.05.2011 05:58:24		

ID	File type Description	File name Date and Time Size	New file	Actions
		Size: 69 KB		
17	**File Type:** Summary on fund utilisation of CSO Type A in 2010 **File Desc:** Annex 1 CSO Type A Report	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\CSO\RAPPORT D'AUDIT MAPPING_TypeA.doc **Date/Time:** 20.05.2011 06:09:27 **Size:** 110 KB		
18	**File Type:** CSO Mapping Report (Type A) **File Desc:** Annex CSO report Type A	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_6 mai 2011\CSO\RECOMMANDATIONS ONG MAPPING_TypeA.doc **Date/Time:** 20.05.2011 06:13:54 **Size:** 46 KB		
19	**File Type:** other **File Desc:** APR CSO Type B Section	**File name:** CSO_section_of_the_APR_2010_@_2011_FR type B VF.docx **Date/Time:** 27.05.2011 10:10:44 **Size:** 74 KB		
20	**File Type:** other **File Desc:** APR HSS Section	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\RSS 2010_28 mai 2011__nestor.doc **Date/Time:** 30.05.2011 02:32:46 **Size:** 878 KB		
21	**File Type:** other **File Desc:** Contract MOH_FEDECAME GAVI-HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\CONTRAT MSP - FEDECAME (GAVI-RSS)_version signée.pdf **Date/Time:** 30.05.2011 02:50:07 **Size:** 1 MB		
22	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes TCC meeting_01 June 2010_HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\CR de la réunion CCT du 01 juin 2010.pdf **Date/Time:** 30.05.2011 03:18:04 **Size:** 1 MB		
23	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes TCC meeting _12 January 2010_HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\CR de la réunion CCT du 12 janv 2010.pdf **Date/Time:** 30.05.2011 03:20:25 **Size:** 542 KB		
24	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes TCC meetng _ 12 July 2010_HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\CR de la réunion CCT du 12 juillet 2010.pdf **Date/Time:** 30.05.2011 03:27:58 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		1 MB		
25	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes TCC meeting _16 Sept 2010_HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\CR de la réunion CCT du 16 sept 2010.pdf **Date/Time:** 30.05.2011 03:30:04 **Size:** 784 KB		
26	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes TCC meeting _24 Sept 2010_HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\CR de la réunion CCT du 24 sept 2010.pdf **Date/Time:** 30.05.2011 03:35:22 **Size:** 500 KB		
27	**File Type:** other **File Desc:** Funds release letter GAVI HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\lettre de décaissement des fonds gavirss par Minisanté.pdf **Date/Time:** 30.05.2011 03:39:00 **Size:** 151 KB		
28	**File Type:** other **File Desc:** Bank guarantee letter GAVI HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\lettre de garantie bancaire.pdf **Date/Time:** 30.05.2011 03:42:16 **Size:** 383 KB		
29	**File Type:** other **File Desc:** BCC letter guaranteeing release of funds to BC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\lettre de garantie BCC pr décaissement des avoirs auprès de BC en liquidation.pdf **Date/Time:** 30.05.2011 03:50:46 **Size:** 187 KB		
30	**File Type:** other **File Desc:** Lettre from GAVI to the Minister of Public Health DRC	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\Lettre de GAVI au Ministre de la santé.pdf **Date/Time:** 30.05.2011 03:57:30 **Size:** 269 KB		
31	**File Type:** other **File Desc:** Letter opening bank account for GAV/HSS funds Minstry of Health	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\lettre d'ouverture banc pr fond gavirss par Minsanté.pdf **Date/Time:** 30.05.2011 04:16:01 **Size:** 215 KB		
32	**File Type:** other **File Desc:** Letter opening AGEFIN account by KPMG_HSS	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\lettre d'ouverture du compte agefin gavi par KPMG.pdf **Date/Time:** 30.05.2011 04:20:36 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		150 KB		
33	**File Type:** other **File Desc:** Letter from the Prime Minister of the DRC to GAVI	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\lettre du premier ministre à GAVI.pdf **Date/Time:** 30.05.2011 04:26:58 **Size:** 315 KB		
34	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature page 11_GAVI annual progress report 2010	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\page de signature1.jpg **Date/Time:** 30.05.2011 06:01:02 **Size:** 150 KB		
35	**File Type:** Signatures of members of ICC * **File Desc:** Signature page2_Annual Progress Report GAVI 2010	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\page de signature2.jpg **Date/Time:** 30.05.2011 06:14:10 **Size:** 143 KB		
36	**File Type:** Signatures of members of HSCC * **File Desc:** Signature page3_Annual Progress Report GAVI 2010	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\page de signature3.jpg **Date/Time:** 30.05.2011 07:27:59 **Size:** 149 KB		
37	**File Type:** Signatures of members of HSCC * **File Desc:** Signature page4_Annual Progress Report GAVI 2010	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\page de signature4.jpg **Date/Time:** 30.05.2011 07:29:34 **Size:** 127 KB		
38	**File Type:** Signatures of members of HSCC * **File Desc:** Signature page5_Annual Progress Report GAVI 2010	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\page de signature5.jpg **Date/Time:** 30.05.2011 07:30:51 **Size:** 72 KB		
39	**File Type:** other **File Desc:** Projet GIZ_Comments and remarks	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\RSS\Projet GIZ Observation et Remarques.pdf **Date/Time:** 30.05.2011 07:37:22 **Size:** 1 MB		

ID	File type Description	File name Date and Time Size	New file	Actions
40	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** MINUTES IACC meeting of 30 Nov 2010-APR EPI	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\Annexes PEV RAS GAVI 2010\5-COMPTE RENDU DE LA REUNION CCIA TECH RESTREINT30_11_2010.docx **Date/Time:** 30.05.2011 08:57:50 **Size:** 17 KB		
41	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** MINUTES IACC meeting of 12 December 2010-APR EPI	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\Annexes PEV RAS GAVI 2010\8-COMPTE RENDU DU CCIA TECHNIQUE 12 Déc 2010 patrice VF.doc **Date/Time:** 30.05.2011 08:59:56 **Size:** 63 KB		
42	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** MINUTES IACC meeting of 27 May 2010-APR EPI	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PEV\Annexes PEV RAS GAVI 2010\9_Compte de rendu de la Réunion du CCIA Extraordinaire du 27 Mai 2011.doc **Date/Time:** 30.05.2011 09:01:35 **Size:** 68 KB		
43	**File Type:** new cMYP starting 2012 **File Desc:** IACC_DRC_2011-2015	**File name:** C:\Users\Pascal Mukenyi\Desktop\RAS GAVI 2010_29 mai 2011\PPAC Version du 18 mai 2011_Tonda\PPAC RDC 2011-2015_30 mai 2011 version finale b.zip **Date/Time:** 30.05.2011 12:12:15 **Size:** 4 MB		
44	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** Page de signature Ministre SANTE.jpg **Date/Time:** 01.06.2011 14:35:14 **Size:** 150 KB		
45	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** COMPTE RENDU DE LA REUNION EXTRA ORDINAIRE DU CNP DU 11 MAI 2010.docx **Date/Time:** 01.06.2011 14:52:47 **Size:** 53 KB		
46	**File Type:** CSO Mapping Report (Type A) **File Desc:** Signed document	**File name:** Etats financiers OSC Type A à déc 2010 pr RSA 002 - signed.jpg **Date/Time:** 29.06.2011 11:21:27 **Size:** 220 KB		
47	**File Type:** Financial Statement for CSO Type B grant in 2010 * **File Desc:** Signed documents	**File name:** Etats financiers OSC Type B à déc 2010 pr RSA 002 - signed (1).zip **Date/Time:** 29.06.2011 11:22:29 **Size:** 730 KB		