GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *India*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **29.06.2011 03:09:38**

Deadline for submission: 1 Jun 2011

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

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

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

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

1. Application Specification

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

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 10 doses/vial, Liquid	DTP-HepB-Hib, 10 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	DTP-HepB-Hib, 10 doses/vial, Liquid DTP-HepB-Hib, 10 doses/vial, Liquid	2012	2014	

1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

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 India 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 India

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	Sh P K Pradhan	**Name**	Sh A S Sachdeva
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 Pradeep Haldar	Assistant Commissioner (I), Immunization Division, MoHFW, Govt of India	+91-11-23062126	pradeephaldar@yahoo.com	

2.2. ICC Signatures Page

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

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 Billy Stewart / Senior Health Advisor	DFID			
Dr Nata Menabde / WHO Representative	WHO			
Dr Henri van den Hombergh / Chief of Health	UNICEF			
Ms. Kerry Pelzman	USAID			
Dr Pritu Dhalaria	PATH			
Dr Vikram Rajan/ Health Specialist	World Bank			

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 India'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	2012
Total births	1,580,000	1,590,000	1,600,000			
Total infants' deaths	40,000	40,000	40,000			
Total surviving infants	1,540,000	1,550,000	1,560,000	0	0	0
Total pregnant women	1,738,000	1,749,000	1,760,000			
# of infants vaccinated (to be vaccinated) with BCG	1,581,825	1,550,000	1,560,000			
BCG coverage (%) *	100%	97%	98%	0%	0%	0%
# of infants vaccinated (to be vaccinated) with OPV3	1,585,955	1,550,000	1,560,000			
OPV3 coverage (%) **	103%	100%	100%	0%	0%	0%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,629,824	1,550,000	1,560,000			
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,596,336	1,550,000	1,560,000			
DTP3 coverage (%) **	104%	100%	100%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)						
Wastage[1] factor in base-year and planned thereafter	0	0	0	0	0	0
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	1,527,190	1,550,000	1,560,000			
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	1,514,772	1,550,000	1,560,000			
3rd dose coverage (%) **	98%	100%	100%	0%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)						
Wastage[1] factor in base-year and planned thereafter						

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2012
Infants vaccinated (to be vaccinated) with 1st dose of Measles	1,541,736	1,550,000	1,560,000			
Measles coverage (%) **	100%	100%	100%	0%	0%	0%
Pregnant women vaccinated with TT+	1,634,950	1,749,000	1,760,000			
TT+ coverage (%) ****	94%	100%	100%	0%	0%	0%
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	2%	0%	0%	0%	0%	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**

The baseline and annual targets provided in this APR (Table 1 in previous section) refer only to the 2 states (Tamil Nadu and Kerala) planning to implement Hib as pentavalent vaccine, and are not for the entire country. These are consistent with the numbers submitted in the previous APR. The estimates for 2010 are slightly lower than reported in JRF 2010 as new population census and growth rate statistics have become available in early April 2011 and the numbers of estimated beneficiries for all the years have been revised.

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

Same as above.

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

Same as above.

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

Not applicable

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

General Remark:
The GAVI Alliance new vaccine introduction support to the Govt of India will be in the form of commodity assistance (providing vaccine only) and the cost of AD syringes, Hubcutters and other injection safety and waste disposal material, and the cost of service delivery is borne by Govt of India. While entering the requirement in the online APR format, by default, it simultanoresly calculate other co-financing requirements. Since this tool does not allow country to make any change, therefore, the co-finacning component should not be considered as part of this APR.

Major Activities conducted and the challenges faced in Immunization:

Government of India has been fully supporting the Routine immunization programme in the country with own resources through National Rural Health Mission (NRHM). NRHM was launched the in 2005 with a goal to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. The Mission envisages providing effective health care to rural population throughout the country by raising the outlays for Public Health from 0.9% of GDP to 2-3% of GDP. One of the main objectives of NRHM is reduction in child and maternal mortality. The NRHM aims to improve resources, management capacity, accountability and state autonomy through decentralization of funds to the states. States are required to develop

project implementation plans (PIPs) and funds are released to the states based on their approved plans.

Strengthening Routine Immunization as part of NRHM to date has shown impact on Health system strengthening and Immunization.

Progress in on-going activities:
? In recent years, ministry has initiated multiple steps under NRHM to strengthen RI service delivery and quality of immunization.
? Intensified efforts for decentralized planning
? Improving service delivery
? Social mobilization–
? Training of all immunization staff
? Strengthening immunization HMIS, Supportive Supervision and monitoring
? Accelerated disease control
? AEFI & VPD surveillance strengthening
? Strengthening program management capacity
? Introduction & scaling up of under utilized and new vaccines
? Strengthening Cold Chain system and vaccine logistics management
? Improving injection safety including safe disposal of immunization waste

Improving Service Delivery:
? Decentralized planning and need based funding.
? Cold chain strengthening through expansion and replacement of CFC equipment.
? Provision of alternate vaccine delivery mechanism and provision of alternate Vaccinator for underserved urban and rural areas.
? Provision of 2nd ANM at Sub centers
? Improving mobilization for immunization and improved tracking to reduce drop outs through Accredited Social Health Activist (ASHA) hired at village level (>700,000 hired Source: NRHM)
? Increasing institutional deliveries through incentive based scheme Janani Suraksha Yojana (JSY).

Training of Health Workers:
Immunization Handbook for Health Workers developed by GOI in 2006 and the training of Trainers was conducted in 2006 -07. Since then, over 192,000 out of total 230,000 Health Workers which included ANMs, MPW(M), LHV, HA(M), Data handlers and other immunization related field staff have been trained so far (by the end of year 2010). Based upon the feedback received from these trainings and also to incorporate the recent initiatives under NRHM in Immunization program, The Immunization handbooks and facilitators guide for health workers had been revised. 107,000 copies of these handbooks and 3,000 copies of facilitator's guides have been printed and widely disseminated to all the states for conducting further trainings and refresher trainings.

Trainings of Medical Officers:
Immunization Handbook for Medical officers training developed in 2008. About 1,600 trainers trained in the country and 21,000 out of 60,000 Medical officers trained in different states as of Dec 2010.

Cold Chain training:
National cold chain training centre located at SHTO, Pune has been revived in 2007. Since 2007 till end 2010, this center has trained 457 officials on non CFC ILR/DF repair and maintenance and 154 technicians on WIC/WIF repair, maintenance and 98 officials from 16 states on solar cold chain equipment installation, repair and maintenance. The TOTs for repair of voltage stabilizers conducted on 2009 and 29 trainers trained who in turn are training the cold chain technicians in their respective states.
Cold chain and Vaccine handlers training:
National training module along with facilitator guide was developed in the year April 2010 and 221 state trainers are trained in 9 TOTs (2010-11). All states covered except Lakshadweep and Dadra & Nagar Haveli. Trainings started in Andhra Pradesh, Gujarat, Goa, Karnataka, UP, Mizoram, Orissa, Delhi, Arunachal Pradesh, Maharashtra. 17% (5428/32800) handlers are trained using this training module.
The National Cold chain MIS developed by National Cold chain training centre, Pune with following objectives.

Monitoring of Routine Immunizatio:
? GOI conducts Periodic coverage evaluation surveys to monitor trends and progress, these include National Family Health Survey (NFHS), District Level Household Survey(DLHS), Coverage Evaluation Survey (CES).
? Concurrent monitoring and supportive supervision are ongoing in Uttar Pradesh, Bihar, Jharkhand, Rajasthan, MP, Orissa, Assam, and Jharkhand in collaboration with development partners
? GoI launched revised RI monitoring strategy in July 2009 by including House to House (H-to-H) component along with modified session monitoring format. The monitoring is being conducted by the state government officials and partners in the states. The data generated is locally analyzed and shared within states/ districts
? Electronic monitoring tools like HMIS and RIMS, are in place to monitor district & sub district immunization data
? Ongoing Cold Chain Monitoring and assessment through EVSM and VMAT tools.
? Periodic review meetings Regional/ State level Cold chain & SEPIO review meetings at regular intervals.
The districts have been allocated funds to conduct regular review meetings at district and sub-district levels.

Adverse Events Following Immunization (AEFI) Surveillance:
? Thrust on strengthening AEFI reporting system in the country. There has been increasing trends in the reporting of serious AEFI cases in India. In the year 2010, a total of 395 serious AEFI cases were reported from 25

states and 125 districts of the country. These are the highest number of serious AEFI cases ever reported in single year from India
? National AEFI committee constituted in Jan 2008. AEFI committees have been constituted in all 35 States. 10 states have conducted State level AEFI workshops for sensitization of District AEFI committee members and Immunization Program Managers.
? India joined the WHO Global Network of Post Marketing Surveillance (PMS) with Maharashtra state of India being a participating state. The initial trainings in the software tool for data entry was conducted in the month of August 2010.
? The AEFI surveillance and response operational guidelines were revised in 2010. A totalof 25,000 copies of these guidelines have been printed and widely disseminated, to be distributed to all members of State and district AEFI committees and for health facilities up to Primary Health center level in India.
? The National AEFI Committee has been meeting on regular basis and in 2010, three meetings of National AEFI committee were held.
? AEFI surveillance has become integral part of the trainings of the medical officers and health workers in immunization program.

Strengthening program management capacity:
• Under NRHM, program management units are established at all levels.

Introduction of Underutilized and New vaccines:

Hepatitis - B vaccine:
Hepatitis B vaccine was introduced in 2002 under Phase I GAVI support in 33 districts and 15 cities of India. Subsequently, in the year 2007-08, the Hepatitis B vaccination was expanded to the 10 states under GAVI Phase II support. Though, initially the coverage with Hep B3 remained poor, however, it increased over the period of time. The reported birth dose coverage, though increasing, is still low. A few of the reasons are:
? The states have started by implementing for institutional deliveries in major hospitals, but the implementation is not uniform across the states and across hospitals.
? There are also issues in recording and reporting often leading to data under reporting.
It is also to be noted that HepB vaccination program in India had started with GAVI support which ended in Dec 2009. Starting since January 2010, Govt of India had taken over the procurement of the vaccine from internal funds for all these 10 states. Starting 2011, the Hepatitis B vaccination program is being expanded to the entire country with its own funds.

Measles Supplementary Immunization activities in India:
India has the started the measles 2nd dose for all children in the country. 21 states which has MCV1 coverage more than 80%, have introduced the measles second dose in UIP along with DPT booster. 14 states, which have MCV1 coverage of <80% have started measles Supplementary immunization activities, followed by the introduction of MCV2 in UIP.

Introduction of Japanese Encephalitis (JE) vaccination:
A multi year (2006-10) plan for implementation of phased JE campaigns in districts is being followed. All 109 endemic districts in 15 states have conducted JE vaccination campaign followed by the introduction of vaccine in RI.

Introduction of Hib as Pentavalent vaccine:
The National Technical Advisory Group on Immunization (NTAGI) recommended the introduction of Hib as Pentavalent vaccine (DPT-HepB-Hib) in the country in 2008. GoI plans to introduce the Pentavalent vaccine in a phased manned starting in 11. Initially it will be introduced in 2 selected states. The Govt of India is exploring the possibility of further expansion of pentavalent vaccine in other states of India also.

Collaboration with Partner Agencies:
? GoI is working in close collaboration with technical and funding partners in the field of immunization such as: WHO, UNICEF, USAID, MCHIP, PATH, NIPI, DFID, World Bank, KfW, BMGF and Indian Academy of Paediatrics (IAP).
? Immunization Partners meetings are held periodically to support GoI in identifying areas for partner support and issues for strengthening the ongoing activities in Routine immunization.
? Four such meetings were held in 2010. Minutes of these partners meetings are attached.

5.2.2.

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

Not applicable as Hib as pentavalent vaccine is yet to be introduced in UIP in India.

5.2.3.

Do males and females have equal access to the immunisation services? No

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

Not applicable as Hib as pentavalent vaccine is yet to be introduced in UIP in India.

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

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

5.2.4.

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

Not applicable as Hib as pentavalent vaccine is yet to be introduced in UIP in India.

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)*****.

It is often observed that the reported administrative coverage data of a few states/ districts is higher than the surveyed data and estimates.

The Government of India has started electronic reporting of all immunization coverage data from the block and district level in the country. The immunization coverage data is being reported only through Health Management Information System (HMIS) and other modes of immunization data reporting have been stopped. However, the HMIS data entry process is very dynamic, where the data entry is done at the block and districts levels. The data is entered as and when received. The system is still maturing and there are issues related to the data quality and consistency. The process will take some more additional time before the process is stabilized. The states are being encouraged to look into the issues and the differences in reported and evaluated coverage during the the periodic SEPIO review meetings and also encouraged to verify/validate their reported coverage by comparing with the vaccine consumption in the districts.

GoI has started an electronic name based registration system of beneficiaries and tracking them. The states have started implementing it. It is hoped that with the increased numbers of trainings, this system will evolve and help in improving data quality reporting in the country.

***** 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.

Coverage Evaluation Survey -2009 was conducted during the year.

5.3.3.

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

Health Management Information System was introduced in October 2008. It is envisaged that the Health Statistics Information Portal system would facilitate the flow of physical and financial performance from the District level to the State HQ and the Centre using a web based Health Management Information System (HMIS) interface. There has been increased use of the HMIS portal and reporting is improving. However as described in section 5.3.1 above, there are still issues and challenges and continuous efforts are being made to address those issues at various levels by conducting review meetings and imparting trainings to the data entry operators and computer assistants. The training for use of HMIS system has been completed and currently all the states are sending their reports through HMIS. The system is expected to mature over time.

The initiatives started under NRHM (Alternate vaccine deliver system, regular review meetings, trainings of the various levels of functionaries etc.) are being consolidated for the improvement of data quality in India.

Routine Immunization Monitoring System (RIMS) software put in place at district level since 2006 continues to provide valuable assistance to program & data managers at all levels in data analysis and taking necessary action.

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.

As described above, the HMIS will be further strengthened through feedback, review and training as necessary. The process of data validation at various level and reducing typing errors are being started. Govt. of India recognizes that strengthening and stabilization of data reporting through a web based system will take time and the needful support is being provided. There are issues, however, no parallel system to report immunization related information is neither encouraged or preferred.

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 =	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**	**Donor name**	**Donor name**	
Traditional Vaccines*	57	57							
New Vaccines	3	3							
Injection supplies with AD syringes	17	17							
Injection supply with syringes other than ADs	0	0							
Cold Chain equipment	12	12							
Personnel	0	0							
Other operational costs	40	40							
Supplemental Immunisation Activities	190	190							
Total Expenditures for Immunisation	*319*								
Total Government Health		319							

* 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*	52		
New Vaccines	16		
Injection supplies with AD syringes	26		
Injection supply with syringes other than ADs	0		
Cold Chain equipment	28		
Personnel	0		
Other operational costs	45		
Supplemental Immunisation Activities	156		
Total Expenditures for Immunisation	323		

* 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 immunization expenditure of Govt. of India is increasing over the period of time. The amount displayed above may not be the direct reflection of the entire budgetary allocation for immunization program as many costs are attributable to budget heads other than immunization program and also under the broad umbrella of National Rural Health Mission. There have not been any funding gaps for immunization program in India. The budgeting is done on the annual basis while the planning is done under the broader '5 year plans' with overall outlay for health sector.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 3,4,5,6) 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

Since India's UIP is fully internally funded program, there is no formal Inter-agency Coordination Committee (ICC) in India. However, the technical assistance and inputs of the Development Partners is taken by the way of partners meeting, National Technical Advisory Group of Immunization (NTAGI), working groups, and other fora. A number of coordination meetings of development partners and GoI were held in 2010, where issues related to immunization program were discussed.

1. National Technical Advisory Group on Immunization (NTAGI): One meeting was held on 26th August, 2010 (Minutes enclosed)
2. Immunization Partners meeting: 3 meetings held in 2010 on 23rd April, 4th August, and 25th November (Minutes of all the 4 meetings enclosed)
3. National Immunization Program review meeting: A meeting of State EPI Officers was held in Delhi on 8-9 June 2010, where technical and operational issues related to immunization program were discussed.

Some of the issues discussed in depth in the above meetings were:

- Strengthening Immunization coverage and reaching the unreached, reducing left-outs and drop-outs

- Preparation of cMYP of India
- Recommendation for development of annual plans by GoI and States
- Development of State PIPs and allocation of NRHM funds for RI
- Status of cold chain equipment, replacement of all CFC equipment
- Revision of micro-plans in UP and Bihar using data available from Polio Immunization Rounds
- Review of progress of HW and MO training in Routine Immunization
- Review of Hep B vaccine coverage in states and expansion of Hepatitis B vaccination in the entire country
- Introduction of Hib as pentavalent vaccine in select states of India.
- Status of JE vaccine campaigns and issues related to coverage in Routine Immunization
- Discussion on AEFIs in India and those related to Pentavalent vaccine in neighbouring countries
- Strengthening Human resources in immunization program in India
- Measles SIAs and their planning in India

Some of the areas noted with concern were:
- Varying political commitment
- Inability of RI to reach all children in spite of polio drops reaching almost every child
- Lack of coverage improvement plans in the states and districts

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
Indian Academy of Pediatrics	

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 priority actions for EPI program for 2011-12 are:
- Focus on reducing the left and drop outs in the priority states and improve coverage
- Beneficiary (mother and child) tracking mechanism is being put in place in all states
- Complete RI training of MOs and HWs in priority states
- Strengthen HMIS and improve timely reporting of coverage data and VPDs
- Strengthening and expanding RI monitoring in the states, encourage the States to conduct monitoring and use the data appropriately
- Strengthen cold chain and Vaccine management especially at Divisional , State , GMSD and National level .
- Implementation of micro plans of RI
- Implement Alternate Vaccine Delivery system.
- Conduct review meetings with State Immunization officers at least once in six months. States to conduct review meetings for DIOs regularly
- To conduct meetings with immunization partners regularly at national level at least once in a quarter and more frequently if necessary
- Provide second opportunity for measles vaccine in the rest of the states, either through the routine system in well performing states or campaigns in States and districts with estimated high measles mortality
- Introduce Hib as Pentavalent vaccine in starting with 2 states in 2011-12.

All these priority areas and activities have been incorporated in the Draft MYP of India (2010-17).

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringe	Government	
Measles	AD Syringe	Government	
TT	AD Syringe	Goverment	
DTP-containing vaccine	AD Syringe	Government	
Hepatitis B	AD syringe	Goverment	

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)

No obstacles encountered for implementation of injection safety plan.

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

As per the policy the sharp waste is being disposed of in pit especially constructed for the purpose.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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				

** 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? ...)

Not applicable for India

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)

Not applicable

7.1.2.

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

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	None	
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? Not applicable

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

Not applicable

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	0
Receipt date	

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

The Govt of India has not directly received any introduction grant for new vaccine introduction in the country in 2010.

However, In the year 2008, a Hepatitis B vaccine introduction grant for India was received and administred by the World Health Organization. Since an email from GAVI requested Govt of India to provide information on this aspect also, the relevant information and WHO financial statement on this grant is being enclosed with this APR as annex. The matter may further be pursued with WHO by GAVI Alliance.

Initially, this grant was valid till Dec 2009. However, there were some unspent funds under this grant and in consultation with Govt of India, WHO had requested GAVI Alliance for an extension of this grant till the period of June 2010.

As reported in the APR 2009 also, these funds were utilized for the Hepatitis B trainings, monitoring of hepatitis B vaccination implementation and RI strengthening in the country. The funds were also used for conducting trainings of the medical officers in high burden states and also for conducting trainings of the field staff in RI monitoring.

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

The no cost extension of this grant was received by WHO in March 2010. This extension was provided till the period of June 2010. Moreover, the decision on the introduction pentavalent vaccine, which had implication on Hepatitis B related activities, was being reviewed by various independent technical expert committees in India. Pending the technical decision being made, a few activities, which were originally planned under this grant, were delayed or could

not be conducted.

Is there a balance of the introduction grant that will be carried forward? No

If Yes, how much? US$ 784,477

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

Not applicable

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 9). (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, 10 doses/vial, Liquid		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1st Awarded Vaccine DTP-HepB-Hib, 10 doses/vial, Liquid		

2nd Awarded Vaccine	
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?

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? 01.08.2010

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 8)

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 was the last Effective Vaccine Store Management (EVSM) conducted? India has four major national UIP stores at GMSD Karnal, Mumbai, Chennai and Kolkata. Out of these four stores Kranal has undergone EVSM assessment in the year 2007.Orissa State Vaccine store has undergone EVSM assessment in September 2009.
When was the last Vaccine Management Assessment (VMA) conducted? First VMA of India was undertaken by Orissa state in the year Dec/Jan 2008 with UNICEF support .This was followed by Bihar in the year 2008, Jharkhand in 2009, Chhattisgarh, Rajasthan, Assam and MP in 2010. A total of 10-State stores, 23-Regional stores, 111-District Vaccine stores and 210-PHC vaccine stores have been assessed between Dec/Jan 2008 to Sept 2010.In addition to these assessments. Most of the states have undertaken several steps to strengthen Cold chain and vaccine management after the first VMAT assessment. Impact of VMAT can be seen from Orissa state, which has undertaken the follow up VMAT assessment in the year 2009. Several interventions were made to achieve this improvement, like:

Implementation of work plan VMA recommendations, external monitoring Health workers Immunization training, introduction of vaccine registers and pass books from Sub center to State vaccine stores ,weekly external monitoring of Immunization programme at 3 levels with a focus on Cold chain and Vaccine management by trained Medical college faculties, strengthening of human resource through NRHM for cold chain (cold chain consultant, Vaccine logistics manger,RVS coordinators, RI coordinators ,Cold chain technicians in each districts, streamlining spare parts procurement of cold chain ,introduction of online vaccine management system for real time monitoring and strengthening implementation of Micro planning and AVDS. From August 2010, VMAT and Effective Vaccine Store Management has been merged in to a single tool and EVM tool was developed by WHO HQ with support of other partners .MP is the first state to undergo the EVM assessment in the month of August/Sept 2010.
If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° -attached is the National fact sheet on VMA in India)

Common issues which have emerged from these VMAs are: maintenance of storage temperature, building, cold chain equipment and its maintenance, stock management, effective vaccine delivery, correct use of diluents and vaccine wastage control. Key findings of these VMAs recommends for strengthening of following areas:

A. Management policy
B. Human resource
C. Infrastructure
D. Planning and documentation
E. Capacity building
F. Improvement in practices
G. Supportive supervision

When is the next Effective Vaccine Management (EVM) Assessment planned?
India conducts EVM GMSD/state wise. In the year 2011 GMSD Mumbai and Kolkata and states served by these GMSDs have been planned for undertaking EVM assessment.

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

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

Not applicable as pentavalent vaccine will be supllied for the first time.

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: 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			TOTAL
Number of Surviving infants	Table 1	#	1,550,000	1,560,000	0	0			3,110,000
Number of children to be vaccinated with the third dose	Table 1	#	1,550,000	1,560,000					3,110,000
Immunisation coverage with the third dose	Table 1	#	100%	100%	0%	0%			
Number of children to be vaccinated with the first dose	Table 1	#	1,550,000	1,560,000					3,110,000
Number of doses per child		#	3	3	3	3			
Estimated vaccine wastage factor	Table 1	#							

	Instructions		2011	2012	2013	2014			TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10			
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Reconstitution syringes required	Select YES or NO	#	No	No	No	No			
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030			
Country co-financing per dose		$	0.00	0.00	0.23	0.26			
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053			
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032			
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640			
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%					
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%			

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

Co-financing group	Intermediate

	2011	2012	2013	2014	
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Your co-financing	0.00	0.00	0.23	0.26	0.30

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**		**TOTAL**
Number of vaccine doses	#		4,687,500				4,687,500
Number of AD syringes	#		5,203,200				5,203,200
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		57,775				57,775

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**		**TOTAL**
Total value to be co-financed by GAVI	*$*		12,327,500				12,327,500

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**		**TOTAL**
Number of vaccine doses	#		0				0
Number of AD syringes	#		0				0
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		0				0
Total value to be co-financed by the country	*$*		0				0

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

		Formula	2011	2012			2013			2014					
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			0.00%											
B	**Number of children to be vaccinated with the first dose**	Table 1	1,550,000	1,560,000	0	1,560,000									
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3			

		Formula	2011	2012			2013			2014					
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	4,650,000	4,680,000	0	4,680,000									
E	**Estimated vaccine wastage factor**	Wastage factor table	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00			
F	**Number of doses needed including wastage**	D x E	4,650,000	4,680,000	0	4,680,000									
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		7,500	0	7,500	0			0					
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		4,687,500	0	4,687,500									
J	**Number of doses per vial**	Vaccine parameter		10	10	10	10	10	10	10	10	10			
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		5,203,125	0	5,203,125									
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0			0					
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		57,755	0	57,755									
N	**Cost of vaccines**	I x g		11,578,	0	11,5									

		Formula	2011	2012			2013			2014					
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			125		78,125									
O	Cost of AD syringes needed	K x ca		275,766	0	275,766									
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0			0					
Q	Cost of safety boxes needed	M x cs		36,964	0	36,964									
R	Freight cost for vaccines needed	N x fv		405,235	0	405,235	0			0					
S	Freight cost for devices needed	(O+P+Q) x fd		31,273	0	31,273									
T	Total fund needed	(N+O+P+Q+R+S)		12,327,363	0	12,327,363									
U	Total country co-financing	I 3 cc		0											
V	Country co-financing % of GAVI supported proportion	U / T		0.00%											

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

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.

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)		1	Yes
Signature of Minister of Finance (or delegated authority)		7	Yes
Signatures of members of ICC		2	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		3, 4, 5, 6	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		10, 14	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		8	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		12, 13	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		9	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

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

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

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signature of Ministry of Health and Min of Finance representative	**File name:** GAVI GOI signature.pdf **Date/Time:** 26.05.2011 01:25:09 **Size:** 332 KB		
2	**File Type:** Signatures of members of ICC * **File Desc:** ICC member signature page	**File name:** APR2010 ICC Signature page.pdf **Date/Time:** 13.05.2011 05:58:01 **Size:** 719 KB		
3	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of ICC meetings in 2010 * **File Desc:** India Immunization partners meeting on 23 Apr 2010	Minutes_Partners_Meeting_23Apr10 Final minutes.pdf **Date/Time:** 13.05.2011 05:52:52 **Size:** 25 KB		
4	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** India Immunization partners meeting on 04 August 2010	**File name:** Partners mtg minutes 040810.pdf **Date/Time:** 13.05.2011 05:53:55 **Size:** 25 KB		
5	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** India Immunization partners meeting on 25 Nov 2010	**File name:** Minutes_Partners_Meeting_25Nov10.pdf **Date/Time:** 13.05.2011 05:55:21 **Size:** 29 KB		
6	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of NTAGI meeting on 26 Aug 2010	**File name:** Minutes of NTAGI 260810.pdf **Date/Time:** 13.05.2011 05:55:41 **Size:** 122 KB		
7	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of Ministry of Health and Min of Finance representative	**File name:** GAVI GOI signature.pdf **Date/Time:** 26.05.2011 01:26:29 **Size:** 332 KB		
8	**File Type:** EVSM/VMA/EVM report **File Desc:** Final draft of National VMA fact sheet India	**File name:** Final Draft National VMA fact sheet 2010.pdf **Date/Time:** 13.05.2011 06:01:03 **Size:** 702 KB		
9	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:** WHO Financial statement on GAVI Grant 52808	**File name:** WHO Financial statement on GAVI Grant 52808.pdf **Date/Time:** 13.05.2011 06:03:36 **Size:** 18 KB		
10	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** Draft Minutes_Partners_Mtg_13Apr11.pdf **Date/Time:** 13.05.2011 06:32:45 **Size:** 52 KB		
11	**File Type:** other **File Desc:** Correspondence with GAVI Secretariat	**File name:** FW 2010 Annual Progress Report - India.htm **Date/Time:** 20.06.2011 02:18:56 **Size:** 44 KB		
12	**File Type:** new cMYP starting 2012 **File Desc:** cMYP 2010	**File name:** India - cMYP05-10.pdf **Date/Time:** 20.06.2011 09:28:24 **Size:** 2 MB		
13	**File Type:** new cMYP starting 2012	**File name:** India Addendum MYP Sept 25.doc		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: Addendum to cMYP	**Date/Time:** 20.06.2011 09:28:47 **Size:** 196 KB		
14	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** GAVI's correspondence with India (1)	**File name:** RE India APR - APR submission and ICC minutes endorsing 2010 APR.htm **Date/Time:** 22.06.2011 05:16:34 **Size:** 109 KB		
15	**File Type:** other **File Desc:** GAVI's correspondence with India (2) re APR submission	**File name:** RE 2010 Annual Progress Report - India's APR submission.htm **Date/Time:** 22.06.2011 05:17:38 **Size:** 41 KB		
16	**File Type:** other **File Desc:** Decision letter dated August 2009	**File name:** IND-2009.02(xaxx)P.pdf **Date/Time:** 22.06.2011 05:19:45 **Size:** 770 KB		
17	**File Type:** other **File Desc:** Decision letter dated November 2010	**File name:** IND-2010.01(xaxx)M.pdf **Date/Time:** 22.06.2011 05:21:25 **Size:** 442 KB		

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