



GAVI Alliance

# Annual Progress Report 2010

Submitted by  
The Government of  
*Myanmar*

Reporting on year: 2010  
Requesting for support year: 2012  
Date of submission: 31.05.2011 09:08:57

**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](mailto: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](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

There is no NVS or INS support this year.

### Programme extension

No NVS support eligible to extension this year.

### 1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2011
HSS	2011



## 2. Signatures

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

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

By signing this page, the Government of Myanmar 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 Myanmar

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	H.E Prof Dr Pe Thet Khin	Name	U Kyaw Htay
Date		Date	
Signature		Signature	

*This report has been compiled by*

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Kyaw Kan Kaung	Program Manager EPI / AD	+95-67-420437	kyawkankaungmo@gmail.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.H.S.B. Tennakoon	Rep WHO Myanmar			
Mr Ramesh Shrestha	Rep UNICEF Myanmar			
Dr Saw Lwin/ Acting Director General	MOH , Myanmar			
Dr. Soe Lwin Nyein/Director	MOH, Disease control unit Director			
Dr. Marinus Gotink	UNICEF			
Dr Vinod Bura	WHO			
Dr Kyaw Kan Kaung	EPI manager /AD DOH			

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

All comments will be treated confidentially

Comments from Partners:

GAVI support for Inj safety, ISS and Hep B has been extremely helpful for Myanmar. Some major achievements by GAVI supported activates have been : Strengthening of program management, there has been a steady and gradual increase in all EPI antigens in country. Better micro plan at grass root level with emphasis on Supportive supervision. Introduction of Injection safety, ADs, and other injection harm reduction tech. Hep B vaccine has been introduced and reached high converges in short span of time, 2010 JRF data Hep 3 is 90%. Reduction in Hep B prevalence in population  
Reduction in number if out breaks of all VPD, No case of Wild Polio Virus (last case in May 2007) , Elimination of Maternal Neonatal Tetanus in 2010, > 90% reduction in measles mortality and morbidity helping to progress towards MDG4.

Now Myanmar is moving in a phase, with a new government in place since April 2011, and decentralization of health services. At this stage Hep B vaccine support from GAVI has ended (in 2009). Govt is actively considering how to sustain this discussing on co financing mechanism, MOH would like to make special request to GAVI Board to consider extending Hep B vaccine support for another two (2) years to bridge the gap as penta introduction is planned for 2013. Support is needed for 2011 and 2012 Hep B vaccine. MOH is very hopeful that there will be some positive solution to the vaccine cost issues. Pentavalent vaccine is being considered for introduction by 2013

**Comments from Partners:**

ICC members (WHO and UNICEF) fully endorse the government's efforts to increase its EPI coverage and appreciate the commitment of the health workers specifically at grass root level. This critical stage of new government and new set up, it's likely that there will be more ownership to EPI program in coming years. WHO and UNICEF fully support MOH request for Hep B support to be extended to Myanmar on an exceptional basis considering the situation of Myanmar and changing scenario

**Comments from the Regional Working Group:**

### 2.3. HSCC Signatures Page

If the country is reporting on HSS

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

#### 2.3.1. HSS report endorsement

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

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

**Action.**

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

NA



## 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
NA				

### 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
NA				

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

### 3. Table of Contents

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## 4. Baseline and Annual Targets

**Table 1:** baseline figures

Number	Achievements as per JRF	Targets			
	2010	2011			
Total births	1,564,378	1,508,265			
Total infants' deaths	60,168	58,822			
Total surviving infants	1,504,210	1,449,443			
Total pregnant women	1,624,547	1,598,761			
# of infants vaccinated (to be vaccinated) with BCG	1,401,203	1,402,687			
BCG coverage (%) *	90%	93%			
# of infants vaccinated (to be vaccinated) with OPV3	1,359,916	1,318,993			
OPV3 coverage (%) **	90%	91%			
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,400,792	1,347,982			
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,356,921	1,318,993			
DTP3 coverage (%) **	90%	91%			
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	45%	40%			
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.82	1.67			
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	1,328,383	1,304,499			
Measles coverage (%) **	88%	90%			
Pregnant women vaccinated with TT+	1,397,499	1,406,910			
TT+ coverage (%) ****	86%	88%			
Vit A supplement to mothers within 6 weeks from delivery					

Number	Achievements as per JRF	Targets				
	2010	2011				
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	3%	2%				

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of total surviving infants

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

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

<sup>1</sup> 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**

2010 figures do not change from previously submitted GAVI APRs and JRF and is in line with present cMYP ( 2007-2011). Changes have been made in 2011 data due to recent government new estimates on reduction in population growth rate , hence population and all targets accordingly have been adjusted for the 2011 onwards and are also shown in the new cMYP 2012-2016

Note ; Myanmar used the surviving infant cohort as the denominator for calculating the BCG coverages in the JRF, where BGC is 93%. However in the APR online calculations are based on birth cohort, hence there is difference of 3% in BCG coverages from JRF 2010 reports.

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

2010 change from previously submitted GAVI APRs and JRF and is in line with present cMYP ( 2007-2011). Changes have been made in 2011 data due to recent government estimates on reduction in population growth rate , hence population and all targets accordingly have been adjusted for the 2011 and also in the new cMYP 2012-2016

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

2010 figures do not change from previously submitted GAVI APRs and JRF and is in line with present cMYP ( 2007-2011). Changes have been made in 2011 data due to recent government estimates on reduction in population growth rate , hence population and all targets accordingly have been adjusted for the 2011 and also in the new cMYP 2012-2016

Note ; Myanmar used the surviving infant cohort as the denominator for calculating the BCG coverages in the JRF, where BGC is 93%. How ever in the APR the on line calculations are based on birth cohort, hence there is difference of 3% in BCG coverages from JRF 2010 reports.

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

Reduction in wastage rate is as a result of better program management and expansion of cold chain, revision of immunization policy.

### 5.2. Immunisation achievements in 2010

#### 5.2.1.

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

The central EPI (CEPI) and Central Epidemiology Unit of the Department of Health are responsible for formulating

and development of EPI planning and supplies of vaccine , cold chain and logistics, surveillance & response to vaccine preventable diseases, capacity building, supervision, monitoring and evaluation of the programme. This is close collaboration with other health departments and private sector. The actual implementation is done by State and division program managers with Township medical officers ( TMO) as the field manager.

In this regards, CEPI and CEU and Department of Health, closely collaborate with WHO & UNICEF and other INGO/ NGO for implementing immunization programme which is an important strategy MDG goals, it is also a proven cost effective intervention yielding broad benefits to both mother and children. Due to whole society approach & strengthening cooperation & collaboration with partners, great achievement was seen in EPI program. Myanmar Maternal and Child Welfare Association also plays a key role in ensuring mothers and children get complete and timely vaccination. Some key activities where programmatic improvements has helped achieve high immunization coverages are

Immunization achievements in 2009 and 2010  
 Sustained high EPI Coverage's

Sr. No.	Antigen	Achievement in 2009, Estimate in 2009 report,	2010 coverage	Estimate in 2010
1	BCG	93%	93%	93%
2	OPV 3	90%	90%	90%
3	DPT 3	90%	90%	90%
4	Hep B	90%	90%	90%
5	MCV1	87%	87%	88%

Maternal and Neonatal Tetanus Elimination Status was validated in May 2010

Major challenges :  
 -Continuous support and sustainability of vaccine supply specially (Hep B Vaccine) and co finance for Penta  
 -Implementing Immunization Program in hard to reach and remote area  
 -Vaccine supply and cold chain management in Hard to reach areas.  
 -Transportation of vaccines in Hard to reach areas and operation cost  
 -Community participation and orientation of mothers on importance of VDP immunization, specifically when incidence of VPD diseases goes down  
 -Integration with other child health intervention for better community acceptance and cost effectiveness  
 -Operational cost for Surveillance for vaccine preventable diseases and Out break response

90% Major Activities overcome the challenges

as  
 -Advocacy for High Political Commitment through National Health Committee, and Major local NGOs such Myanmar Maternal and Child Welfare Association (MMCWA)  
 -Social mobilization through MMCWA to reduce drop out and help in defaulter tracking  
 -Strengthening leadership and better microplanning process of immunization program at RHC/ Sub RHC  
 -Initiating Reaching Every Community Approach to reach unreached and under-reached population  
 -Implemented integrated EPI plus activities in disaster affected areas of Rakhine and Delta areas  
 -Training of Cold Chain engineers and updating cold chain inventories  
 Introduction of new generation temperature monitoring tools such as Freeze tag, Fridge tag, Solar chill and other cold chain monitoring devices and tools  
 Mid Level managers trainings for new EPI managers  
 Updating immunization registers and card

### 5.2.2.

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

In general planned targets have been achieved how ever there are areas with pockets of low coverage's in good performance township, as In Six districts/ townships of Northern Shan State, EPI activities could not be carried out effectively because of difficult terrain and security concerns, natural disasters continue to hamper regular planned EPI activities

### 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.

NA

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

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

Targeting all eligible children regardless of gender or place of residence urban or rural or economic status  
Initiating Reach Every Community (REC) approach to ensure reaching all eligible children specifically in  
hard to reach areas  
Community awareness for immunization program, the gender balance is also reflected in the VPD data as, there is  
no  
no difference in disease pattern among males and females.

#### 5.2.4.

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

No discrimination between gender, Govt policy is free vaccination for all sections of society, also VPD surveillance data shows no major differences in sex in incidences of Vaccine preventable diseases among males and females

### 5.3. Data assessments

#### 5.3.1.

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

There is some discrepancy of coverage data. One data source, Health Management Information System (HMIS) is managed by Department of Health Planning (DHP). DHP does not have manpower at township level, where activities are planned and implemented. In addition, monitoring and supervision is mainly done by staff under Department of Health (DOH). Regular field monitoring and assessment of Immunization coverage is done by primarily by Central EPI team members, team leaders from Special Disease Control Unit, (DOH), Township Medical Officer (TMO) and supported by partner agencies field staff such as Regional Surveillance Officers, (WHO) and Field Officers from (UNICEF)

\* 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.

NA

#### 5.3.3.

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



Current

System:

Centralized Training on Data management (EPI) at central level and Statistical Officers of Department of Health planning for managing of data at State and Divisional Level  
Standardized data collection / reporting formats at all levels  
multiple Computerization of data from township level onwards on standardized excel compilation tool to reduce data entry errors  
onwards Assigning focal persons for data collection, compilation and analysis at each unit from Rural Health Center to National level  
Monthly electronic data transfer from DHP's HMIS system to CEPI  
Field visits and on site monitoring to cross check and validate data at RHC level  
Monthly reporting of vaccine balance, coverage, drop out rate by RSO, Field officers and SDCU team leaders

Activities

Refreshers Data management training for nodal persons at State and divisional level undertaken  
Distributing data dictionary, Written Standard Operating Procedures ( SOP0 for data collection, transmission and analysis followed , and guideline on data management implemented  
Assigning reporting units and focal persons for data collection  
Regular monitoring and supervision

#### 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.

Continuous monitoring of on going activities at township level and below  
Quarterly review meetings at national level and review of EPI coverages along with Disease control activities  
On line entry of data from State/Regional level by supporting internet facility  
Proposal to design and pilot EPI data monitoring software in one state and expand gradually  
EVM assessment in July 2011

#### 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\$.

<b>Exchange rate used</b>	1 \$US = 825	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 OCHA ( CERF)	Donor name JCV	Donor name JGA+ Natcom	
Traditional Vaccines*	2,507,241			2,257,489		73,897	64,757	111,098	
New Vaccines									
Injection supplies with AD syringes	392,083			198,075		23,664	170,344		
Injection supply with syringes other than ADs	23,421			23,008		413			
Cold Chain equipment	429,499		51,406	303,117			74,976		
Personnel	12,185		12,185						
Other operational costs	493,742		351,395		142,347				
Supplemental Immunisation Activities	377,692				314,108		63,584		
MNTE validation	30,000				30,000				
<b>Total Expenditures for Immunisation</b>	4,265,863								
<b>Total Government Health</b>			414,986	2,781,689	486,455	97,974	373,661	111,098	

\* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> 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>	<b>Budgeted Year 2012</b>	<b>Budgeted Year 2013</b>	<b>Action s</b>
Traditional Vaccines*	3,242,904	2,236,124	
New Vaccines	0	0	
Injection supplies with AD syringes	1,580,152	1,346,081	
Injection supply with syringes other than ADs	0	0	
Cold Chain equipment	8,008,443	8,521,301	
Personnel	2,048,276	2,089,242	
Other operational costs	5,721,220	5,946,745	
Supplemental Immunisation Activities	6,285,904	4,465,589	
Hep B , & MCV 2 under used vaccine	1,549,955	531,625	
penta valent under used vaccine	0	11,173,487	
<b>Total Expenditures for Immunisation</b>	<b>28,436,854</b>	<b>36,310,194</b>	

\* 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.

Most of Immunization expenses are supported by donors, UNICEF Plays a very critical role in supplying vaccines, cold chain and ADs for countries EPI program. WHO also provides support for routine EPI operational cost as well as support for VPD srveillance. There are also other contributions mainly from JCV, UN OCHA, NATcom, GAVI ISS reward money has been very helpful to support essential elements of operational cost of program. In 2010, expenditure in procurement of Vaccines are less as the balance and left over of 2008-2009 were utilized by program. UNICEF could mobilize resources soon after Nargis Cyclone in 2008 and vaccines and other life saving drugs were procured. The expenses for Immunization have been gradually increasing over the last three years, specifically when large scale Supplementary Immunization activities were conducted ( Polio, Measles, TT). For the coming years funding is committed by UNICEF for traditional vaccines , Co financing is still not secured for Penta , . The Heb B vaccine support fro GAVI has ended and all existing balance stock of Hep B Vaccine will finish by May 2011. This is alarming situation. MoH requests GAVI to extend the Hep B support to Myanmar for anther two years, so that the immunization of Hep B is not interrupted . it's likely with new government in place in 2011 stronger commitment will be seen leading to more contribution towards EPI related costs in coming years. There is urgent need to support Hep B vaccine cost.

## 5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 1

Please attach the minutes ( Document number 6 ) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

As the country experiences number of natural disaster, outbreaks, Pandemic etc, the Central EPI units works with in the Division of Emergency Public health, Central level staff were very busy for the above reasons, How ever all EPI

related activities were on going in field. ICC met once in 2010 to review the EPI program achievements, plan for GAVI funded activities, also Polio Immunization activity and MNTE validation etc. ICC members expressed concerns on the Hep B vaccine continuation as GAVI support ends.

Minutes of the Meeting are attached.

Are there any Civil Society Organisations (CSO) member of the ICC?: **No**

If Yes, which ones?

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

List CSO member organisations:	Actions
NA	

## 5.6. Priority actions in 2011 to 2012

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

The specific objectives as aligned to the GIVS Strategic areas and are as per c MYP

I. Protecting more people in a changing world

(1) To achieve the routine immunization coverage of 95% nationally with at least 80% coverage in every township for all antigens by 2016

(2) Accelerate disease control activities to decrease morbidity and mortality due to Vaccine preventable diseases by 2015 and contribute towards achieving the MDG4 goals.

II. Introducing new vaccines and technologies

(3) Reduction in Under five mortality and morbidity by 2010 by introduction of New vaccines based on disease burden and cost effectiveness

III. Integrating immunization, other linked interventions and surveillance in the health system context

(4) To increase coverage of other primary health care interventions through improved linkages with immunization

IV. Immunization in a context of global interdependence (Financing and International cooperation)

(5) To align national policies and programmes to the regional and global priorities and to ensure sustainability of the National immunization programme

Priority actions in 2011 and 2012 are:

- EVM assessment in July 2011
- Roll out REC approach to reach un/under reached children and population in selected township
- Link EPI activities to GAVI HSS activities
- Systematic introduction of Measles second dose with an objective of Measles elimination
- Preparation to introduction of Pentavalent vaccine in Myanmar and other New / under used vaccine

## 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 & Syringe,2ml,w/needle	UNICEF, CERF, JCV	
Measles	AD, 0.5ml, 5ml,(Mixing)	UNICEF, CERF, JCV	
TT	Syringe, A-D, 0.5ml	UNICEF, CERF, JCV	
DTP-containing vaccine	Syringe, A-D, 0.5ml	UNICEF, CERF, JCV	

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
Hep B	Syringe, A-D, 0.5ml	UNICEF,CERF,JCV	

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)

Yes, Myanmar has a Injection safety policy, and the guidelines are given in EPI documents, there has been a weak implementation of this policy specifically in rural areas. Open pit disposal, burning , is still the commonest practice and incinerators at township hospitals, divisional hospitals etc are not functional some times.

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

Current system:  
 • Use pits in rural areas, Incinerate in townships level and above.

Challenges encountered:  
 • Pits are not deep enough , at times ADs just thrown in open field  
 • Staff need more orientation to use safety box effectively,  
 • Staff cannot follow latest technology such as using incinerators  
 • Current disposal system is not environmentally friendly ,  
 • Operational cost and maintenance of incinerators is not available , electricity is not regular  
 • Transportation cost of Filled safety boxes to township level for disposal as per policy  
 • Large quantity of ADs generated due to multiple large scale SIA (Measles, TT)

## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 149,275
Remaining funds (carry over) from 2009	US\$ 265,711
Balance carried over to 2011	US\$ 0

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

- Supported routine immunization vaccine transport from Sub depots to township level cold room
- Procurement of equipments & logistics. Regular maintenance and up keep of cold chain was done using these funds, GAVI reward money to procure basic necessary office supplies for the CEU in MoH
- Supported for life saving drugs such as (ASV) for emergency health care specifically in hard to reach areas. 14,700 vials of Myanmar specific ASV was procured from local manufactures to provide life saving drugs superficially during rainy and harvesting season
- Generators for Sub Depots at state and divisional level: New generator 30 KV were purchased and installed for back up power supply and proper cold chain maintenance in case of electricity failure in major stores
- Support to Cold Chain Engineer: 11 states and region have cold chain engineer in place; GAVI funds were utilized to support their travel and transportation to different township for maintenance and repair of cold chain.

### 6.2. Management of ISS Funds

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

**If Yes**, please complete Part A below.

**If No**, please complete Part B below.

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

1) The ISS programme is managed by the Inter Agency Coordinating Committee (ICC). After receipt, from GAVI, of notification of approval of GAVI ISS reward money to the country, the central EPI unit at the DoH will develop a plan of action with budget for immunization services strengthening in the country. The ICC, chaired by Director General DOH, MOH-M and with members drawn from the MoH-Myanmar, WHO and UNICEF and in-country development partners (tbc), will meet twice yearly to:

- Review and endorse plans and budgets to be submitted to WHO through Planning Division, DoH using Direct Financial Cooperation (DFCs) or Agreement for Programme of Work (APWs)
- Oversee, through receipt of progress reports and financial statements prepared by the MoH-Myanmar EPI Manager, programme implementation and approve financing arrangements of the programme;

- Review and approve the ISS component of the Annual Progress Report submitted to GAVI by 15th May each year, including year-end financial statements in a format prescribed by GAVI;
- Request that MoH-Myanmar's internal audit department undertake, at appropriate times thorough out the year, periodic reviews of the funding mechanisms (detailed below) used to manage ISS funds received by the MoH-Myanmar from WHO;
- Ensure that the external audit of the ISS programme is conducted within agreed time frames and that external audit reports are submitted to the GAVI Secretariat no later than 6 months following the end of the financial year. The ICC will also ensure that any issues raised in the internal or external audit letters to management are addressed in a timely way.

It is understood that all contributions to WHO are subject exclusively to its own internal and external auditing procedures. WHO External Auditors' certification of accounts and audit report is made available to the World Health Assembly on a biennial basis. The Donor may request a copy.

Financial management arrangements to be established by the MoH-Myanmar for ISS after FMA

- a. ISS proposals will be reviewed by the MO-EPI in WHO and passed on to WHO Budget and Finance unit to release the funds (by cheque in local currency). The DoH will receive the funds and further release them to Central, State/ Division and township levels depending upon the activity implementation status.
- b. ICC will oversee programme and financial implementation including the review of quarterly financial monitoring submitted by MOH, WHO, and UNICEF, containing the analysis of expenditure against budget.
- c. ICC will receive and review end of year financial statements of ISS and provide comments and/or raise issues.
- d. ICC will request when considered necessary that internal MOH audit of MOH managed funds of ISS funding mechanisms are undertaken at an appropriate time through-out the year.
- e. ICC will ensure that the external audit of MOH of ISS programmes is conducted within agreed time frames and that external audit reports are submitted to the GAVI Secretariat no later than 6 months following the end of the financial year. The ICC will also ensure that any issues raised in the internal or external audit letters to management are addressed in a timely way;
- f. ICC will request UNICEF to take responsibility for procurement of new vaccine, cold chain equipment and safe injection support and WHO to act as administrator and manager of ISS funds.
- g. An MoH internal audit team will be formed with representatives from the MoH to undertake random, unannounced reviews of the townships which are part of the HSS and ISS programmes. Internal audit responsibility will be extended to the management arrangements established by the Township Health Committees, the TMO and his/her accounting staff. This audit plan will be risk-based and will set out which aspects of internal control will be tested, how many auditors will be deployed to do the work (audit man days) and the geographical areas to be covered. Subsequent audit findings and audit reports will be presented to the Director General and the ICC for information and follow-up.
- h. The Office of Auditor General (Ministerial Level) will conduct an external audit of the MOH HSS and ISS programme financial statements. The Auditor General will be notified well in advance of the end of the financial year of the obligations to GAVI for external audit and the Terms of Reference for the external audit (to be provided by GAVI before the end of the first year of implementation). External Audit reports on HSS and ISS programmes will be provided to the NHSC and ICC respectively, and to the DG MoH. An independent 3rd party firm of accountants or auditors (preferably from within Myanmar) will be employed to undertake an enhanced external audit of the MOH ISS and HSS programmes if required.

- Internal audits are carried out by concerned government department and then final reports submitted to GAVI.

**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

NOT APPLICABLE

Is GAVI's ISS support reported on the national health sector budget? **Yes**

### 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 9 ) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

**External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an**



**external audit report is available for your ISS programme during your government’s most recent fiscal year, this must also be attached ( Document Number ).**

**6.4. Request for ISS reward**

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

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

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

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

**Table 3:** Calculation of expected ISS reward

			2009	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) <b>specify</b>		1,342,081	1,356,921
2	Number of <b>additional</b> infants that are reported to be vaccinated with DTP3			14,840
3	Calculating	\$20 per additional child vaccinated with DTP3		296,800
4	<b>Rounded-up estimate of expected reward</b>			<b>297,000</b>

\* 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)

There is no NVS support this year.

## **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

Please \_\_\_\_\_ :

1) \_\_\_\_\_ Baseline \_\_\_\_\_ and \_\_\_\_\_ Annual \_\_\_\_\_ Targets

In Myanmar EPI unit ,calculate the BCG coverages based on Surviving Infants , which is also reflected in JRF 2010, where as in GAVI on line APR ,this BCG coverages are calculated on Live births, Hence there is drop in coverages which is not correct but due to denominator issue.

2) ICC members (WHO and UNICEF) fully endorse the governments efforts to increase its EPI coverage's and appreciate the commitment of the Health workers specifically at grass root level . This critical stage of new Government and new set up, it's likely that there will be more ownership to EPI program in coming years. WHO and UNICEF fully support MOH request for Hep B support to be extended to Myanmar on an exceptional basis considering the unique situation of Myanmar

## 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 *
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</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 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

\* 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
<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 2009</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.



## Annex 2

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

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

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**

*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI HSS</b>		
	<b>Local currency (CFA)</b>	<b>Value in USD *</b>
<b>Balance brought forward from 2008</b> (balance as of 31Decembre 2008)	25,392,830	53,000
<b>Summary of income received during 2009</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 2009</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2009</b> (balance carried forward to 2010)	<b>60,139,325</b>	<b>125,523</b>

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

<b>Detailed analysis of expenditure by economic classification ** – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<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 2009</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.

## 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 *
<b>Balance brought forward from 2008</b> (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
<b>Total Income</b>	38,987,576	81,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as of 31 December 2009</b> (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
<b>TOTALS FOR 2009</b>	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

## 13. Attachments

### 13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		10	Yes
Minutes of ICC meetings in 2010		6	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4	Yes
Minutes of HSCC meetings in 2010		11	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		12	Yes
Financial Statement for ISS grant in 2010		9	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		13	Yes
EVSM/VMA/EVM report		8	
External Audit Report (Fiscal Year 2010) for ISS grant		5	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
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			

### 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	<b>File Type:</b> Signature of Minister of Health (or delegated authority) * <b>File Desc:</b> HE Health Minister Prof Dr Pe Thet Khin	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkkk\HE Health Minister Myanmar Finance official sign APR 2010.pdf">C:\Documents and Settings\burav\Desktop\drkkk\HE Health Minister Myanmar Finance official sign APR 2010.pdf</a> <b>Date/Time:</b> 30.05.2011 03:30:16 <b>Size:</b> 196 KB		
2	<b>File Type:</b> Signature of Minister of Finance (or delegated authority) * <b>File Desc:</b>	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkkk\ Finance official sign APR 2010.pdf">C:\Documents and Settings\burav\Desktop\drkkk\ Finance official sign APR 2010.pdf</a> <b>Date/Time:</b>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	Designated officer from Finance ministry	30.05.2011 03:34:38 <b>Size:</b> 196 KB		
3	<b>File Type:</b> Signatures of members of ICC *	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\ICC signature APR 2010 Myanmar May 2010.pdf">C:\Documents and Settings\burav\Desktop\drkk\ICC signature APR 2010 Myanmar May 2010.pdf</a>		
	<b>File Desc:</b> ICC meeting held on 2nd May 2011 to endorse GAVI APR	<b>Date/Time:</b> 30.05.2011 03:36:22 <b>Size:</b> 221 KB		
4	<b>File Type:</b> Minutes of ICC meeting in 2011 endorsing APR 2010 *	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\Minutes of 2nd May ICC meeting Myanmar.pdf">C:\Documents and Settings\burav\Desktop\drkk\Minutes of 2nd May ICC meeting Myanmar.pdf</a>		
	<b>File Desc:</b> Minutes from the ICC meeting held on 2nd May 2011 to endorse GAVI APR	<b>Date/Time:</b> 30.05.2011 03:39:35 <b>Size:</b> 889 KB		
5	<b>File Type:</b> External Audit Report (Fiscal Year 2010) for ISS grant	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\Myanmar_audit report for GAVI ISS 2010 funds.JPG">C:\Documents and Settings\burav\Desktop\drkk\Myanmar_audit report for GAVI ISS 2010 funds.JPG</a>		
	<b>File Desc:</b> MOH audit report for GAVI ISS funds for 2010	<b>Date/Time:</b> 30.05.2011 04:18:16 <b>Size:</b> 2 MB		
6	<b>File Type:</b> Minutes of ICC meetings in 2010 *	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\Meeting Minutes of ICC (8-5-2010)_2010_Myanmar.doc">C:\Documents and Settings\burav\Desktop\drkk\Meeting Minutes of ICC (8-5-2010)_2010_Myanmar.doc</a>		
	<b>File Desc:</b> Myanmar_2010_ICC meeting minutes	<b>Date/Time:</b> 30.05.2011 05:47:35 <b>Size:</b> 105 KB		
7	<b>File Type:</b> other	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\GAVI funds for Myanmar GAVI 2010.pdf">C:\Documents and Settings\burav\Desktop\drkk\GAVI funds for Myanmar GAVI 2010.pdf</a>		
	<b>File Desc:</b> GAVI_Funds for Myanmar_2010_WHO_Letter	<b>Date/Time:</b> 30.05.2011 06:01:27 <b>Size:</b> 257 KB		
8	<b>File Type:</b> EVSM/VMA/EVM report	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\EVM planning.msg">C:\Documents and Settings\burav\Desktop\drkk\EVM planning.msg</a>		
	<b>File Desc:</b> Plans for EVM bu MOH and UNICEF	<b>Date/Time:</b> 30.05.2011 13:07:49 <b>Size:</b> 84 KB		
9	<b>File Type:</b> Financial Statement for ISS grant in 2010 *	<b>File name:</b> <a href="C:\Documents and Settings\burav\Desktop\drkk\Myanmar_ISS_Financial statement for GAVI.pdf">C:\Documents and Settings\burav\Desktop\drkk\Myanmar_ISS_Financial statement for GAVI.pdf</a>		
	<b>File Desc:</b> Myanmar ISS funds_financial_statement_2010	<b>Date/Time:</b> 31.05.2011 07:14:22 <b>Size:</b> 219 KB		
10	<b>File Type:</b> Signatures of members of HSCC *	<b>File name:</b> <a href="HSCC.doc">HSCC.doc</a>		
	<b>File Desc:</b>	<b>Date/Time:</b> 31.05.2011 09:03:46 <b>Size:</b> 25 KB		
11	<b>File Type:</b> Minutes of HSCC meetings in 2010 *	<b>File name:</b> <a href="HSCC.doc">HSCC.doc</a>		
		<b>Date/Time:</b>		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<b>File Desc:</b>	31.05.2011 09:04:55 <b>Size:</b> 25 KB		
12	<b>File Type:</b> Minutes of HSCC meeting in 2011 endorsing APR 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">HSCC.doc</a> <b>Date/Time:</b> 31.05.2011 09:06:09 <b>Size:</b> 25 KB		
13	<b>File Type:</b> Financial Statement for HSS grant in 2010 * <b>File Desc:</b>	<b>File name:</b> <a href="#">HSS grant report.doc</a> <b>Date/Time:</b> 31.05.2011 09:08:29 <b>Size:</b> 25 KB		
14	<b>File Type:</b> other <b>File Desc:</b> HSS documents - September submission	<b>File name:</b> <a href="#">Myanmar GAVI HSS APR 2010_2ND SEPT.zip</a> <b>Date/Time:</b> 06.09.2011 04:50:52 <b>Size:</b> 3 MB		