



*GAVI Alliance*

# Annual Progress Report **2012**

Submitted by

## The Government of *Lao People's Democratic Republic*

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/16/2013 3:27:19 AM**

**Deadline for submission: 9/24/2013**

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

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

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

*Important problems that were encountered and how the country has tried to overcome them*

*Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*

*Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*

*How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

# 1. Application Specification

Reporting on year: 2012

Requesting for support year: 2014

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
INS			
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014

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

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	No	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	Yes	Yes	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available [here](#).

## 2. Signatures

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

By signing this page, the Government of **Lao People's Democratic Republic** 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 **Lao People's Democratic Republic**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Doctor Inlavanh Keobounphanh , Vice Minister of Health	Name	Mr Khamphone Phouthavong
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email

### 2.2. ICC signatures page

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

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

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

#### 2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
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See attachemnet	See attachment		
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ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), on 15 may 2013 , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organization	Signature	Date
See attachment	-		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Lao People's Democratic Republic is not reporting on CSO (Type A & B) fund utilisation in 2013



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## 4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	182,981	182,981	186,956	186,956	191,043	191,043	195,248	195,248
Total infants' deaths	9,876	9,876	10,087	10,087	10,302	10,302	10,524	10,524
Total surviving infants	173105	173,105	176,869	176,869	180,741	180,741	184,724	184,724
Total pregnant women	182,981	182,981	186,956	186,956	191,043	191,043	195,248	195,248
Number of infants vaccinated (to be vaccinated) with BCG	150,044	147,328	158,913	158,913	166,207	166,207	175,723	175,723
BCG coverage	82 %	81 %	85 %	85 %	87 %	87 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	141,946	134,975	150,338	150,338	157,244	157,244	166,251	166,251
OPV3 coverage	82 %	78 %	85 %	85 %	87 %	87 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	150,601	151,085	159,182	159,182	162,667	162,667	166,252	166,252
Number of infants vaccinated (to be vaccinated) with DTP3	141,946	135,105	150,338	150,338	157,244	157,244	166,252	166,252
DTP3 coverage	82 %	78 %	85 %	85 %	87 %	87 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	148,181	151,085	155,285	159,182	162,667	162,667	166,252	166,252
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	148,181	135,105	155,285	150,338	157,244	157,244	166,252	166,252
DTP-HepB-Hib coverage	82 %	78 %	85 %	85 %	87 %	87 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	141,946	123,998	150,338	150,338	157,244	157,244	166,251	166,251
Measles coverage	82 %	72 %	85 %	85 %	87 %	87 %	90 %	90 %
Pregnant women vaccinated with TT+	146,384	81,167	149,564	149,564	152,834	152,834	156,198	156,198

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
<b>TT+ coverage</b>	80 %	44 %	80 %	80 %	80 %	80 %	80 %	80 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	0	0	0	0	0	0	0
<b>Vit A supplement to infants after 6 months</b>	710,052	661,697	741,092	741,092	758,161	758,161	774,763	774,763
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	6 %	11 %	6 %	6 %	3 %	3 %	0 %	0 %

\*\* 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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

No changes in figures. The numbers are consistent.

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

No changes in figures. The numbers are consistent.

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

No changes in figures. The numbers are consistent.

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

No changes in figures. The numbers are consistent.

### 5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

As per the JRF submitted by the country for 2012, the coverage was:

- BCG: 81% (target 82%), DTP3: 78% (target 82%), Polio3: 78% (target 82%), MR: 72% (target 82%).
- For BCG and MR the achieved coverage represents a substantial increase from 77% and 69% respectively in 2011 to 81% and 72% in 2012.
- DTP3 and OPV3 have remained stable around the same coverage as last year, DTP3 78% and 79% in 2011.
- In 2012 there were efforts to increase the MR coverage, with a mop-up activity in 25 districts targeting children under 5.
- Following the recent EPI Review recommendations the Government is introducing new outreach sessions (contacts) with an increase from 4 to 6 rounds.
- The Government of Lao is increasing its contribution to the EPI programme.
- Seasonal flu activity was conducted successfully and routine immunization services were provided to mothers and children during the SIA.
- The country claimed elimination of MNT and the prevalidation of the claim was scheduled for Jan 2013.
- The country made plans and secured vaccine to vaccinate in highly endemic areas of JE (plans for Feb 2013).
- Rubella vaccine was introduced in the routine immunization programme nationwide.

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

The coverage for DTP3 and OPV3 is slightly lower than projected targets, but the actual numbers of children vaccinated has increased compared to last year.

Lao PDR relies heavily on outreach services and there were some issues (i.e. Timeliness and unpredictability of funding for outreach from both development partners and Government) that resulted in delays. The integration many services in outreach services might have affected the vaccination programme. Stock management and cold chain issues might have affected the service delivery in some areas, since the programme has expanded with more refrigeration units at the peripheral/remote level where the monitoring, logistics and maintenance and human resources are very uncertain. Frequent turnover of staff is an issue for the health system.

The decrease in Hep B0 coverage was due to an stock out.

For MR, although the coverage hasn't reached the projected target, the increase in 2012 has been substantial (3% or 7,678 additional children vaccinated compared to the previous).

The national drop out (DTP1-DTP3) in 2012 was 11%, which represents an increase from the 6% reported in 2011

## 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Lao Social Indicator Survey	2011	55.4	55.5

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

There is no major disparities between boys and girls.

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

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

In Lao PDR, the mothers are occupied with agricultural tasks different time of the year, taking children with them for long periods of time. To address this barrier, the timing of the outreach services is planned according to the availability of mothers.

## 5.4. Data assessments

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

LSIS 2011 data shows a significant increase of DPT3 coverage 56 per cent compare to MICS 2006 32 percent.

Lao Social Indicator Survey (LSIS) indicates a lower coverage than national administrative data.

WHO/UNICEF estimates are consistent with the national administrative data.

\* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Province and district data management training was completed. Plus, NIP review data on quarterly basis and provide feedback.

Recording forms and reporting mechanisms are being reviewed.

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

DQS might be considered during 2013.

## 5.5. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 US\$ = 7800	Enter the rate only; Please do not enter local currency name
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**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Lux Dev	US CDC	NA
Traditional Vaccines*	458,159	22,800	0	283,839	0	151,520	0	0
New and underused Vaccines**	4,970,321	101,901	1,305,920	0	0	0	3,562,500	0
Injection supplies (both AD syringes and syringes other than ADs)	76,432	0	24,631	18,274	29,147	4,380	0	0
Cold Chain equipment	70,000	0	0	45,000	25,000	0	0	0
Personnel	1,800,000	1,800,000	0	0	0	0	0	0
Other routine recurrent costs	755,000	0	0	250,000	180,000	325,000	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
IEC materials Training, workshops, materials Supervision		0	0	60,000	50,000	20,000	0	0
<b>Total Expenditures for Immunisation</b>	<b>8,129,912</b>							
<b>Total Government Health</b>		1,924,701	1,330,551	657,113	284,147	500,900	3,562,500	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Government allocated funds to procure BCG vaccine in 2012.

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

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

Action plan from Aide Mémoire	Implemented?
	Yes

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

FMA was conducted in 2009. Further to that, Aide Memoire has been signed by the GoL and GAVI on April 2011

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

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

Are any Civil Society Organisations members of the ICC? **No**

If **Yes**, which ones?

List CSO member organisations:

## 5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Main objective is to reach the targets specified and meet the MDG goals:

Priority actions:

1. Implementation of newly adopted GVAP strategy
2. Full implementation of the National EPI Review recommendations: increase government contribution for traditional vaccines
3. Introduction of PCV13 in the routine programme and demonstration programme of HPV
4. Review and improve stock management, cold chain, logistics and data management at all levels.
5. Validation of MNT Elimination claim
6. Revitalization of the EPI microplanning for identifying and reaching the under served populations
7. Conduct a EPI coverage survey
8. MR SIA (nationwide) in the context of the country Measles elimination plan

### 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD	UNICEF
Measles	AD	UNICEF
TT	AD	UNICEF
DTP-containing vaccine	AD	GAVI, Government
Hep B birth dose	AD	Lux Development

Does the country have an injection safety policy/plan? **Yes**

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

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

No.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2012**

Lao People's Democratic Republic is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

### **6.2. Detailed expenditure of ISS funds during the 2012 calendar year**

Lao People's Democratic Republic is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.



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

### 7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2012 vaccinations against approvals for 2012

	[ A ]	[ B ]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	466,770	466,400	0	No

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

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

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

NA

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

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

There is no vaccine management issues regarding the Penta

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

NA

## 7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	 

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2010**

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

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

<br>

## 7.3. New Vaccine Introduction Grant lump sums 2012

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0

Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

Rubella was introduced in the RI calendar in 2012. The Vaccine Introduction Grant will be received in 2013.

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

NA

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

NA

### 7.4. Report on country co-financing in 2012

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

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	101,901	36,000
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	100%	
Donor		
Other		
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	May	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
NO		

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

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

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

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

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2010**

Please attach:

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

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

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

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

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

If yes, provide details

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Lao People's Democratic Republic does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Lao People's Democratic Republic does not require to change any of the vaccine presentation(s) for future years.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Lao People's Democratic Republic is not available in 2013

## 7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

## 7.11. Calculation of requirements

**Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	173,105	176,869	180,741	184,724	715,439
	Number of children to be vaccinated with the first dose	Table 4	#	151,085	159,182	162,667	166,252	639,186
	Number of children to be vaccinated with the third dose	Table 4	#	135,105	150,338	157,244	166,252	608,939
	Immunisation coverage with the third dose	Table 4	%	78.05 %	85.00 %	87.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	474,166				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	474,166				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.23	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

\*\* Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

### Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011				0.26	0.30
Your co-financing		0.20	0.23	0.26	0.30

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

		2013	2014	2015
Number of vaccine doses	#	428,600	460,200	453,800
Number of AD syringes	#	475,700	486,900	479,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	5,300	5,425	5,325
Total value to be co-financed by GAVI	\$	954,000	1,023,000	984,500

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

		2013	2014	2015
Number of vaccine doses	#	49,500	61,000	72,900
Number of AD syringes	#	54,900	64,600	77,100
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	625	725	875
Total value to be co-financed by the Country <sup>[1]</sup>	\$	110,000	136,000	158,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	10.34 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	151,085	159,182	16,455	142,727
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	453,255	477,546	49,364	428,182
E Estimated vaccine wastage factor	Table 4	1.05	1.00		
F Number of doses needed including wastage	D X E	475,918	477,546	49,364	428,182
G Vaccines buffer stock	(F – F of previous year) * 0.25		407	43	364
H Stock on 1 January 2013	Table 7.11.1	474,166			
I Total vaccine doses needed	F + G – H		478,003	49,411	428,592
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		530,528	54,840	475,688
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		5,889	609	5,280
N Cost of vaccines needed	I x vaccine price per dose (g)		973,215	100,600	872,615
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		24,670	2,551	22,119
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		3,416	354	3,062
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		62,286	6,439	55,847
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T Total fund needed	(N+O+P+Q+R+S)		1,063,587	109,941	953,646
U Total country co-financing	I x country co-financing per dose (cc)		109,941		
V Country co-financing % of GAVI supported proportion	U / T		10.34 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	<b>Country co-finance</b>	$V$	11.70 %			13.83 %		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	<i>Table 5.2.1</i>	162,667	19,032	143,635	166,252	22,995	143,257
<b>C</b>	<b>Number of doses per child</b>	<i>Vaccine parameter (schedule)</i>	3			3		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	488,001	57,095	430,906	498,756	68,983	429,773
<b>E</b>	<b>Estimated vaccine wastage factor</b>	<i>Table 4</i>	1.05			1.05		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	512,402	59,949	452,453	523,694	72,432	451,262
<b>G</b>	<b>Vaccines buffer stock</b>	$(F - F \text{ of previous year}) \times 0.25$	8,714	1,020	7,694	2,823	391	2,432
<b>H</b>	<b>Stock on 1 January 2013</b>	<i>Table 7.11.1</i>						
<b>I</b>	<b>Total vaccine doses needed</b>	$F + G - H$	521,166	60,975	460,191	526,567	72,829	453,738
<b>J</b>	<b>Number of doses per vial</b>	<i>Vaccine Parameter</i>	1			1		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.11$	551,354	64,507	486,847	556,753	77,004	479,749
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$I / J \times 1.11$	0	0	0	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.11$	6,121	717	5,404	6,180	855	5,325
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	1,061,094	124,144	936,950	1,045,763	144,638	901,125
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	1,061,094	3,000	22,638	1,045,763	3,581	22,309
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	3,551	416	3,135	3,585	496	3,089
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$	67,911	7,946	59,965	66,929	9,257	57,672
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	1,158,194	135,504	1,022,690	1,142,167	157,971	984,196
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	135,504			157,971		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	11.70 %			13.83 %		

**Table 7.11.4:** Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / T$



## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

## Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

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

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

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

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

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

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

### 9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

#### 9.1.1. Report on the use of HSS funds in 2012

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **1198143** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)					438398	302049
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)					438398	302049
Remaining funds (carry over) from previous year (B)					0	405166
Total Funds available during the calendar year (C=A+B)					438398	707215
Total expenditure during the calendar year (D)					33232	696522
Balance carried forward to next calendar year (E=C-D)					405166	10693
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	597275	600868	600026	
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	10693			
Total Funds available during the calendar year (C=A+B)	10693			
Total expenditure during the calendar year (D)	10568			
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	1198143	600026	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

### Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

### Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

### Financial management of HSS funds

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

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

### Disbursement of Funds:

7. The proposed mechanism is to provide HSS funding through a MOH managed special account using a vertical financing mechanism. On approval of an annual plan and budget GAVI will deposit the grant in a MOH special account managed by the Department of Planning and Finance (details are provided in the “Banking arrangement for Lao PDR HSS programme” section below). On approval of the implementation plan by the Department of Hygiene and Prevention and the cabinet, the funds would be transferred to a project account managed by the MNCH/EPI programme. The MNCH/EPI programme office will manage the transfers of funds to provincial and district levels to implement planned activities. Funds will be channeled to the Provincial Health Offices (PHO) on a quarterly basis by bank transfer to the PHO bank account and they will be responsible for managing cash transfers to District Health Offices and Health Centres.
8. The HSS Coordination Office will make the necessary fund releases by bank transfers to PHOs based on approved funding requests. Transfers will be made to general bank accounts held by the PHO. The PHO will be responsible for onward disbursement to District Health Offices (DHO) and health centres.
9. For activities planned to be implemented at the district level, the EPI Programme Manager will arrange for cash to be collected from the PHO.
10. Health Centres will receive cash from the district on a monthly basis to implement planned activities for that month, and they will account for that expenditure back to the district office on a monthly basis.

#### **Budget Execution:**

11. The Government Accounting Regulations, 1301/MOF will be the guiding document for budget execution. Part A sets out the legal basis of the government financial management system, regulations relating to revenue management, expenditure management, cash advances, inventories, fixed assets, payroll management, accountable forms, losses, deficiencies and overpayments, safe custody of public moneys, retained revenue, internal control systems, internal auditing and retention of documents. Part B of the regulations covers financial statements.
12. Rule 0008/MOF sets out government allowance rates to be applied for payments to staff on official duties.

#### **Procurement:**

13. Procurement will be in accordance with the 2004 Procurement Decree and its implementing rules and regulations, and in compliance with applicable obligations deriving from national and international standards.

#### **Accounting & reporting:**

14. At Health Centres the accounting transactions will be accumulated monthly using activity reports and accompanied by a financial statement for the use of funds. Evidence of the activity taking place will rely on the signature of the village authorities verifying the presence of health centre staff taking part in outreach activities.
15. For activities planned to be implemented at the district level, the DHO will make detailed costed activity plans incorporating physical targets (micro-plans) for presentation to the PHO. Following implementation the DHO will collect expenditure information from Health Centres, and consolidate them monthly in a District level report.
16. The PHO will be responsible for the preparation of consolidated quarterly plans and monitoring reports reporting use of funds. The use of funds would be reported to the Department of Hygiene in quarterly reports consolidated by the Provincial Health Offices prior to subsequent fund disbursements.
17. The Department of Hygiene will consolidate the reports quarterly to the HSS Steering Committee.
18. Annual performance reports, including financial statements, will be drafted by the Department of Hygiene and submitted to the HSS Steering Committee and the Sector Working Group for approval and revision, and then submitted to GAVI along with the APR. A suggested format for financial statements is included in GAVI's APR template and guidelines.



### Internal & external audit:

19. The monitoring and supervision of activity implementation and the financial resources employed will be performed jointly by the MNCH/EPI programme and the PHOs.
20. Specific arrangements will be made for programme monitoring by WHO, which is already providing technical support to the MNCH Technical Working Group (TWG) in the health sector.
21. External audits of the programme will be conducted at the end of the grant year in compliance with GAVI's standard Audit Terms of Reference, provided in ANNEX 2 of this Aide Memoire. In the absence of an Internal Audit section in the MoH, the audit ToRs are enhanced and require the auditor to give an opinion on the internal controls in the MoH in place to govern GAVI cash grants. The audit reports shall be submitted to GAVI no later than six (6) months after the end of the grant year.
22. The costs associated with the annual external audit will be met through approved GAVI HSS funds or other Government sources.

### Additional Conditions and Assurances:

23. WHO representation will be added to the GAVI HSS Steering Committee within 1 month of signing this Aide Memoire.
24. A detailed budget will be provided to GAVI in advance of funds disbursement, in an agreed format showing the economic breakdown of expenditure in each activity. Financial reports should also be prepared using economic codes. The Government Chart of Accounts should be adopted.
25. A copy of the detailed financial process for the management of the HSS funds prepared by MOH technical staff will be provided with the signed Aide Memoire.

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

**External audit reports for HSS 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 during your government's most recent fiscal year, this must also be attached (Document Number: 21)**

## 9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>Improving capacity at all levels to plan, implement and monitor MNCH services</b>	1. Detailed microplanning 2. Supportive supervision and monitoring 3. Financial support for deliveries and MNCH-EPI services 4. Maternal and Child health review	100	Activity report, administrative data

<b>Strengthen the MCH-EPI package of services</b>	<ol style="list-style-type: none"> <li>1. Integrated MNCH-EPI outreach visits, with promotion of fixed services</li> <li>2. Non financial incentives for health care facility</li> <li>3. SBA and core MNCH skills training</li> <li>4. Sharing of best practices</li> <li>5. Interpersonal communication training</li> <li>6. Renovation of delivery rooms</li> <li>7. Provision of transportation facilities for health workers</li> </ol>	100	Activity report, administrative data
<b>Increase community mobilization</b>	<ol style="list-style-type: none"> <li>1. Training VHV and community leaders</li> <li>2. Strengthen use of child health days</li> <li>3. Providing non financial incentives for VHV</li> </ol>	100	Activity report, administrative data

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
<b>Improving capacity at all levels to plan, implemen</b>	<p>All HCs have developed microplans, all health workers have been trained. Most of the HC staff are now capable to prepare microplans on their own. However, certain HCs due to limited capacity, are not yet capable still relying on the support from the district teams.</p> <p>Supervision has been conducted regularly, particularly at the district and HC level. Nevertheless, the quality of the supervision activities needs to be improved in some areas.</p> <p>Disbursement of funds to districts and HCs was done on a regular basis, but the report on the use of funds was delayed in some occasions.</p> <p>Data Review was conducted quarterly at all levels. However the MCH data recording and reporting mechanisms still remain a challenge.</p>
<b>Strengthen the MCH-EPI package of services</b>	The MCH-EPI package of services has been conducted 6 times in 2012. EPI Coverage increased significantly from the previous year. Fixed site delivery has also been promoted and facilities have been upgraded.
<b>Increase community mobilization</b>	Incentives for VHVs have been provided. 250 village health volunteers and village chiefs has been oriented on communication and community mobilization

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

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

### 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									

MMR	405	2005 Census	260					357		LSIS	
IMR	70	2005 Census	45					76		LSIS	
U5MR	98	2005 Census	55					89		LSIS	
DTP3%	74	JRF 2010	90	80					78	JRF	
Drop Out Rate DTP1-DTP3	8	JRF 2010	7	6					11	JRF	
Equity in immunization coverage	10%	Admin data	7	9					17%	JRF	
Percentage of women with at least 1 ANC	29	2005 Rep Health Survey	60	50				56		LSIS	
Percentage of births attended by SBAs	21	2005 Rep Health Survey	50	40				41.5		LSIS	

## 9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

During 2012 the major accomplishment is the health system strengthening. This includes the strengthening of planning and management capacity, improving the health information system, developing a the results based payment scheme, training health staff, providing supplies, supporting fixed site and outreach services and mobilizing village health volunteers.

The active participation from local authorities is very encouraging. For example, one sub-district authority contributed 20 million LAK (Lao Kip) to construct maternity waiting room in the health center compound.

During 2012, there was significant increase of service utilization such as ANC, SBA delivery and all EPI vaccine coverage.

Names of District and Health centers

2012 Number of pregnant women per year

Women Attended

ANC1

# Deliveries supervised by Skilled Birth Attendants (SBA)

2012 Estimated number of Surviving infants (children < 1year)

DPT-HepB-Hib3 doses given/coverage%

Measles and Rubella doses given/coverage%

2011

2012

2011

2012

2011

2012

2011

2012

**Xay district**

2,268

1429

1,218 (54%)

NA

551 (24%)

2,126

1208

1748

(82%)

985

1,169

(55%)

**Namor district**

1,277

248

1,146 (90%)

NA

491 (38%)

1,199

688

1,082

(90%)

400

840

(70%)

**La District**

445

105

319 (72%)

51

168 (38%)

397

112

405

	(102%)
	120
	367
	(92%)
<b>Pakgeum district</b>	
<b>1,191</b>	
	361
	575 (48%)
	197
	640 (54%)
	1,148
	843
	1,086
	(95%)
	823
	894
	(78%)
<b>Sangthong district</b>	
	717
	392
	649 (90%)
	109
	262 (37%)
	684
	693
	528
	(77%)
	369
	452
	(66%)

2012 data shows that average DPT3 and measles coverage has increased from 64 and 48 per cent in 2011 to 87 and 67 per cent in five GAVI supported district. ANC1 coverage has increased from 43 percent in 2011 to 66 percent in 2012.

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

The drop out between DPT3 - Measles remains a problem in some areas. In general DTP3 coverage has increased significantly but the measles coverage has not increased in the same way.

Revitalization of microplan, increase quality of the contacts and follow up mechanisms to track missed children were implemented.

Vaccine management at the HC level must be strengthened to make sure that vaccine is always available when a contact is made.

Promotion of community involvement for service organization and ownership is crucial in the HSS approach in Lao PDR.

Promotion of fixed site service delivery along with improvement of health facilities to attract clients.

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

Regular supportive supervision is conducted by central, province and district on a quarterly basis. Partners such as WHO, UNICEF and Lux Dev participate in these field visits.

Data sharing with the local authorities on a quarterly basis.

Use of data editing system as leading tool to validate the outcomes of the services and to trace the defaulters.

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

The EPI data recording and reporting system is integrated in the national health data reporting system (HMIS). Therefore the improvement in data quality as a result of the HSS project will reflect on the national system.

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

At MoH level, the committee for management of HSS GAVI-MoH has been established chaired by the Director of the Paediatric Association of Lao PDR; the Director of the EPI is functioning as the Planning and Management unit Chief.

The annual workplan has been developed together with provinces and the participating districts. Then being approved by the HSS GAVI-MoH committee chair with full endorsement of the partners (WHO, UNICEF, LUX Dev) and other partners in the SWCG.

At the provincial level a GAVI coordinator has been assigned.

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

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

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

The management of the HSS has been quite effective and as result the activities have been implemented satisfactorily. The indicators selected for M&E have increased in the reporting period.

The disbursement of funds from GAVI to country has been delayed for the last 2 years and this is causing an implementation problem. As of now, the 2013 funds that were agreed in 2012 have not been received. For this, the country has applied, as instructed, for 2013 and 2014 funds.

## 9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5: Planned activities for 2013**

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Improving capacity at all levels to plan, implement and monitor MNCH services	1. Detailed microplanning 2. Supportive supervision and monitoring 3. Financial support for deliveries and MNCH-EPI services 4. Maternal and Child health review	359891	0	NA	NA	
Strengthen the MCH-EPI package of services	1. Integrated MNCH-EPI outreach visits, with promotion of fixed services 2. Non financial incentives for health care facility 3. SBA and core MNCH skills training 4. Sharing of best practices 5. Interpersonal communication training 6. Renovation of delivery rooms 7. Provision of transportation facilities for health workers	221354	0	NA	NA	
Increase community mobilization	1. Training VHV and community leaders 2. Strengthen use of child health days 3. Providing non financial incentives for VHV	16030	0	NA	NA	
		597275	0			0

### 9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

**Table 9.6: Planned HSS Activities for 2014**

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Strengthen the MCH-EPI package of services					
		0			

## 9.7. Revised indicators in case of reprogramming

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

## 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
Asian Development Bank	2034738	2012	Health Sector Development
The Government of Japan	1842123	2012	Human resources and capacity building
The Government of Luxembourg	4820101	2012	LL-HSSP
The Government of South Korea	554348	2012	Health Education Capacity Building of University of Health Science
The World Bank	1561498	2012	Health Services Improvement Project
UNFPA	165320	2012	Increased Availability and Use of disaggregated population related data
World Health Organization	835341	2012	Health system development and governance

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

## 9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Admin data, LSIS, field visits, data auditing	Data audit, field visits, DQS, data editing system used	

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

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)





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

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

Lao People's Democratic Republic **has NOT received GAVI TYPE A CSO support**

Lao People's Democratic Republic is not reporting on GAVI TYPE A CSO support for 2012

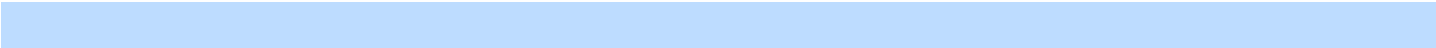
## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Lao People's Democratic Republic **has NOT received GAVI TYPE B CSO support**

Lao People's Democratic Republic is not reporting on GAVI TYPE B CSO support for 2012

## 11. Comments from ICC/HSCC Chairs

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



## 12. Annexes

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

#### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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.
- Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
  - Income received from GAVI during 2012
  - Other income received during 2012 (interest, fees, etc)
  - Total expenditure during the calendar year
  - Closing balance as of 31 December 2012
  - A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

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

1

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012</b> (balance carried forward to 2013)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. Annex 3 – Terms of reference HSS

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012 (balance carried forward to 2013)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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



## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
  - b. Income received from GAVI during 2012
  - c. Other income received during 2012 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2012
  - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

### MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012 (balance carried forward to 2013)</b>	<b>60,139,325</b>	<b>125,523</b>


\* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.


Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministers Signature.pdf File desc: Date/time: 5/15/2013 4:57:01 AM Size: 320109
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers Signature.pdf File desc: Date/time: 5/15/2013 4:59:22 AM Size: 320109
3	Signatures of members of ICC	2.2	✓	ICC_HSCC signatures.pdf File desc: Date/time: 5/15/2013 5:00:29 AM Size: 548118
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Participants ICC_HSCC_15 May 2013.pdf File desc: Meeting held on 15th May. Minutes will be prepared in coming days Date/time: 5/15/2013 5:01:10 AM Size: 295973
5	Signatures of members of HSCC	2.3	✗	ICC_HSCC Signatures MoH.pdf File desc: Date/time: 5/15/2013 5:02:48 AM Size: 537598
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Participants ICC_HSCC_15 May 2013.pdf File desc: Meeting held on 15th May. Minutes will be prepared in coming days Date/time: 5/15/2013 5:04:28 AM Size: 295973
9	Post Introduction Evaluation Report	7.2.2	✓	PIE Final Report.docx File desc: Date/time: 5/15/2013 1:34:37 AM Size: 328720
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Letter Of explanation-1.pdf File desc: Date/time: 5/15/2013 9:12:13 PM Size: 318558
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Letter Of explanation-1.pdf File desc: Date/time: 5/15/2013 9:13:38 PM Size: 318558

12	Latest EVSM/VMA/EVM report	7.5		2 Report_Improvement+Plan+Based+on+2010+EVM_LAO+PDR.pdf File desc: Date/time: 5/15/2013 1:36:54 AM Size: 433436
13	Latest EVSM/VMA/EVM improvement plan	7.5		2 Report_Improvement+Plan+Based+on+2010+EVM_LAO+PDR.pdf File desc: Date/time: 5/15/2013 1:36:54 AM Size: 433436
14	EVSM/VMA/EVM improvement plan implementation status	7.5		2011 EVM improvement plan logframe_IMPLMENTATION STATUS.pdf File desc: Date/time: 5/15/2013 1:37:41 AM Size: 99236
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		Letter Of explanation-1.pdf File desc: Date/time: 5/15/2013 9:15:04 PM Size: 318558
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Statement Of Account GAVI.pdf File desc: Date/time: 5/15/2013 9:36:42 PM Size: 1900538
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Statement Of Account GAVI.pdf File desc: 2013 statement in 3rd page of attachment Date/time: 5/15/2013 9:31:29 PM Size: 1900538
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3		Letter Of explanation-1.pdf File desc: Date/time: 5/15/2013 9:20:38 PM Size: 318558
22	HSS Health Sector review report	9.9.3		minute of the meeting on HSS July 2012.pdf File desc: Date/time: 5/15/2013 9:24:42 PM Size: 1150726
				Statement Of Account GAVI.pdf

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		File desc:  Date/time: 5/15/2013 9:41:47 PM Size: 1900538
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