



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Ghana

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 29.05.2011 18:25:27

Deadline for submission: 1 Jun 2011

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

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	Yellow Fever, 5 doses/vial, Lyophilised	Yellow Fever, 5 doses/vial, Lyophilised	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2011

HSS	2012
CSO	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 Ghana 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 Ghana

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	HON. Joseph YIELEH CHIREH	Name	HON. DR. Kwabena DUFFUOR
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. K. O. ANTWI-AGYEI	National EPI Programme Manager	+233 244 326 637	epighana@africaonline.com.gh	
Mr. Daniel OSEI	Deputy Director, Planning and Budget, GHS	+233 244 364 221	dan.osei@ghsmai.org	
Mr. Stanley DIAMENU	EPI Focal Point, WHO-Ghana	+233 244 312 896	diamenus@gh.afro.who.int	
Dr. George Fom AMEH	Child Health Specialist, UNICEF-Ghana	+233248 113 969	gfameh@unicef.org	

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. George AMOFAH, Deputy Director General	Ghana Health Service			
Mr. George DAKPALLAH, Director PPME	PPME, Ministry of Health			
Dr. Frank NYONATOR, Director PPME	PPME, Ghana Health Service			
Dr. V. M. ADABAYERI, Paediatrician	Paediatric Society of Ghana			
Dr. Iyabode OLUSANMI - UNICEF Representative	UNICEF Country Office, Ghana			
Dr. Daniel KERTESZ, WHO Representative	WHO Country Office, Ghana			
Dr. Joseph AMANKWA, Director - Public Health Division	Public Health Division, Ghana Health Service			
Mr. Winfred A. MENSAH, Chairman - Ghana National Polio Plus Committee of Rotary International	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:

A Sub-Regional working Group organized a peer-review workshop in Dakar from 4th - 9th April 2011. At

this workshop, countries exchanged documents, reviewed and provided comments which were then used to improve the recipient country's document. The exercise was acknowledged by countries which participated as very useful. Problems encountered were mainly with the web-based portal which operated slowly when internet connection was weak.

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) - on 5th May 2011, 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. Daniel KERTESZ, WHO Representative	WHO Country Office, Ghana			

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 - on 5th May 2011, endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

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This APR reports on Ghana's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	998,698	992,192	1,016,004	1,040,388	1,065,358	1,090,926
Total infants' deaths	49,935	51,211	52,594	54,014	55,472	56,970
Total surviving infants	948,763	940,981	963,410	986,374	1,009,886	1,033,956
Total pregnant women	998,698	992,192	1,016,004	1,040,388	1,065,358	1,090,926
# of infants vaccinated (to be vaccinated) with BCG	1,019,676	992,192	1,016,004	1,040,388	1,065,358	1,090,926
BCG coverage (%) *	102%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	867,350	886,027	907,292	929,067	951,364	974,197
OPV3 coverage (%) **	91%	94%	94%	94%	94%	94%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	900,240	904,879	926,596	948,834	971,606	994,925
# of infants vaccinated (to be vaccinated) with DTP3 ***	869,670	886,027	907,292	929,067	951,364	974,197
DTP3 coverage (%) **	92%	94%	94%	94%	94%	94%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	25%	25%	25%	25%	25%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.33	1.33	1.33	1.33	1.33
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	900,240	904,879	926,596	948,834	971,606	994,925
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	869,670	886,027	907,292	929,067	951,364	974,197
3 rd dose coverage (%) **	92%	94%	94%	94%	94%	94%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	25%	25%	25%	25%	25%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.33	1.33	1.33	1.33	1.33

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	873,904	886,027	907,292	929,067	951,364	974,197
Yellow Fever coverage (%) **	92%	94%	94%	94%	94%	94%
Wastage ^[1] rate in base-year and planned thereafter (%)	25%	25%	25%	25%	25%	25%
Wastage ^[1] factor in base-year and planned thereafter	1.33	1.33	1.33	1.33	1.33	1.33
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	875,449	886,027	907,292	929,067	951,364	974,197
Measles coverage (%) **	92%	94%	94%	94%	94%	94%
Pregnant women vaccinated with TT+	761,440	843,363	863,604	884,330	905,554	927,287
TT+ coverage (%) ****	76%	85%	85%	85%	85%	85%
Vit A supplement to mothers within 6 weeks from delivery	438,820	490,143	501,906	513,952	526,287	538,918
Vit A supplement to infants after 6 months	473,692	443,014	453,646	464,533	475,682	487,099
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	3%	2%	2%	2%	2%	2%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

minor changes in births are due to new figures from census conducted in 2010.

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

change in surviving infants resulted from decrease in infant mortality from 64 per thousand live births to 50 per thousand live births in 2008 as reported in the 2008 Ghana Demographic and Health Survey (GDHS).

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

there are no changes in targets though with the increase in surviving infants there is a bigger challenge in reaching targets.

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

as Ghana has opted for the 10 dose per vial of the Pentavalent vaccine from 2012 the wastage for DPTHePBHib will change to 25%.

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

Highlights of 2010 Achievements

- The country has not reported any death from measles since 2003.
- Since November 2008 there has been no report of wild polio virus.
- No region, district or health facility reported of vaccine shortage within the year.
- Number of children vaccinated with 3rd dose of Penta vaccine increased from 867,652 in 2009 to 869,670 in 2010. About 2,018 additional children were vaccinated in 2010. Target for 2010 was 94%.
- About 78% of districts obtained Penta 3 coverage of 80% and above. This figure dropped compared with the 2009 rate of 84%.
- Nationally, the Penta 1/Penta 3 drop-out rate was 3.4%. This ranged from 10.1% in the Northern Region to -9.5% in Greater Accra Region.
- The wastage rate for Penta was 5%.

Key Objectives/Priorities for 2010 were as follows:

1. To provide routine immunization services throughout the country: The EPI Programme aimed at protecting every child in Ghana against nine common childhood diseases; namely, tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis, hepatitis B, haemophilus influenzae type b, measles and yellow fever
2. To attain an operational target of 90% nationally for all antigens: The programme targeted coverage for 2010 is 90% nationally for all antigens (BCG, OPV, Penta, Measles, Yellow Fever and Tetanus Toxoid)
3. More than 80% of districts to attain Penta3 coverage of 80% and above
4. To conduct National Immunization Days (NIDs): The programme aimed to maintain the gains made in our polio eradication efforts by conducting two rounds of nationwide polio vaccination for children 0-59 months
5. To commemorate Child Health Promotion Week: The programme dedicated a week to heighten awareness on child health interventions in the country and also used it as an opportunity to provide essential child health services to children
6. To maintain zero mortality due to measles: Measles mortality has been maintained at zero (0) since 2003 and the programme maintained this achievement
7. To maintain 'polio free' status in the country: No case of poliomyelitis has been reported in the country since 2008. The programme maintained this achievement
8. To conduct operational studies to improve service delivery and quality: The programme aimed at conducting surveys and operational studies to inform decision and improve quality of service
9. Improve vaccine and logistics management: The programme took steps to improve vaccine and logistics management through the Effective Vaccine Management Assessment
10. Conduct coverage survey in Northern and Volta Regions to validate administrative data: Coverage Survey was conducted in these two regions to validate their administrative coverage
11. Conduct H1N1 Vaccination: H1N1 Vaccination was carried out for sub-groups of the population and was later rolled-out to the entire population
12. Improve AEFI reporting
13. Continue with preparations towards new vaccines introduction
14. Conduct nationwide Integrated Measles/Vitamin A Campaign
15. Participate in National Health Programmes

Challenges encountered were:

1. Though necessary too many campaigns were conducted in 2010 such as two Polio campaigns in March and April, H1N1 vaccination campaign and the measles/vitamin A campaign in November 2010, These nation-wide campaigns interrupt routine services at the district level.
2. Late release of funds: Funds are needed in the early part of the year when many parts of the country are dry and accessible. However Government fund release id delayed till around April and May and time is actually lost. Unfortunately the GAVI ISS funds which were flexible and used to address some of these system-wide barriers to immunization is now also suffering from the same syndrome of late release
3. creation of more districts in 2008 which became "functional" in 2009 but without the requisite infra-structure such as offices for district health teams.
4. irregular supportive visits to regions, districts and sub-districts
5. poor management of data at sub-national levels and non-use of data for decision making

some of the measures undertaken to address some of the challenges are advocacy, review meetings, training in data management and advocacy. Regular feed-back to regions and districts were also provided. However some of the problems are beyond the health system and takes time to be addressed.

5.2.2.

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

targets were not reached because of the challenges already enumerated above such as :

1. too many campaigns which interrupts routine services
2. late release of funds
3. creation of more districts without corresponding infra-structure

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.

In Ghana there is no cultural or social barriers to immunizations by sex. Indeed the Ghana Demographic and Health Survey (GDHS) in 2008 indicates that there is little difference in the proportions of children fully vaccinated by sex of child. As we continue to gather data through the GDHS every five years and then also through periodic coverage surveys appropriate measures will be undertaken to address issues.

5.2.4.

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

immunization for children has no problem with discrimination. For other vaccinations they are based on disease burden especially as Ghana's economy cannot sustain immunization for all. Hence for "maternal and Neonatal Tetanus" the target group is pregnant women. thus based on disease burden equity is ensured

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 discrepancy between Ghana's data and the WHO/UNICEF Estimate of National Coverage data for 2009.

* 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 audit of the Ghana Health Service (GHS) was carried out between 12th October and 2nd November 2009 for three program areas: EPI, Nutrition and Reproductive Health. The objectives were to assess the quality of data and the monitoring and evaluation (M&E) functional systems with a view to determining any gaps based on which recommendations were made to improve data quality and management. Best practices found were also highlighted for replication. Tools used were the GAVI Data Quality Audit Excel Workbook for quality of data, the USAID Data Quality Audit Excel Workbook for M&E system functions and logbooks for recording all details and reasons for observed gaps or best practices.

EPI coverage survey was also undertaken in February 2010 in Volta and Northern Regions.

5.3.3.

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

The Ghana Health service in collaboration with partners has instituted a monthly data validation meeting at the national level to reconcile immunization and surveillance data. The national level has also put in place monthly feedback of data to regions for action. Regions and Districts have been advised to hold monthly data review meetings to validate their data before sending to regions.

The use of PDA for supervision and data reporting has been piloted and there are plans to expand its use.

As already indicated, a data quality self-assessment was also carried out in 2009 in four regions (Central, Northern, Upper East and Upper West) which identified gaps in routine reporting and made recommendations for improvement.

The assessment was carried out between 12th October and 2nd November 2009 for three program areas: EPI, Nutrition and Reproductive Health. Completeness of reports was 97% while data verification factor was 0.7.

The EPI Programme also conducted Coverage survey in Northern and Volta Regions to determine immunization coverage for all antigens among children aged 12-23 months and to also determine TT immunization coverage among mothers of children aged 0-11 months. About 90.6% children were fully immunized by card or history, 83.2% fully immunized by card only and 57.5% fully immunized with valid doses by card. The weighted national average for fully immunized children with valid doses by 52 weeks was 44.8%, with Northern Region recording 42.5% and Volta Region getting 53.2%. The national coverage by antigen (card or history) was BCG – 99.3%, OPV3 – 95.6%, Penta3 – 95.3%, Measles – 92.8% and Yellow Fever - 92.5%. The weighted national TT2+ coverage and rate of protection at birth assessed by card was 70.1% and 21.4% respectively.

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.

Ghana has secured funds from CDC Small Grant to conduct data management training at regional and district levels. With the plan to introduce new vaccines, health workers at all levels will also be taken through a comprehensive data management training as a result of the revision of data collection tools and other reference materials.

The EPI Technical Committee comprising of the National EPI Office, WHO and UNICEF is planning to institute a regular monitoring and supportive supervision at all levels to identify deficiencies and strengths in the management of data and put in place a training plan for all levels.

The country plans to conduct Data Quality Self-Assessment in 2012.

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 = 1.4	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name USAID	Donor name Rotary	Donor name	
Traditional Vaccines*	944,874	944,874	0						
New Vaccines	8,353,265	567,290	7,785,975						
Injection supplies with AD syringes	590,619	222,482	368,137						
Injection supply with syringes other than ADs	78,610	74,722	3,888						
Cold Chain equipment	235,993		135,993			100,000			
Personnel	3,847,685	3,847,685							
Other operational costs	177,909	20,000	32,029	75,481	50,400				
Supplemental Immunisation Activities	14,645,201	2,797,169		3,438,576	8,367,672		41,784		
Vehicles	95,369		95,369						
Total Expenditures for Immunisation	28,969,525								
Total Government Health		8,474,222	8,421,391	3,514,057	8,418,072	100,000	41,784		

* 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.

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	1,724,125	1,926,489	
New Vaccines	46,608,757	43,860,145	
Injection supplies with AD syringes	1,014,120	1,132,944	
Injection supply with syringes other than ADs			
Cold Chain equipment	103,468	3,443	
Personnel	77,598	79,150	
Other operational costs			
Supplemental Immunisation Activities	6,505,151	2,396,442	
Maintenance and overhead	3,407,187	4,303,796	
Training	208,080	212,242	
IEC/social mobilization	156,060	159,181	
Disease surveillance	208,080	212,242	
Programme management	156,060	159,181	
Vehicles	155,443	184,021	
Shared Health System Cost	23,769	24,244	
Transportation	250,866	304,975	
Total Expenditures for Immunisation	60,598,764	54,958,495	

* 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? 4

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

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

Are there any Civil Society Organisations (CSO) member of the ICC?: 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
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List CSO member organisations:	Actions
Paediatric Society of Ghana	
Ghana Registered Midwives Association	
Ghana Red Cross Society	
Rotary International, Ghana National Polio Plus Committee	
Coalition of NGOs	

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. Strengthening routine immunization
2. Conducting polio NIDs
3. Conducting Yellow fever reactive and preventive campaign
4. Child Health Promotion week
5. Construction of cold rooms
6. Preparation and introduction of pneumococcal, rotavirus vaccines and second dose measles
7. Validation of MNT Elimination
8. conducting Meningitis preventive campaign
9. EPI Assessment

The priority actions are linked to the CMYP. The only exception is the polio NIDs which had to be conducted in response to polio outbreak in order to break transmission and yellow fever reactive campaign.

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA	
Measles	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA	
TT	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA	
DTP-containing vaccine	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA/GAVI	
YELLOW FEVER	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA./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)

Our injection safety support ended in 2005. Since then the Government of Ghana has been paying for injection safety supplies. We received some safety boxes from JICA as part of their support for Maternal and Neonatal Tetanus Elimination campaign. We need to revise our Injection safety plan. however under waste management in our revised EPI Policy injection safety was dealt with. The problems we encountered during implementation of the plan are as follows: Inadequate funding remains a major problem

? Creation of new districts – 32 newer districts were created in 2007 by the government and each of them is demanding an incinerator, which is outside our original plan.
 ? Some of the old incinerators (which are more than 5 years old) need major rehabilitation at the time cash flow is problematic
 ? Lack of ownership by some districts

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

- Incinerators have been constructed for all the older districts and we are in the process of constructing incinerators for the 32 newer districts. Sharps waste are destroyed by incineration and for areas where there are no incinerators they are burnt in pits.
- Complete incineration of the needles has been problematic because high temperatures are not achieved during burning. As a further step towards injection safety we introduced into the system a needle destruction device upon positive recommendation by the Clinical Engineering Unit of the Ghana Health Service. We are also considering needle cutters for areas without incinerators to facilitate burning. The cut needles which will be smaller in volume shall then be sent to the district level for incineration.
- Indeed for the measles campaign conducted in November 2010 we used the hub-cutter so that while the cut needle was sent to the district level for incineration the plastic syringe was easily burnt in a pit

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 241,500
Remaining funds (carry over) from 2009	US\$ -11,331
Balance carried over to 2011	US\$ 71,583

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

The major activities conducted to strengthen immunization using the ISS funds are as follows:

1. to strengthen and maintain the cold chain the following activities were done
 - a. thirty TCW 3000 refrigerators were procured for district level cold rooms
 - b. spareparts were procured to maintain fridges and freezers
 - c. the newly constructed cold room for the Upper East Region at Bolgatanga, the regional capital, was furnished to make it functional
2. In the area of transport the following were undertaken
 - a. procurement of three toyota pick-up vehicles - one for the national level and two for the regional levels. This was particularly necessary to boost supervision and support for regional and district level activities. the district level has been supported with vehicles through the HSS support.
 - b. servicing/maintenance of vehicles (cold vans, pick-ups and cross country vehicles)
3. payment for Inter-agency coordination committee meetings
4. Bills for internet services for EPI Programme
5. monitoring/supervisory visits to regions
6. purchase of laptops and anti-virus for the EPI programme
7. sponsorship of the Data Manager and Logistician for a degree course in Public Health at the University of Ghana

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? **No**

If Yes, please complete Part A below.

If No, please complete Part B below.

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

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

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

Is GAVI's ISS support reported on the national health sector budget? **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) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

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

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

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

Table 3: Calculation of expected ISS reward

			2009	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify		867,652	869,670
2	Number of additional infants that are reported to be vaccinated with DTP3			2,018
3	Calculating	\$20 per additional child vaccinated with DTP3		40,360
4	Rounded-up estimate of expected reward			40,500

* 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	2,535,500	842,675	1,692,825	
Yellow Fever	437,500	437,500	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 main problem encountered was Over stocking of penta in 2009

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)

we adjusted the plan for vaccine shipments so that part of the approved consignment for 2010 will be delivered in 2011. then in planning for 2011 requirement we adjusted to absorb the excess - thus we only requested for the difference in our request for vaccines for 2011

Clarification sent by Dr K O, on June 26.

Unicef has informed us that we shall receive 400,000 doses on 2/6/11 and 559,400 doses on 9/6/11. After that we still expect 185,200 doses to complete with our requirement for 2010 before coming to the 2011 vaccines. So you can see clearly that the problem is with supplies from UNICEF which has been delayed and not from Ghana. Regards.

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

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)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year?

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). (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	400,000	129,800
2nd Awarded Vaccine Yellow Fever, 5 doses/vial, Lyophilised	212,500	269,400
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	0	
Other	0	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. Competition from outbreaks and emerging diseases such as H1N1 and/or avian influenza		
2. Increasing wage bill which takes about 70% of the health budget		
3. Conflicts in some parts of the country which requires peace-keeping soldiers to be kept there for long period of time		
4. Natural disasters like flooding in the Northern parts of the country		
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)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	6	
2 nd Awarded Vaccine Yellow Fever, 5 doses/vial, Lyophilised	6	
3 rd 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?

When was the last Vaccine Management Assessment (VMA) conducted? **15.09.2010**

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.

PLAN TO IMPROVE VACCINE AND COLD CHAIN MANAGEMENT IN GHANA

Background

The Government of Ghana, in collaboration with WHO and UNICEF, conducted the Effective Vaccine Management (EVM) assessment in September 2010 to determine vaccine and cold chain management capacity needs of the country. This is to strengthen the logistics management system for successful introduction and management of new vaccines planned as from 2012.

The EVM assessment in the country became very necessary because of the following:

- The last assessment was conducted in May 2001 (nine years back)
- Ghana has planned to introduce new vaccines – pneumococcal, rotavirus and second dose measles and there was the need to ensure effective storage and management of these expensive vaccines
- Staff situation in the immunization programme has changed over the years and needs upgrading in terms of training and orientation
- Equipment situation has also changed over the years and needs over hauling and replacement.

The main objective was to generate information that will facilitate effective planning and management of vaccines and cold chain logistics in the immunization system at all levels in the country. Information is required in terms of staff training needs and equipment needs at all levels in the country.

Findings from the assessment revealed that most major indicators –eg storage facility, temperature monitoring, vaccine management etc are below the standard score of 80% at the sub-national levels and needed immediate attention for improvement. Recommendations from the assessment include staff training, storage facility expansion, equipment replacement, regular monitoring and supervision.

Improvement plan

Goal – to improve on the vaccine and cold chain capacity in the country as recommended by the assessment report.

Main objective – to achieve the standard EVM scores of 80% and above for all indicators at all levels

Strategies

- Cascaded training for staff at all levels in the regions : regions already sensitized and taking remedial actions
- Cold chain storage expansion in all regions and some districts : TCW 3000 fridges which are large in volume

have been distributed to districts whilst sub-districts are supplied with TCW 2000 fridges. Walk-in-refrigerators have been installed in 7 out of the 10 regional levels

- Replacement of cold chain equipment at all levels in the regions :
- Regular monitoring and supportive supervision

When is the next Effective Vaccine Management (EVM) Assessment planned? 09.09.2013

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

Ghana plans to introduce the 10-dose fully liquid Pentavalent vaccine in 2012. this has already been communicated to UNICEF.

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](#):

If you don't confirm, please explain

the calculation as it stands is correct except that our request for 10 dose vial for Pentavalent vaccine has not been taken into account.

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	#	940,981	963,410	986,374	1,009,886	1,033,956		4,934,607
Number of children to be vaccinated with the third dose	Table 1	#	886,027	907,292	929,067	951,364	974,197		4,647,947
Immunisation coverage with the third dose	Table 1	#	94%	94%	94%	94%	94%		
Number of children to be vaccinated with the first dose	Table 1	#	904,879	926,596	948,834	971,606	994,925		4,746,840
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.33	1.33	1.33	1.33	1.33		

	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%	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
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	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 7.1.2: 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	#		3,434,100	3,498,000	3,537,800	3,587,700	14,057,600
Number of AD syringes	#		2,871,500	2,925,000	2,958,300	3,000,000	11,754,800
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		31,875	32,475	32,850	33,300	130,500

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	\$		8,969,000	8,593,000	7,629,000	7,068,000	32,259,000

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	2013	2014	2015	TOTAL
Number of vaccine doses	#		284,800	310,100	361,700	405,400	1,362,000
Number of AD syringes	#		238,200	259,300	302,500	339,000	1,139,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		2,650	2,900	3,375	3,775	12,700
Total value to be co-financed by the country	\$		744,000	762,000	780,000	799,000	3,085,000

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

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.66%			8.14%			9.27%			10.15%		
B	Number of children to be vaccinated with the first dose	Table 1	904,879	926,596	70,957	855,639	948,834	77,252	871,582	971,606	90,117	881,489	994,925	101,006	893,919
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.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	2,714,637	2,779,788	212,870	2,566,918	2,846,502	231,755	2,614,747	2,914,818	270,350	2,644,468	2,984,775	303,018	2,681,757
E	Estimated vaccine wastage factor	Wastage factor table	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
F	Number of doses needed including wastage	D x E	3,610,468	3,697,119	283,117	3,414,002	3,785,848	308,234	3,477,614	3,876,708	359,565	3,517,143	3,969,751	403,014	3,566,737
G	Vaccines buffer stock	(F – F of previous year) * 0.25		21,663	1,659	20,004	22,183	1,807	20,376	22,715	2,107	20,608	23,261	2,362	20,899
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		3,718,782	284,776	3,434,006	3,808,031	310,040	3,497,991	3,899,423	361,672	3,537,751	3,993,012	405,376	3,587,636
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		3,109,611	238,127	2,871,484	3,184,241	259,253	2,924,988	3,260,662	302,427	2,958,235	3,338,920	338,971	2,999,949
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		34,517	2,644	31,873	35,346	2,878	32,468	36,194	3,357	32,837	37,063	3,763	33,300
N	Cost of vaccines	I x g		9,185,3	703,395	8,48	8,834,6	719,292	8,11	7,915,8	734,194	7,18	7,387,0	749,944	6,637,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed			92		1,997	32		5,340	29		1,635	73		129
O	Cost of AD syringes needed	K x ca		164,810	12,621	152,189	168,765	13,741	155,024	172,816	16,029	156,787	176,963	17,966	158,997
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		22,091	1,692	20,399	22,622	1,842	20,780	23,165	2,149	21,016	23,721	2,409	21,312
R	Freight cost for vaccines needed	N x fv		321,489	24,619	296,870	309,213	25,176	284,037	277,055	25,697	251,358	258,548	26,249	232,299
S	Freight cost for devices needed	(O+P+Q) x fd		18,691	1,432	17,259	19,139	1,559	17,580	19,599	1,818	17,781	20,069	2,038	18,031
T	Total fund needed	(N+O+P+Q+R+S)		9,712,473	743,757	8,968,716	9,354,371	761,607	8,592,764	8,408,464	779,885	7,628,579	7,866,374	798,603	7,067,771
U	Total country co-financing	I 3 cc		743,757			761,607			779,885			798,603		
V	Country co-financing % of GAVI supported proportion	U / T		7.66%			8.14%			9.27%			10.15%		

Table 7.2.1: Specifications for Yellow Fever, 5 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	940,981	963,410	986,374	1,009,886	1,033,956		4,934,607
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	94%	94%	94%	94%	94%		
Number of children to be vaccinated with the first dose	Table 1	#	886,027	907,292	929,067	951,364	974,197		4,647,947
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.33	1.33	1.33	1.33	1.33		
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		\$	0.30	0.30	0.30	0.30	0.30		
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	%	10.00%	10.00%	10.00%	10.00%	10.00%		
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	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.20	0.20	0.20	0.20
Your co-financing	0.30	0.30	0.30	0.30	0.30

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	#		852,500	873,000	894,000	915,400	3,534,900
Number of AD syringes	#		712,900	730,000	747,500	765,500	2,955,900
Number of re-constitution syringes	#		189,300	193,800	198,500	203,300	784,900
Number of safety boxes	#		10,025	10,275	10,500	10,775	41,575
Total value to be co-financed by GAVI	\$		859,500	880,000	901,000	923,000	3,563,500

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	#		361,300	370,000	378,900	388,000	1,498,200
Number of AD syringes	#		302,100	309,400	316,800	324,400	1,252,700
Number of re-constitution syringes	#		80,300	82,200	84,100	86,200	332,800
Number of safety boxes	#		4,250	4,350	4,450	4,575	17,625
Total value to be co-financed by the country	\$		364,500	373,000	382,000	391,000	1,510,500

Table 7.2.4: Calculation of requirements for Yellow Fever, 5 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			29.76%			29.76%			29.76%			29.76%		
B	Number of children to be vaccinated with	Table 1	886,027	907,292	270,054	637,238	929,067	276,536	652,531	951,364	283,173	668,191	974,197	289,969	684,228

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	the first dose														
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	886,027	907,292	270,054	637,238	929,067	276,536	652,531	951,364	283,173	668,191	974,197	289,969	684,228
E	Estimated vaccine wastage factor	Wastage factor table	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
F	Number of doses needed including wastage	D x E	1,178,416	1,206,699	359,172	847,527	1,235,660	367,793	867,867	1,265,315	376,620	888,695	1,295,683	385,659	910,024
G	Vaccines buffer stock	(F – F of previous year) * 0.25		7,071	2,105	4,966	7,241	2,156	5,085	7,414	2,207	5,207	7,592	2,260	5,332
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,213,770	361,277	852,493	1,242,901	369,948	872,953	1,272,729	378,827	893,902	1,303,275	387,918	915,357
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		1,014,943	302,097	712,846	1,039,302	309,347	729,955	1,064,244	316,771	747,473	1,089,786	324,374	765,412
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		269,457	80,204	189,253	275,925	82,129	193,796	282,546	84,100	198,446	289,328	86,119	203,209
M	Total of safety boxes (+ 10% of extra need)	(K + L) /100 * 1.11		14,257	4,244	10,013	14,600	4,346	10,254	14,950	4,450	10,500	15,309	4,557	10,752

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed														
N	Cost of vaccines needed	$I \times g$		1,038,988	309,253	729,735	1,063,924	316,676	747,248	1,089,457	324,276	765,181	1,115,604	332,058	783,546
O	Cost of AD syringes needed	$K \times ca$		53,792	16,012	37,780	55,084	16,396	38,688	56,405	16,789	39,616	57,759	17,192	40,567
P	Cost of reconstitution syringes needed	$L \times cr$		10,240	3,048	7,192	10,486	3,122	7,364	10,737	3,196	7,541	10,995	3,273	7,722
Q	Cost of safety boxes needed	$M \times cs$		9,125	2,717	6,408	9,344	2,782	6,562	9,568	2,848	6,720	9,798	2,917	6,881
R	Freight cost for vaccines needed	$N \times fv$		103,899	30,926	72,973	106,393	31,668	74,725	108,946	32,428	76,518	111,561	33,206	78,355
S	Freight cost for devices needed	$(O+P+Q) \times fd$		7,316	2,178	5,138	7,492	2,230	5,262	7,671	2,284	5,387	7,856	2,339	5,517
T	Total fund needed	$(N+O+P+Q+R+S)$		1,223,360	364,131	859,229	1,252,723	372,871	879,852	1,282,784	381,819	900,965	1,313,573	390,983	922,590
U	Total country co-financing	$I \text{ } 3 \text{ } cc$		364,131			372,871			381,819			390,983		
V	Country co-financing % of GAVI supported proportion	U / T		29.76%			29.76%			29.76%			29.76%		

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.

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		8	Yes
Signature of Minister of Finance (or delegated authority)		9	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		5	Yes
Minutes of ICC meetings in 2010		1	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		17	Yes
Minutes of HSCC meetings in 2010		7	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		16	Yes
Financial Statement for ISS grant in 2010		10	Yes
Financial Statement for CSO Type B grant in 2010		15	Yes
Financial Statement for HSS grant in 2010		11	Yes
EVSM/VMA/EVM report		2	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details		12	
new cMYP starting 2012		18	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report		4	

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: <u>Minutes of ICC meetings in 2010 *</u> File Desc:	File name: 2010 ICC Minutes.zip Date/Time: 12.05.2011 15:05:14 Size: 180 KB		
2	File Type: <u>EVSM/VMA/EVM report</u> File Desc:	File name: Effective Vaccine Management Assessment (EVM) Report.pdf Date/Time: 12.05.2011 15:09:22 Size: 705 KB		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
3	File Type: <u>Signatures of members of ICC *</u> File Desc:	File name: Signatures of ICC Members for APR.pdf Date/Time: 12.05.2011 15:11:02 Size: 755 KB		
4	File Type: <u>Latest Health Sector Review Report</u> File Desc:	File name: Ghana Health Sector Review 2010.pdf Date/Time: 12.05.2011 15:13:16 Size: 1007 KB		
5	File Type: <u>Signatures of members of HSCC *</u> File Desc: <u>Signature of HSCC lead</u>	File name: Signature of HSCC.pdf Date/Time: 14.05.2011 20:16:05 Size: 431 KB		
6	File Type: <u>other</u> File Desc: <u>2010 HSS APR</u>	File name: Final GAVI 2010 APR HSS.docx Date/Time: 14.05.2011 20:29:07 Size: 280 KB		
7	File Type: <u>Minutes of HSCC meetings in 2010 *</u> File Desc:	File name: HSCC Minutes 2010.zip Date/Time: 14.05.2011 20:50:18 Size: 72 KB		
8	File Type: <u>Signature of Minister of Health (or delegated authority) *</u> File Desc:	File name: Signatures of Min. of Health and Min. of Finance.pdf Date/Time: 15.05.2011 08:03:21 Size: 662 KB		
9	File Type: <u>Signature of Minister of Finance (or delegated authority) *</u> File Desc:	File name: Signatures of Min. of Health and Min. of Finance.pdf Date/Time: 15.05.2011 08:03:59 Size: 662 KB		
10	File Type: <u>Financial Statement for ISS grant in 2010 *</u> File Desc:	File name: Financial Statement for ISS.pdf Date/Time: 15.05.2011 08:51:06 Size: 445 KB		
11	File Type: <u>Financial Statement for HSS grant in 2010 *</u> File Desc:	File name: Financial Statement for HSS.pdf Date/Time: 15.05.2011 08:53:14 Size: 510 KB		
12	File Type: <u>New Banking Details</u> File Desc:	File name: Banking Form.pdf Date/Time: 15.05.2011 08:57:13 Size: 1 MB		
13	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Type: other File Desc: Coverage Survey Report	File name: EPI Coverage Survey Report 19-06-10.doc Date/Time: 15.05.2011 11:30:27 Size: 2 MB		
14	File Type: other File Desc: Data Quality Self-Assessment Report	File name: DQA Report-2nd Draft.doc Date/Time: 15.05.2011 11:31:56 Size: 1 MB		
15	File Type: Financial Statement for CSO Type B grant in 2010 * File Desc:	File name: Financial Statement CSO Type B Grant 2010.xls Date/Time: 15.05.2011 11:41:41 Size: 31 KB		
16	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Minutes of HSCC meeting endorsing 2010 APR.doc Date/Time: 27.05.2011 06:56:27 Size: 114 KB		
17	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Minutes of ICC Meeting Endorsing the APR NVS 04 05 11.pdf Date/Time: 27.05.2011 09:06:28 Size: 1 MB		
18	File Type: new cMYP starting 2012 File Desc: cMYP 2010 - 2014	File name: Revised cMYP 2010 - 2014 MS Word (2011).pdf Date/Time: 27.05.2011 09:08:41 Size: 1 MB		

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