



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Liberia

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 13.05.2011 06:05:45

Deadline for submission: 1 Jun 2011

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	Yellow Fever, 10 doses/vial, Lyophilised	Yellow Fever, 10 doses/vial, Lyophilised	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

HSS	2010
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2. Signatures

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

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

By signing this page, the Government of Liberia 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 Liberia

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr. Walter T. GWENIGALE, Minister of Health Social Welfare	Name	Mr. Augustine K. NGAFUAN, Minister of Finance
Date		Date	
Signature		Signature	

This report has been compiled by

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

Full name	Position	Telephone	Email	Action
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Augustine NEWRAY	Assistant Manager/EPI	+231-565961	gusray71@yahoo.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Walter T. GWENIGALE, Minister of Health Social Welfare	Ministry of Health and Social Welfare			
Mr. Augustine K. NGAFUAN, Minister of Finance	Ministry of Finance			
Mr. Amara KONNEH Minister of Planning and Economic Affairs	Ministry of Planning and Economic Affairs			
Mr. Harrison KAWEAH, Minister of Internal Affairs	Ministry of Internal Affairs			
Dr. Nester NDAYIMIRIJE, WHO Representative	World Health Organization			
Mrs. Isabel CROWLEY, UNICEF Representative	United Nations Children's Fund			
Dr. Randolph , Health Team Leader, USAID	United States Agency for International Development			
Mr. David K. VINTON, National Chairman Polio Plus, Rotary International Coordinator	Rotary International			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Walter T. GWENIGALE, Minister of Health Social Welfare	Ministry of Health and Social Welfare			
Mr. Augustine K. NGAFUAN, Minister of Finance	Ministry of Finance			
Mr. Amara KONNEH Minister of Planning and Economic Affairs	Ministry of Planning and Economic Affairs			
Mr. Harrison KAWEAH, Minister of Internal Affairs	Ministry of Internal Affairs			
Dr. Nester NDAYIMIRIJE, WHO Representative	World Health Organization			
Mrs. Isabel CROWLEY, UNICEF Representative	United Nations Children's Fund			
Dr. Randolph , Health Team Leader, USAID	United States Agency for International Development			
Mr. David K. VINTON, National Chairman Polio Plus, Rotary International Coordinator	Rotary International			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	181,858	185,677	189,576	193,557	197,622	201,772
Total infants' deaths	12,912	12,997	12,891	12,968	12,845	12,913
Total surviving infants	168,946	172,680	176,685	180,589	184,777	188,859
Total pregnant women	181,858	185,677	189,576	193,557	197,622	201,772
# of infants vaccinated (to be vaccinated) with BCG	133,938	167,109	174,410	180,008	185,764	191,683
BCG coverage (%) *	74%	90%	92%	93%	94%	95%
# of infants vaccinated (to be vaccinated) with OPV3	104,179	138,144	159,017	162,530	166,299	169,973
OPV3 coverage (%) **	62%	80%	90%	90%	90%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	118,513	137,834	150,182	162,530	171,843	179,416
# of infants vaccinated (to be vaccinated) with DTP3 ***	105,107	129,510	141,348	153,501	162,604	169,973
DTP3 coverage (%) **	62%	75%	80%	85%	88%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	118,513	137,834	150,182	162,530	171,843	179,416
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	105,107	129,510	141,348	153,501	162,604	169,973
3 rd dose coverage (%) **	62%	75%	80%	85%	88%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	98,844	120,876	141,348	144,471	166,299	169,973
Yellow Fever coverage (%) **	59%	70%	80%	80%	90%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	45%	45%	45%	45%	45%	45%
Wastage ^[1] factor in base-year and planned thereafter	1.82	1.82	1.82	1.82	1.82	1.82
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	104,974	120,876	141,348	144,471	166,299	169,973
Measles coverage (%) **	62%	70%	80%	80%	90%	90%
Pregnant women vaccinated with TT+	110,990	148,542	161,140	174,201	177,860	181,595
TT+ coverage (%) ****	61%	80%	85%	90%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery	140,938	98,535	100,604	116,134	118,573	129,134
Vit A supplement to infants after 6 months	98,535	140,938	143,897	146,919	150,004	153,155
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	11%	6%	6%	6%	5%	5%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

Liberia's EPI target was derived from the projections from 1984 population census until 2009. When the 2008 National Housing and Population Census results were published this become the source of estimating targets and population figures for EPI activities, using annual growth rate of 2.1.

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

Same as above.

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

No change.

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

No change.

5.2. Immunisation achievements in 2010

5.2.1.

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

There was a decline in administrative coverage reported for 2010 as compared to 2009. In 2010, BCG coverage was 74.9%, OPV3 -73%, Penta3-75%, Measles -69.9% and Yellow Fever 68.3%. Although, these coverages appear to be a decline, however, there was an improvement in coverage considering surveys and UN best estimates figures. See indicator matrix below in section 5.4, and Table 13. Other accomplishments include:

- With support from partners procured 2 high-tops Toyota Land Cruiser Jeeps for national EPI program, 60 Yamaha Motorbikes for 15 counties to strengthen district integrated outreach services in under serve communities. Every (100%) district has at least one motorbike.
- Developed, printed and distributed standard surveillance case definition posters to all health facilities in all counties. This was an effort to intensify early detection and prompt reporting of diseases under active surveillance in the country.
- Conducted one (1) national EPI review meeting to assess implementation of planned activities
- Capacity development of health workers on general immunization issues, including development and roll out of micro-plans for counties and health facilities
- Recruited, trained and deployed professional staff to serve as EPI focal points and surveillance officers at county and district levels
- There were seven successful mass polio campaigns conducted in 2010 targeting 750,000 children 0-59 months to buttress the administration of routine immunization and to disrupt the transmission of wide polio. For every

round,	over	95%	coverage	was	achieved.
Some	of	the	program	challenges	include:
1.	Inability to conduct planned outreach activities because of limited resources (ie: one vaccinator assigned to health facility to provide immunization and no additional incentive for outreach).				
2.	Frequent staff turn over				
3.	Number of Polio National Immunization Days (7 rounds) affected implementation of planned routine immunization activities.				
4.	Declining involvement and departure of some NGOs				

5.2.2.

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

As indicated in section 1.2.1 above, the 2010 immunization target was not achieved because of seven rounds of unplanned immunization campaigns, limited staff at health facilities to conduct regular outreach and frequent staff turnover due to low incentive.

5.2.3.

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

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

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

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

- Although there is no statistical (data) evidence to proof that males and females have equal access to immunization services, the Liberia National EPI policy makes provision for equitable access to immunization for those in the target age group irrespective of their gender. There is draft legislation before parliament as part of ongoing efforts to enact this into law.
- The National Health Policy and Plan (2007-2011) that calls for “establishing the building blocks of an equitable, effective, efficient, responsive, and sustainable health care delivery system”. The full implementation of this policy implies that, males and females have equal access to immunization services.
- National immunization campaigns targets every under five regardless of gender and location and is door to door approach thus creating equal access for males and females
- Lastly, both immunization and the Basic Package of Health Services are free thus limiting financial barriers and preferential treatment (boys versus girls) by parents and care takers.

5.2.4.

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

There is draft legislation before parliament as part ongoing efforts to enact this into law. There are ongoing health communication messages encouraging mothers and caregivers of ALL children to take them for vaccination and for women of child bearing age to also avail themselves of immunization services.

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those

measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

Although no coverage survey has been done for 2010 and no WHO/UNICEF Estimate for 2010, the coverage survey conducted in 2009 closely approximates the WHO/UNICEF estimate both of which are lower than the administrative coverage data. Efforts are ongoing to identify some of the reasons for the observed difference. In the meantime the following actions have been taken:

1. On the job training for data managers.
2. Initiation of data quality review meetings.
3. Data validation visits to counties.

However, with improvement in the health management information system, the 2010 coverage is very close to the UN estimates and other surveys conducted in recent years (ie: 2007-DHS and 2009-EPI coverage survey). See EPI coverage graphs below as reported in the MOHSW 2010 Dashboard and Annual Report.

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

5.3.2.

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

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

5.3.3.

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

- Over 500 health workers from 551 public and private health facilities were trained in HMIS especially in data generation and reporting
- Procured ICT equipment (wireless internet edge, computers, printers, etc) to facilitate data collation, submission and analysis
- Developed and distributed standardized EPI registers and tally ledgers
- Improved feedback mechanism (produced monthly dashboard with EPI progress)
- Conducted quarterly monitoring exercises with focus on data quality at county and health facility levels.

5.3.4.

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

- Conduct data quality self-assessment (DQS) and implement any recommendation from the assessment•
- Train data collectors at every level of service delivery (vaccinators, surveillance officers, Child Survival Focal Point, Data managers, etc)
- Conduct regular quarterly supportive supervision with focus on maternal and child health
- Conduct regular quarterly Essential Package of Health Services (EPHS) reviews to include assessment of achievement
- Provide logistics for improving coverage and data quality (harmonize reporting instruments, procurement of motorcycles for outreach, etc)
- Conduct annual health sector reviews since 2008 (usually held in June of every year)
- Conduct quarterly data verification exercises at the county and health facility levels•
- Conduct regular quarterly Essential Package of Health Services (EPHS) reviews to include assessment of achievement
- Provide logistics for improving coverage and data quality (harmonized reporting instruments, procurement of motorcycles for outreach, etc)

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 70	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	300,000			300,000					
New Vaccines	1,679,000		1,679,000						
Injection supplies with AD syringes	420,000			420,000					
Injection supply with syringes other than ADs	345,000			345,000					
Cold Chain equipment	50,000			50,000					
Personnel				13,414					
Other operational costs	500,000	250,000		100,000	566,234				
Supplemental Immunisation Activities					2,260,599				
Surveillance					212,311				
Total Expenditures for Immunisation	3,294,000								
Total Government Health		250,000	1,679,000	1,228,414	3,039,144				

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	488,946	515,324	
New Vaccines	1,782,762	1,937,075	
Injection supplies with AD syringes	33,771	26,255	
Injection supply with syringes other than ADs	0	0	
Cold Chain equipment	185,872	211,018	
Personnel	620,227	657,441	
Other operational costs	431,840	483,978	
Supplemental Immunisation Activities	551,580	0	
Total Expenditures for Immunisation	4,094,998	3,831,091	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 1, 2, 3 & 17) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

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

If Yes, which ones?

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

List CSO member organisations:	Actions
Save the Children_UK	

5.6. Priority actions in 2011 to 2012

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

MAIN OBJECTIVES

1). To improve data quality

- 2). To introduce Pneumococcal vaccine
- 3). To increase immunization coverage to 80% at the national level

PRIORITY ACTIONS

- Strengthen capacity of health workers in data collection, management and reporting
- Training of health facilities staffs on immunization in practice modules
- Conduct quarterly (regular) monitoring and supervisory visits at the county and health facility levels
- Conduct EPI coverage survey and data quality assessment (DQA) in 2011 and 2012
- Improve cold chain management through staff capacity development and EVM
- Encourage monthly (regular) outreach activities in underserved areas by poor performing counties and health facilities.

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD 0.05ml	UNICEF	
Measles	AD 0.5ml	UNICEF	
TT	AD 0.5ml	UNICEF	
DTP-containing vaccine	AD 0.5ml	GAVI & Government	
Yellow Fever	AD 0.5ml	GAVI & Government	

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

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

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

•Liberia developed an Injection Safety Policy in 2007 with the aim of managing and improving injection safety. The policy calls for the use of de-moforte incinerators and injection safety boxes for the management and control of injection waste. Key challenges impeding the implementation of the policy are:
 •Inadequate incinerators at district and health facility levels
 •Challenges in procuring spare parts for de-moforte incinerators due to lack of funds

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

Sharp waste are disposed of in the following ways:

- Wastes are collected in safety boxes from various sites and disposed of at facilities with incinerator
- De-moforte incinerators are used in every county to disposed waste
- During SIA, pits are used to bury debris after burning, in areas where there are no incinerators

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 244,269
Balance carried over to 2011	US\$ 182,362

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

- Administrative and personnel cost (ie: 15- EPI staff incentive, DSA for EPI supervision, etc)
- Procured office equipment and supplies such as 3 desktop computers with accessories, A4 papers, computer inks, etc.
- Fuel and maintenance for 2 EPI vehicles at central level
- Maintenance of cold chain equipment

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.

If No, please complete Part B below.

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

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

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

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

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

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 3) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify				105,107
2	Number of additional infants that are reported to be vaccinated with DTP3				
3	Calculating	\$20	per additional child vaccinated with DTP3		
4	Rounded-up estimate of expected reward				

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

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

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	428,000	428,000	0	
Yellow Fever	160,600	160,600	0	

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

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

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

There was no problem encountered with vaccine utilization, shipments and no stock-outs.

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)

There is no problem with current plan for vaccine shipment. Therefore, the existing shipment plan will be maintain.

7.1.2.

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

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

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

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

7.2.3.

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

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

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

If Yes, how much? US\$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2nd Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2 nd Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised		
3 rd Awarded Vaccine		

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget?

7.4. Vaccine Management (EVSM/VMA/EVM)

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

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

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

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

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

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunisation_delivery/systems_policy/logistics/en/index6.html.

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

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

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

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

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

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

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

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

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

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

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

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#):

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	172,680	176,685	180,589	184,777	188,859		903,590
Number of children to be vaccinated with the third dose	Table 1	#	129,510	141,348	153,501	162,604	169,973		756,936
Immunisation coverage with the third dose	Table 1	#	75%	80%	85%	88%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	137,834	150,182	162,530	171,843	179,416		801,805
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Low
--------------------	-----

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

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		446,100	479,500	498,100	513,600	1,937,300
Number of AD syringes	#		472,000	507,400	527,000	543,300	2,049,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		5,250	5,650	5,850	6,050	22,800

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Total value to be co-financed by GAVI	\$		1,171,500	1,185,000	1,081,500	1,019,500	4,457,500

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		36,800	42,300	50,600	57,600	187,300
Number of AD syringes	#		39,000	44,700	53,500	60,900	198,100
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		450	500	600	700	2,250
Total value to be co-financed by the country	\$		97,000	104,500	110,000	114,500	426,000

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

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.61%			8.09%			9.21%			10.08%		
B	Number of children to be vaccinated with the first dose	Table 1	137,834	150,182	11,437	138,745	162,530	13,155	149,375	171,843	15,831	156,012	179,416	18,081	161,335
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	413,502	450,546	34,309	416,237	487,590	39,463	448,127	515,529	47,493	468,036	538,248	54,241	484,007
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	434,178	473,074	36,025	437,049	511,970	41,436	470,534	541,306	49,868	491,438	565,161	56,953	508,208
G	Vaccines buffer stock	(F – F of previous year) * 0.25		9,724	741	8,983	9,724	787	8,937	7,334	676	6,658	5,964	602	5,362
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		482,798	36,765	446,033	521,694	42,223	479,471	548,640	50,543	498,097	571,125	57,554	513,571
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		510,900	38,905	471,995	552,019	44,677	507,342	580,378	53,467	526,911	604,076	60,874	543,202
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		5,671	432	5,239	6,128	496	5,632	6,443	594	5,849	6,706	676	6,030
N	Cost of vaccines needed	I x g		1,192,512	90,810	1,101,702	1,210,331	97,957	1,112,374	1,113,740	102,602	1,011,138	1,056,582	106,474	950,108

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca		27,078	2,062	25,016	29,258	2,368	26,890	30,761	2,834	27,927	32,017	3,227	28,790
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		3,630	277	3,353	3,922	318	3,604	4,124	380	3,744	4,292	433	3,859
R	Freight cost for vaccines needed	N x fv		41,738	3,179	38,559	42,362	3,429	38,933	38,981	3,592	35,389	36,981	3,727	33,254
S	Freight cost for devices needed	(O+P+Q) x fd		3,071	234	2,837	3,318	269	3,049	3,489	322	3,167	3,631	366	3,265
T	Total fund needed	(N+O+P+Q+R+S)		1,268,029	96,560	1,171,469	1,289,191	104,339	1,184,852	1,191,095	109,728	1,081,367	1,133,503	114,225	1,019,278
U	Total country co-financing	I 3 cc		96,560			104,339			109,728			114,225		
V	Country co-financing % of GAVI supported proportion	U / T		7.61%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	172,680	176,685	180,589	184,777	188,859		903,590

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	70%	80%	80%	90%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	120,876	141,348	144,471	166,299	169,973		742,967
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.82	1.82	1.82	1.82	1.82		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Low
--------------------	-----

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

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		212,700	210,900	249,400	248,100	921,100
Number of AD syringes	#		133,500	129,200	156,100	152,000	570,800
Number of re-constitution syringes	#		23,700	23,500	27,700	27,600	102,500
Number of safety boxes	#		1,750	1,700	2,050	2,000	7,500
Total value to be co-financed by GAVI	\$		210,500	208,500	246,500	245,000	910,500

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		54,000	53,600	63,300	63,000	233,900
Number of AD syringes	#		33,900	32,800	39,600	38,600	144,900
Number of re-constitution syringes	#		6,000	6,000	7,100	7,000	26,100
Number of safety boxes	#		450	450	525	525	1,950
Total value to be co-financed by the country	\$		53,500	53,000	63,000	62,500	232,000

Table 7.2.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			20.23%			20.25%			20.23%			20.25%		
B	Number of children to be vaccinated with	Table 1	120,876	141,348	28,596	112,752	144,471	29,257	115,214	166,299	33,648	132,651	169,973	34,422	135,551

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	120,876	141,348	28,596	112,752	144,471	29,257	115,214	166,299	33,648	132,651	169,973	34,422	135,551
E	Estimated vaccine wastage factor	Wastage factor table	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82
F	Number of doses needed including wastage	D x E	219,995	257,254	52,045	205,209	262,938	53,247	209,691	302,665	61,239	241,426	309,351	62,647	246,704
G	Vaccines buffer stock	(F – F of previous year) * 0.25		9,315	1,885	7,430	1,421	288	1,133	9,932	2,010	7,922	1,672	339	1,333
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		266,569	53,929	212,640	264,359	53,535	210,824	312,597	63,248	249,349	311,023	62,986	248,037
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		167,236	33,834	133,402	161,941	32,795	129,146	195,617	39,580	156,037	190,526	38,584	151,942
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		29,590	5,987	23,603	29,344	5,943	23,401	34,699	7,021	27,678	34,524	6,992	27,532
M	Total of safety boxes (+ 10% of extra need)	(K + L) /100 * 1.11		2,185	443	1,742	2,124	431	1,693	2,557	518	2,039	2,499	507	1,992

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed														
N	Cost of vaccines needed	$I \times g$		228,184	46,164	182,020	226,292	45,826	180,466	267,584	54,141	213,443	266,236	53,916	212,320
O	Cost of AD syringes needed	$K \times ca$		8,864	1,794	7,070	8,583	1,739	6,844	10,368	2,098	8,270	10,098	2,045	8,053
P	Cost of reconstitution syringes needed	$L \times cr$		1,125	228	897	1,116	226	890	1,319	267	1,052	1,312	266	1,046
Q	Cost of safety boxes needed	$M \times cs$		1,399	284	1,115	1,360	276	1,084	1,637	332	1,305	1,600	325	1,275
R	Freight cost for vaccines needed	$N \times fv$		22,819	4,617	18,202	22,630	4,583	18,047	26,759	5,415	21,344	26,624	5,392	21,232
S	Freight cost for devices needed	$(O+P+Q) \times fd$		1,139	231	908	1,106	224	882	1,333	270	1,063	1,301	264	1,037
T	Total fund needed	$(N+O+P+Q+R+S)$		263,530	53,314	210,216	261,087	52,872	208,215	309,000	62,520	246,480	307,171	62,205	244,966
U	Total country co-financing	$I \ 3 \ cc$		53,314			52,872			62,520			62,205		
V	Country co-financing % of GAVI supported proportion	U / T		20.23%			20.25%			20.23%			20.25%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		21	Yes
Signature of Minister of Finance (or delegated authority)		22	Yes
Signatures of members of ICC		23	Yes
Signatures of members of HSCC		24	Yes
Minutes of ICC meetings in 2010		1, 2, 3, 17	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		26	Yes
Minutes of HSCC meetings in 2010		4, 5, 6	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		27	Yes
Financial Statement for ISS grant in 2010		15, 16	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		10, 11, 12, 13, 25, 28	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		18	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report		7	

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Minutes of ICC meetings in 2010 * File Desc: Attached is a copy of the ICC 1st Minutes on the 2010 Round 3 NIDs and Measles outbreak	File name: 1st ICC Minutes.pdf Date/Time: 05.04.2011 07:25:06 Size: 228 KB		
2	File Type: Minutes of ICC meetings in 2010 * File Desc: Attached is a copy of the ICC 2nd Minutes on the 2010 Round 2 integrated Polio, Measles, Vitamin A and Mebendazole	File name: 2nd ICC minutes.pdf Date/Time: 05.04.2011 07:35:40 Size: 65 KB		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	implementation			
3	File Type: Minutes of ICC meetings in 2010 * File Desc: Attached is a copy of the ICC 4th Minutes on the endorsement of GAVI APR of 2009	File name: 4th ICC Minutes.pdf Date/Time: 05.04.2011 07:52:37 Size: 243 KB		
4	File Type: Minutes of HSCC meetings in 2010 * File Desc: Attached is a copy of the HSCC 1st Minutes on health sector 2009 APR and Plan to develop a 10year Health Sector Policy and Plan	File name: 1st HSCC Minutes January 28, 2010.pdf Date/Time: 05.04.2011 07:59:52 Size: 157 KB		
5	File Type: Minutes of HSCC meetings in 2010 * File Desc: Attached is a copy of the HSCC 2nd Minutes on health financing, EPI update and Pool Fund activities	File name: 2nd HSCC Minutes April 30, 2010.pdf Date/Time: 05.04.2011 08:11:59 Size: 134 KB		
6	File Type: Minutes of HSCC meetings in 2010 * File Desc: Attached is a copy of the HSCC 3rd Minutes on Supply Chain and Health Sector Pool Fund Update	File name: 3rd HSCC August mtg.pdf Date/Time: 05.04.2011 08:20:43 Size: 132 KB		
7	File Type: Latest Health Sector Review Report File Desc: Attached is a copy of the 2010 Health Sector Review Report	File name: Annual Health Sector Review Report 2010.pdf Date/Time: 05.04.2011 08:32:20 Size: 2 MB		
8	File Type: other File Desc: Ministry of Health and Social Welfare 2010 Annual Progress Report Body	File name: MOHSW 2010 Annual Report Body.pdf Date/Time: 05.04.2011 10:01:00 Size: 1 MB		
9	File Type: other File Desc: Ministry of Health and Social Welfare 2010 Annual Progress Report Cover Page	File name: MOHSW 2010 Annual Report Cover.pdf Date/Time: 05.04.2011 10:05:52 Size: 332 KB		
10	File Type: Financial Statement for HSS grant in 2010 * File Desc: Attached is a copy of the GAVI HSS Financial Statement Summary 1	File name: GAVI HSS 2010 1.pdf Date/Time: 05.04.2011 10:52:22 Size: 73 KB		
11	File Type: Financial Statement for HSS grant in 2010 * File Desc: Attached is a copy of the GAVI HSS Financial Statement Signature Page	File name: GAVI HSS Financial Signature.pdf Date/Time: 05.04.2011 10:58:14 Size: 172 KB		
12	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Type: Financial Statement for HSS grant in 2010 * File Desc: Attached is a copy of the GAVI HSS Expenditure 1	File name: GAVI HSS Expenditure 1.pdf Date/Time: 05.04.2011 11:02:26 Size: 442 KB		
13	File Type: Financial Statement for HSS grant in 2010 * File Desc: Attached is a copy of the GAVI HSS Financial Statement 2	File name: GAVI HSS Financial 2.pdf Date/Time: 05.04.2011 11:08:41 Size: 254 KB		
14	File Type: other File Desc: Attached is a copy of EPI Coverage Survey Report_2009	File name: EPI Survey Report 2009.pdf Date/Time: 06.04.2011 06:28:13 Size: 701 KB		
15	File Type: Financial Statement for ISS grant in 2010 * File Desc: Attached is a copy of the GAVI ISS Financial Statement Summary 1	File name: GAVI ISS Financial 1.pdf Date/Time: 06.04.2011 06:33:34 Size: 72 KB		
16	File Type: Financial Statement for ISS grant in 2010 * File Desc: Attached is a copy of the GAVI ISS Financial Statement Signature	File name: GAVI ISS Financial Signature.pdf Date/Time: 06.04.2011 07:06:07 Size: 173 KB		
17	File Type: Minutes of ICC meetings in 2010 * File Desc: Attached is a copy of the ICC 3th Minutes on the endorsement of Polio 4th rounds campaign and release of 3rd rounds results	File name: ICC Minutes 3.pdf Date/Time: 27.04.2011 06:45:55 Size: 118 KB		
18	File Type: new cMYP starting 2012 File Desc: Attached is a copy of the new cMYP 2012	File name: cMYP Liberia July 22 Final.pdf Date/Time: 05.05.2011 09:44:57 Size: 1 MB		
19	File Type: other File Desc: HSS APR 2010	File name: Liberia GAVI APR 2010 Final.pdf Date/Time: 05.05.2011 10:06:18 Size: 968 KB		
20	File Type: other File Desc: GAVI_IRC_Clarification	File name: GAVI_IRC Clarification.pdf Date/Time: 05.05.2011 10:13:47 Size: 169 KB		
21	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Attached is a copy of the Minister of Health and Social Welfare Signature	File name: C:\Documents and Settings\tuopilevir.LR.000\Desktop\Government Signatures- All GAVI Support\l.pdf Date/Time: 10.05.2011 09:55:17 Size: 351 KB		
22	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	Signature of Minister of Finance (or delegated authority) * File Desc: Attached is a copy of the Minister of Finance Signature	C:\Documents and Settings\tuopilevir.LR.000\Desktop\Government Signatures- All GAVI Supportl.pdf Date/Time: 10.05.2011 10:00:29 Size: 351 KB		
23	File Type: Signatures of members of ICC * File Desc: Attached is a copy of members of ICC Signature	File name: C:\Documents and Settings\tuopilevir.LR.000\Desktop\ICC Signature Page.pdf Date/Time: 10.05.2011 10:04:13 Size: 471 KB		
24	File Type: Signatures of members of HSCC * File Desc: Attached is a copy of members of HSCC Signature	File name: C:\Documents and Settings\tuopilevir.LR.000\Desktop\HSCC Signature Page.pdf Date/Time: 10.05.2011 10:07:12 Size: 504 KB		
25	File Type: Financial Statement for HSS grant in 2010 * File Desc: GAVI HSS Bank Statement for December 2010 & March 2011	File name: GAVI HSS Bank Statement.doc Date/Time: 12.05.2011 14:25:54 Size: 1 MB		
26	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: Attached is a copy of ICC meeting minute for APR 2010	File name: C:\Documents and Settings\tuopilevir.LR.000\Desktop\HSCC and ICC Minutes April 28 2011 (2).pdf Date/Time: 13.05.2011 05:39:23 Size: 177 KB		
27	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: Attached is a copy of HSCC meeting minute for APR 2010	File name: C:\Documents and Settings\tuopilevir.LR.000\Desktop\HSCC and ICC Minutes April 28 2011 (2).pdf Date/Time: 13.05.2011 05:42:14 Size: 177 KB		
28	File Type: Financial Statement for HSS grant in 2010 * File Desc: Attached is a copy of MOH&SW Bank statement	File name: C:\Documents and Settings\tuopilevir.LR.000\Desktop\MOH Bank Statement.pdf Date/Time: 13.05.2011 05:44:52 Size: 432 KB		
29	File Type: other File Desc: GAVI's correspondence with Liberia penta 1st dose targets	File name: Re Explanation for APR targets July2011.htm Date/Time: 06.07.2011 09:11:10 Size: 97 KB		