GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Gambia*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **27.05.2011 04:47:13**

Deadline for submission: 1 Jun 2011

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

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

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE 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	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 10 doses/vial, Liquid	2015
NVS	Pneumococcal (PCV13), 1 doses/vial, Liquid	Pneumococcal (PCV13), 1 doses/vial, Liquid	2011

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 doses/vial, Liquid Pneumococcal (PCV13), 1 doses/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2011
HSS	2011

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 Gambia 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 Gambia

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	Ms. Fatim BADJIE	**Name**	Mr. Mambury NJIE
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
Mrs. Yamundow Lowe-Jallow	EPI Manager	00220 4227390; 00220 9917719	ylowe_jallow@hotmail.com	

2.2. ICC Signatures Page

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

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
Mr. Sekou Omar Toure	Permanent Secretary, MOH&SW			
Dr. Mamady CHAM	Director, MOH&SW			
Dr. Thomas SUKWA	WHO			
Dr. Meritxell RELANO	UNICEF			
Dr. Kujay MANNEH	ACTION AID			
Mr. Eustace CASSELL	CHILD FUND			
Mr. Mamodou BAH	THE GAMBIA RED CROSS SOCIETY			
Professor Tumani CORRAH	MEDICAL RESEARCH COUNCIL			
Ms. Oumou TALL	ROTARY INTERNATIONAL			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

This APR reports on Gambia'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	75,544	77,584	79,678	81,830	84,039	86,308
Total infants' deaths	5,590	5,742	5,896	6,055	6,219	6,387
Total surviving infants	69,954	71,842	73,782	75,775	77,820	79,921
Total pregnant women	69,954	71,842	73,782	75,775	77,820	79,921
# of infants vaccinated (to be vaccinated) with BCG	69,300	72,929	75,695	78,557	80,678	84,582
BCG coverage (%) *	92%	94%	95%	96%	96%	98%
# of infants vaccinated (to be vaccinated) with OPV3	67,615	70,406	72,307	74,259	77,042	79,122
OPV3 coverage (%) **	97%	98%	98%	98%	99%	99%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	72,780	70,406	73,045	75,017	77,821	79,122
# of infants vaccinated (to be vaccinated) with DTP3 ***	67,720	70,406	72,307	74,259	77,042	79,122
DTP3 coverage (%) **	97%	98%	98%	98%	99%	99%
Wastage[1] rate in base-year and planned thereafter (%)	5%	15%	15%	15%	10%	10%
Wastage[1] factor in base-year and planned thereafter	1.05	1.18	1.18	1.18	1.11	1.11
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib			73,045	75,017	77,821	79,122
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	0		72,307	74,259	77,042	79,122
3rd dose coverage (%) **	0%	0%	98%	98%	99%	99%
Wastage[1] rate in base-year and planned thereafter (%)	10%		15%	15%	15%	10%
Wastage[1] factor in base-year and planned thereafter	1.11		1.18	1.18	1.18	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal	73,609	69,687	72,307	74,259	77,042	79,122
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal	72,917	70,406	72,307	74,259	77,042	79,122
Pneumococcal coverage (%) **	104%	98%	98%	98%	99%	99%
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 Measles	64,136	66,841	69,356	71,986	73,930	76,725
Measles coverage (%) **	92%	93%	94%	95%	95%	96%
Pregnant women vaccinated with TT+	52,232	54,600	56,813	59,104	61,478	63,937
TT+ coverage (%) ****	75%	76%	77%	78%	79%	80%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	7%	0%	1%	1%	1%	0%

* 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**

There are no changes in the number of births as of 2010 GAVI decision letter for the Gambia 2008-2011. These are higher than the ones mention in the cMYP 2007-2011, simply because the figures in the mentioned cMYP were very low and as such the country adjusted the figures in 2009 to ensure a more realistic denominator.

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

There are no changes in the number of surviving infants as of 2010 GAVI decision letter for the Gambia 2008-2011. These are higher than the ones mention in the cMYP 2007-2011, simply because the figures in the mentioned cMYP were very low and as such the country adjusted the figures in 2009.

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

There are no changes as per 2010 GAVI decision letter for the Gambia because the number of births and surviving infants have been adjusted as indicated above, therefore the total number of vaccines required would also be higher.

There are additional correspondence between the Secretariat and the country.

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

There are no changes in wastage figures

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

The country vaccinated 67,720 children in 2010. In this regard there has been a significant increase in the number vaccinated (1,110)in 2010 compared to the number vaccinated in 2009 (66,610).

The key activities implemented includes:
i) Training of health staff at service delivery level
ii) Conducted regular supportive supervision at field level
iii)Performed regular maintenance of the cold chain system at all levels
iv) Timely transportation of quarterly supplies to the regions

However, the programme had some challenges and these include among other things
i) High staff attrition rate
ii) Irregular supervision by the central and regional levels
iii)Late and incomplete reporting by the health facilities to the regional level and by the regions to the central level

5.2.2.

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

Targets were reached in 2010

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.

There is no sex barrier to childhood immunization services in The Gambia. Every child is given equal opportunity for immunization from birth

5.2.4.

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

The achievement is that both sexes have equal opportunities for immunization services. However, the challenge is that the data collection tools were not designed by sex in 2010.

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)*****.

There was no Immunization Evaluation Survey carried out to validate the routine immunization administrative data in 2010.
***** 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? Yes

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

A Data Quality Self -assessment was conducted in November and December 2010. Health workers at all levels were involved in this important exercise with a view to increasing their knowledge and skills in quality data management

5.3.3.

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

-More durable data collecting tools were provided
-Staff trained on proper data management
-National data verification committee set up
-Bi-monthly data management meetings were held to validate and harmonise the routine data
-Data quality self- assessment conducted in 2010
-Regular supportive supervision conducted at all levels

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.

-More durable data collecting tools will continue to be provided
-Training of staff will be continuous
-Monthly national data verification committee meetings will be continuous
-Bi-monthly data management meetings will be continuous to validate and harminise the routine data
-Regular supportive supervision will be on-going at all levels

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 = 27.5	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** ROTARY INTERNATIONAL	**Donor name**	**Donor name**	
Traditional Vaccines*	187,578	187,578							
New Vaccines	1,216,000	77,000	1,139,000						
Injection supplies with AD syringes	15,000	15,000							
Injection supply with syringes other than ADs									
Cold Chain equipment	2,800		1,000	1,800					
Personnel	136,098	136,098							
Other operational costs									
Supplemental Immunisation Activities	724,643		10,000	288,214	390,714	35,714			
Total Expenditures for Immunisation	*2,282,119*								
Total Government Health		415,676	1,150,000	290,014	390,714	35,714			

* 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*	197,874	204,359	
New Vaccines	912,321	933,722	
Injection supplies with AD syringes	78,258	80,853	
Injection supply with syringes other than ADs			
Cold Chain equipment	6,171	7,309	
Personnel	146,929	149,868	
Other operational costs	151,780	82,634	
Supplemental Immunisation Activities			
	2,145,158	2,205,573	
Total Expenditures for Immunisation	3,638,491	3,664,318	

* 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.

The government of The Gambia provided all the funds required for the procurement of traditional vaccines as well as the co-financing of new vaccines (PCV-7 and Penta). GAVI also paid for the 95% cost of the new vaccines (US$982,398). The EPI Programme has not realised major financial gaps for immunization services during the reported the period under review. In order to sutain the gains, the EPI Programme will to continue to advocate for increased budgetary allocation for immunization services.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 001) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

Are there any Civil Society Organisations (CSO) member of the ICC ?: 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
The Gambia Red Cross Society	
Child Fund	
Action Aid The Gambia	

List CSO member organisations:	Actions
Catholic Relief Services	
Rotary International Polio Plus	

5.6. Priority actions in 2011 to 2012

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

The main objectives of the programme are:
- To attain and maintain high immunization coverage
-To Strengthen the EPI surveillance nsystem
- To strengthen the cold chain and data management systems at all levels

The priority actions to achieve these objectives are :
- Staff training on immunization services
-Community sensitization on the importance of immunization services
-Procure and maintain regular vaccine supplies
-Reduce vaccine wastage rates
-Reduce vaccine drop out rates
-Conduct Measles SIAs
-Introduce new vaccines (Measles second dose)

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	AD 0.05ml syringes	Government	
Measles	AD0.5ml syringes	Government	
TT	AD 0.5ml syringes	Government	
DTP-containing vaccine	AD o.5ml syringes	Government and GAVI	

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

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

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

No. There are plans to develop one during the life span of the new cMYP.

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

New improved waste disposal units were constructed in all the 6 Regions in the country for the management of wastes. Sharps are initially disposed off in safety boxes at the injection site and are later transported to the incineration sites by the respective health facility staff and in some instances by the regional health teams during supervision. There are incinerator attendants in each region for the management of the sharps under the supervision of the Regional Health teams. However, the challenges were the regular collection and transportation of sharps from

the different health facilites to the incinerators in each region and the provisioon of fire wood for incineration.

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$ 528,171
Balance carried over to 2011	US$ 428,171

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

- Building of additional six incinerators
- maintenance of EPI vehicles
- Payment of allowances to central and regional health staff for the supervision and monitoring of immunization services
- Purchase of fuel for routine immunization services
- Printing of T-Shirts for the 2010 Polio NIDs
- Purchase of office equipment
- Printing of data collection tools

6.2. Management of ISS Funds

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

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

The Aide Memoire has not been signed yet

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

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

Is GAVI's ISS support reported on the national health sector budget? 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 002) (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 Not yet carried out).

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**			66,610	67,720
2	Number of **additional** infants that are reported to be vaccinated with DTP3				1,110
3	Calculating	$20	per additional child vaccinated with DTP3		22,200
4	**Rounded-up estimate of expected reward**				**22,500**

* 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	221,700	221,700	0	
Pneumococcal	214,650	214,650	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? ...)

All shipments were received as scheduled in 2010

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)

All shipments were received as scheduled in 2010

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

No Vaccine stock out has been experienced in 2010

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		
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No 003)

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	
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

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

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

If Yes, how much? US$

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

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 Not Applicable). (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 DTP-HepB-Hib, 1 dose/vial, Liquid	44,500	14,400
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	32,500	22,100
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	
Other	Government

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. The commitment of Government
2. Active imvolvement of ICC in resource mobilisation
3. Creation of a budget line for procurement and co-financing of traditional and new vaccines respectively
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 DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	
3rd Awarded Vaccine	

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.

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? 20.06.2000

When was the last Vaccine Management Assessment (VMA) conducted? 16.10.2002

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? 04.05.2011

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

If available, the country would prefer a multi-dose vial for PCV-13

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 001) 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 PCV-13 & Pentavalent vaccine for the years 2012 to 2016. At the same time it commits itself to co-finance the procurement of PCV-13 & Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of PCV-13 & Pentavalent vaccine support is in line with the new cMYP for the years 2012 to 2016 which is attached to this APR (Document No 004).

The country ICC has endorsed this request for extended support of PCV-13 & Pentavalent vaccine at the ICC meeting whose minutes are attached to this APR (Document No 005).

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: Yes

If you don't confirm, please explain

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
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	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, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	71,842	73,782	75,775	77,820	79,921		379,140
Number of children to be vaccinated with the third dose	Table 1	#		72,307	74,259	77,042	79,122		302,730
Immunisation coverage with the third dose	Table 1	#	0%	98%	98%	99%	99%		
Number of children to be vaccinated with the first dose	Table 1	#		73,045	75,017	77,821	79,122		305,005
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#		1.18	1.18	1.18	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
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	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	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	$	0.032	0.032	0.032	0.032	0.032		
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	%		3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	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**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		298,600	245,700	252,300	236,900	1,033,500
Number of AD syringes	#		291,000	231,400	237,700	236,900	997,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		3,250	2,575	2,650	2,650	11,125

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		782,500	605,500	546,000	469,500	2,403,500

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**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		24,700	21,800	25,700	26,700	98,900
Number of AD syringes	#		24,100	20,500	24,300	26,700	95,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		275	250	275	300	1,100
Total value to be co-financed by the country	*$*		65,000	53,500	56,000	53,000	227,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.63%			8.12%			9.24%			10.10%		
B	**Number of children to be vaccinated with the first dose**	Table 1		73,045	5,575	67,470	75,017	6,091	68,926	77,821	7,195	70,626	79,122	7,989	71,133
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	Number of doses needed	B x C		219,135	16,723	202,412	225,051	18,272	206,779	233,463	21,584	211,879	237,366	23,967	213,399
E	Estimated vaccine wastage factor	Wastage factor table	1.00	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.11	1.11	1.11
F	Number of doses needed including wastage	D x E		258,580	19,733	238,847	265,561	21,561	244,000	275,487	25,469	250,018	263,477	26,603	236,874
G	Vaccines buffer stock	(F – F of previous year) * 0.25		64,645	4,934	59,711	1,746	142	1,604	2,482	230	2,252	0	0	0
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		323,225	24,666	298,559	267,307	21,702	245,605	277,969	25,699	252,270	263,477	26,603	236,874
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		314,996	24,038	290,958	251,745	20,439	231,306	261,899	24,213	237,686	263,477	26,603	236,874
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		3,497	267	3,230	2,795	227	2,568	2,908	269	2,639	2,925	296	2,629
N	Cost of vaccines needed	I x g		798,366	60,924	737,442	620,153	50,349	569,804	564,278	52,168	512,110	487,433	49,215	438,218
O	Cost of AD	K x ca		16,695	1,274	15,4	13,343	1,084	12,2	13,881	1,284	12,5	13,965	1,410	12,555

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	syringes needed					21			59			97			
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		2,239	171	2,068	1,789	146	1,643	1,862	173	1,689	1,872	190	1,682
R	**Freight cost for vaccines needed**	N x fv		27,943	2,133	25,810	21,706	1,763	19,943	19,750	1,826	17,924	17,061	1,723	15,338
S	**Freight cost for devices needed**	(O+P+Q) x fd		1,894	145	1,749	1,514	123	1,391	1,575	146	1,429	1,584	160	1,424
T	**Total fund needed**	(N+O+P+Q+R+S)		847,137	64,645	782,492	658,505	53,462	605,043	601,346	55,594	545,752	521,915	52,696	469,219
U	**Total country co-financing**	I 3 cc		64,645			53,462			55,594			52,696		
V	**Country co-financing % of GAVI supported proportion**	U / T		7.63%			8.12%			9.24%			10.10%		

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	#	71,842	73,782	75,775	77,820	79,921		379,140
Number of children to be vaccinated with the third dose	Table 1	#	70,406	72,307	74,259	77,042	79,122		373,136
Immunisation coverage with the third	Table 1	#	98%	98%	98%	99%	99%		

	Instructions		2011	2012	2013	2014	2015		TOTAL
dose									
Number of children to be vaccinated with the first dose	Table 1	#	69,687	72,307	74,259	77,042	79,122		372,417
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		$	0.20	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	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	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	#		217,600	222,900	231,800	237,500	909,800
Number of AD syringes	#		230,100	235,700	245,200	251,200	962,200
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		2,575	2,625	2,725	2,800	10,725
Total value to be co-financed by GAVI	*$*		815,000	835,000	868,500	889,500	3,408,000

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	#		12,300	12,600	13,100	13,400	51,400
Number of AD syringes	#		13,000	13,300	13,900	14,200	54,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		150	150	175	175	650
Total value to be co-financed by the country	*$*		46,000	47,500	49,000	50,500	193,000

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-finance			5.34%			5.34%			5.34%			5.34%		
B	Number of children to be vaccinated with the first dose	Table 1	69,687	72,307	3,862	68,445	74,259	3,966	70,293	77,042	4,115	72,927	79,122	4,226	74,896
C	Number of doses per child	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
		(schedule)													
D	**Number of doses needed**	B x C	209,061	216,921	11,585	205,336	222,777	11,898	210,879	231,126	12,344	218,782	237,366	12,677	224,689
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	219,515	227,768	12,165	215,603	233,916	12,493	221,423	242,683	12,961	229,722	249,235	13,311	235,924
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		2,064	111	1,953	1,537	83	1,454	2,192	118	2,074	1,638	88	1,550
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		229,832	12,275	217,557	235,453	12,575	222,878	244,875	13,078	231,797	250,873	13,399	237,474
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		243,074	12,982	230,092	248,989	13,298	235,691	258,983	13,832	245,151	265,295	14,169	251,126
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		2,699	145	2,554	2,764	148	2,616	2,875	154	2,721	2,945	158	2,787
N	**Cost of vaccines needed**	I x g		804,412	42,961	761,451	824,086	44,012	780,074	857,063	45,772	811,291	878,056	46,894	831,162

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca		12,883	689	12,194	13,197	705	12,492	13,727	734	12,993	14,061	751	13,310
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		1,728	93	1,635	1,769	95	1,674	1,840	99	1,741	1,885	101	1,784
R	Freight cost for vaccines needed	N x fv		40,221	2,149	38,072	41,205	2,201	39,004	42,854	2,289	40,565	43,903	2,345	41,558
S	Freight cost for devices needed	(O+P+Q) x fd		1,462	79	1,383	1,497	80	1,417	1,557	84	1,473	1,595	86	1,509
T	Total fund needed	(N+O+P+Q+R+S)		860,706	45,967	814,739	881,754	47,091	834,663	917,041	48,975	868,066	939,500	50,175	889,325
U	Total country co-financing	I 3 cc		45,967			47,091			48,975			50,175		
V	Country co-financing % of GAVI supported proportion	U / T		5.34%			5.34%			5.34%			5.34%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

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.

SAMPLE

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)		10	Yes
Signature of Minister of Finance (or delegated authority)		15	Yes
Signatures of members of ICC		23	Yes
Signatures of members of HSCC		11	Yes
Minutes of ICC meetings in 2010		1, 17, 18, 19	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		20	Yes
Minutes of HSCC meetings in 2010		12	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		13	Yes
Financial Statement for ISS grant in 2010		2, 3	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		14	Yes
EVSM/VMA/EVM report		21, 22	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		5, 6	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant		16	
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:** Minutes of ICC meetings in 2010 * **File Desc:** this file contains minutes of the ICC meetings	**File name:** Document 001.zip **Date/Time:** 14.05.2011 09:59:02 **Size:** 269 KB		
2	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** This file contains cover page for financial statement for ISS funds for 2010	**File name:** STATEMENT OF ACCOUNTS.jpg **Date/Time:** 14.05.2011 09:54:57 **Size:** 89 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** This file contains financial statement for ISS funds for 2010	**File name:** STATEMENT OF ACCOUNTS 001.jpg **Date/Time:** 14.05.2011 09:56:23 **Size:** 165 KB		
4	**File Type:** other **File Desc:** This file contains the post introduction evaluation for PCV 7 conducted in 2010	**File name:** PIE REPORT FINAL.doc **Date/Time:** 14.05.2011 10:04:23 **Size:** 1 MB		
5	**File Type:** new cMYP starting 2012 **File Desc:** This file contains the comprehensive New Multi Year Plan 2012-2016	**File name:** THE GAMBIA cMYP FOR 2012-2016.doc **Date/Time:** 14.05.2011 10:07:57 **Size:** 544 KB		
6	**File Type:** new cMYP starting 2012 **File Desc:** This file contains the costing tool for the new cMYP	**File name:** The Gambia_cMYP_Costing_Tool_2011.xls **Date/Time:** 14.05.2011 10:17:04 **Size:** 3 MB		
7	**File Type:** other **File Desc:** This file contains the report of the data quality self assessment conducted in 2010	**File name:** DQS Report.doc **Date/Time:** 14.05.2011 10:24:07 **Size:** 26 KB		
8	**File Type:** other **File Desc:** This file contains the JRF report for 2010	**File name:** JRF_2010_Document No 007.xls **Date/Time:** 14.05.2011 10:26:48 **Size:** 474 KB		
9	**File Type:** other **File Desc:** This file contains the introduction plan for 2nd dose of measles	**File name:** The Introduction Plan for Measles Second Dose for The Gambia.doc **Date/Time:** 14.05.2011 10:28:49 **Size:** 215 KB		
10	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** This file contains the Minister of health signature	**File name:** Picture APR067.jpg **Date/Time:** 14.05.2011 10:32:47 **Size:** 215 KB		
11	**File Type:** Signatures of members of HSCC * **File Desc:** File containing HSS Memo	**File name:** HSS Memo.doc **Date/Time:** 27.05.2011 04:33:21 **Size:** 21 KB		
12	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** File Containing HSS Status in the Gambia	**File name:** HSS Memo.doc **Date/Time:** 27.05.2011 04:36:30 **Size:** 21 KB		
13	**File Type:** Minutes of HSCC meeting in 2011	**File name:** HSS Memo.doc		

ID	File type Description	File name Date and Time Size	New file	Actions
	endorsing APR 2010 * **File Desc:** File containing HSS endorsing APR	**Date/Time:** 27.05.2011 04:38:26 **Size:** 21 KB		
14	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** File containing HSS Grant	**File name:** HSS Memo.doc **Date/Time:** 27.05.2011 04:40:37 **Size:** 21 KB		
15	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** File containing Minister of Finance signature	**File name:** Signatures1.jpg **Date/Time:** 27.05.2011 04:42:52 **Size:** 257 KB		
16	**File Type:** External Audit Report (Fiscal Year 2010) for HSS grant **File Desc:** File containing reasons for not providing HSS audit report	**File name:** HSS Memo.doc **Date/Time:** 27.05.2011 04:45:37 **Size:** 21 KB		
17	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 1st set of ICC minutes	**File name:** ICC May 2010.doc **Date/Time:** 16.06.2011 03:00:48 **Size:** 170 KB		
18	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 2nd set of ICC minutes	**File name:** ICC MEETING HELD ON THE 19TH AUGUST 2010.doc **Date/Time:** 16.06.2011 03:01:19 **Size:** 136 KB		
19	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 3rd set of ICC minutes	**File name:** ICC oct.doc **Date/Time:** 16.06.2011 03:01:42 **Size:** 125 KB		
20	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** ICC minutes endorsing 2010 APR	**File name:** ICC MINUTES MAY 2011 endorsing 2010 APR.doc **Date/Time:** 21.06.2011 02:31:40 **Size:** 185 KB		
21	**File Type:** EVSM/VMA/EVM report **File Desc:** Final version of the EVM report (version 5)	**File name:** The Gambia EVM ReportV5.doc **Date/Time:** 24.06.2011 03:57:24 **Size:** 6 MB		
22	**File Type:** EVSM/VMA/EVM report **File Desc:** GAVI's correspondence re Improvement plan	**File name:** RE Gambia's APR submission.htm **Date/Time:** 24.06.2011 03:58:50 **Size:** 214 KB		
23	**File Type:** Signatures of members of ICC *	**File name:** Gambia-ICC signature page.JPG		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: ICC signature page	**Date/Time:** 29.06.2011 09:47:43 **Size:** 426 KB		

~ End ~