GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Senegal*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 14:05:14**

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

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

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
SVN	DPT-HepB-Hib, 1 doses/vial, freeze-dried	DPT-HepB-Hib, 1 doses/vial, freeze-dried	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
RSS	2011
SSV	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 Senegal 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 Senegal

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	Mr Moussa MBAYE	**Name**	Mr Oumar SYLLA
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 Aboubacry FALL	Direction of Medical Prevention	00221 33 869 42 31	guelewy@gmail.com	
Dr Amadou Djibril BA	Coordinator of CAS/PNDS	00221 33 869 42 74	amadoudjibril@gmail.com	
Mr Ibrahima AW	Director of General Administration and Equipments	00221 33 869 42 64	awibrahim@yahoo.fr	

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
Moussa MBAYE	Ministry of Health and Population			
Mr Oumar SYLLA	Ministry of Economy and Finance			
Mrs. Alimata Jeanne DIARRA NAMA	WHO Representative			
Mrs. Giovanna BARBERIS	UNICEF Representative			
Boubacar SECK	CONGAD/RESSIP (Civil Society)			

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 Amadou Djibril BA	CAS/ PNDS			
Dr Malang COLY	WHO			
Dr Moussa DIAKHATE	NSMI			
Dr Ndeye Codou LAKH	DSS			
Mr Alioune SENE	DES			
Mr Youssouph SAGNA	DAGE			
Mr Souka Ndella DIOUF	DGP/DRH			
Mr Dame MBAYE	DEM			
Dr Fily TOUNKARA WAGUE	CAFSP			
Daouda DIOP	PNA			
Dr Marie Khémesse Ngom NDIAYE	RM Dakar			
Dr Farba Lamine SALL	WHO			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

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

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	475,815		501,856	515,406	529,322	543,614
Total infants' deaths	29,025		30,613	31,440	32,289	33,160
Total surviving infants	446,790	0	471,243	483,966	497,033	510,454
Total pregnant women	475,815		501,856	515,406	529,322	543,614
# of infants vaccinated (to be vaccinated) with BCG	380,652		451,670	489,636	502,856	516,433
BCG coverage (%) *	80%	0%	90%	95%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	312,753		451,670	489,636	502,856	516,433
OPV3 coverage (%) **	70%	0%	96%	101%	101%	101%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	357,432		447,681	474,287	487,092	500,245
# of infants vaccinated (to be vaccinated) with DTP3 ***	312,753		424,118	459,768	472,182	484,931
DTP3 coverage (%) **	70%	0%	90%	95%	95%	95%
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 1st dose of HepB and/or Hib			447,681	474,287	487,092	500,245
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib			424,118	459,768	472,182	484,931
3rd dose coverage (%) **	0%	0%	90%	95%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%		5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	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 1st dose of Measles	268,074		376,944	411,371	447,330	459,408
Measles coverage (%) **	60%	0%	80%	85%	90%	90%
Pregnant women vaccinated with TT+	285,489		401,485	438,095	476,390	489,252
TT+ coverage (%) ****	60%	0%	80%	85%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	250,873					
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	13%	0%	5%	3%	3%	3%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

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

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

Provide justification for any changes in **births**

For 2010, we are referred to the ANSD data from the 2002 census. The population projected by the cMYP excel tool is hence different (lower) to the one used in the joint report by WHO-UNICEF.

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

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

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

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 national objective of PENTA 3 at least 90% for the national vaccine coverage. The target reached in 2010 is 43%. The result is based on partial and incomplete data only. In fact, the data we have are first of all incomplete and are related to 6 months only.
If all the annual data are collected, then we can hope to reach at least 90% of the target. The main obstacle this was a strike by health workers due to which the system didn't have data to initiate corrective actions.

5.2.2.

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

The available data give us 43% over 6 months (problems in transfer of data); we hope that if the complete data were to be available, we would reach at least 90% of the fixed objectives.

5.2.3.

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

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

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

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

This notion of fairness has always been in our country and it is mentioned even in our constitution. No discrimination of sex, religion or any other will be tolerated, particularly when it concerns the health of the people.

5.2.4.

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

We have no figures in this area, but the problem of gender discrimination in immunization activities is not known in our country.

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)*****.

The survey data provided in the External Revive of the EPI 2010 are quite identical to the results of the joint report by WHO-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.

5.3.3.

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

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.

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 = 465.7	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** Japonese Cooperation	**Donor name** Lux dév.	**Donor name** Community	
Traditional Vaccines*	1,813,302	494,546	1,318,756						
New Vaccines									
Injection supplies with AD syringes	165,265	120,098	45,167						
Injection supply with syringes other than ADs				217,740					
Cold Chain equipment	544,351	81,435	54,435	504,050	41,004	108,870	27,258	13,609	
Personnel	2,126,575	576,607		490,290	1,045,910				
Other operational costs	3,859,194	1,405,951			663,727			1,299,227	
Supplemental Immunisation Activities									
Campaigns:polio, measles, tetanus	7,817,516			5,241,518	2,575,998				
Total Expenditures for Immunisation	*16,326,203*								
Total Government Health		2,678,637	1,418,358	6,453,598	4,326,639	108,870	27,258	1,312,836	

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

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

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

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	3,560,664	3,722,403	
New Vaccines	5,193,825	14,506,700	
Injection supplies with AD syringes	250,256	271,271	
Injection supply with syringes other than ADs			
Cold Chain equipment	1,128,604	1,210,501	
Personnel	3,166,022	4,127,648	
Other operational costs	4,193,758	4,936,861	
Supplemental Immunisation Activities			
Polio, meningitis, yellow fever	16,636,916		
Yellow fever, polio		9,880,851	
Total Expenditures for Immunisation	34,130,045	38,656,235	

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

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

The cost of E {O and monitoring in 2010 is estimated at 19579536 USD which is 9 118 385 711FCFA. It is divided into four major categories: Recurrent costs, capital costs, campaign costs and shared costs. The importance the cost of campaigns is justified by the large number of campaigns organized in 2010 (1 Local polio administration day, 6 NID of polio administration, 1 measles feedback campaign, a campaign against measles and another against tetanus). As against the In 2010, although external funding is the most important (63%), national funding (government and community) is still higher if we take the individual sources into account. The relevance of the UNICEF/WHO funds is understood in the light of the large number of campaigns organized in this same year. The setback in the capital costs is due to the fact that there was little investment in 2010 in spite of the renewal of equipments. The cost throughout the plan are 207 012 833 US$ (96 407 946 456 FCFA) which represents an average of 41.4 Million USD (19 281 589 291). The overall program costs vary slightly with respect to time; they will vary from19, $ 5 million in 2010 to about $ 42.7 million in 2013. The increase in the funding structure reveals that the national funding (state, local governments and communities) represented 25% of total funding of the plan. The Government provides the 19% and fully supports traditional vaccines, a share of funding for new vaccines (co-financing), staff salaries, construction, delivery of the vaccine strategy sets and a lot of investments. The largest part of the plan (75%) is funded by the partners and this funding is for the purchase of new vaccines, supplies and support for operational costs of campaigns.

The community supports the efforts of the Government through the health committees that contribute to 5% in the total financing plan for the maintenance of cold chain and maintenance of buildings. GAVI funds are very important; its share is about 30%. It takes into account the new vaccines, the pentavalent and injection equipment in addition to the vaccine against meningitis and 50% of operational costs of the preventive campaign of meningitis A in 2012.
It is evident from the fact that most investments should be made during the first 2 years of the cMYP, $ 666,497 and $ 1,713,288 in 2012 and 2013 respectively.
From 2012, the introduction of the vaccine against pneumococcus is expected and in 2013, the rotavirus vaccine. These vaccine introductions will cause high costs especially for rotavirus.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010?

Please attach the minutes (Document number 3) 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
RESSIIP/CONGAD	

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?

Achieve a VC (vaccine campaign) vaccine of at least 95% nationally for BCG, Penta3, pneumo3 Rota2 in children from 0 to 11 months and a VC of at least 90% nationally for the MV (Measles Vaccine) and the VAA in children 0 to 11 months and a VC of at least 90% for TT Tetanus toxoid at the national level in pregnant women. Maintain the interruption of WPV (Wild Polio Virus) circulation.

The priority activities take into account the following:

- The eradication, elimination and the control of diseases that can be avoided by immunization;
- Long-term financing of the program ;
- Regular provision and effective management of vaccines ;
- Rehabilitation and adequate maintenance of CDF and logistic equipments
- Waste management
- Integration with other health programs
- Fairness in the provision of service ;
- Introduction of new vaccines ;
- Strengthening of communication in EPI programs.

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	ADS Auto-Distruct syringe	GOVERNMENT	
Measles	ADS Auto-Distruct syringe	GOVERNMENT	
TT	ADS Auto-Distruct syringe	GOVERNMENT	
DTP-containing vaccine	ADS Auto-Distruct syringe	GOVERNMENT/ GAVI	

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

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

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

Problems with incineration of safety boxes during mass campaigns. Problem in maintaining the Montfort incinerators.

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

We sought the help of local industries and incinerators in hospitals provided with a higher incineration capacity.

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$
Balance carried over to 2011	US$

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

No activity was carried out as no funds were received.

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

From the time of signing the Aide Memoire, the RSV funds were not received by the country.

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

All funds were received in a bank account opened for this purpose. Activities withheld in the action plan are sent to the planning department which approves and confirms the activity. The finance department makes a study of the procedures to be followed. Therefore the funds are disbursed in compliance with the clauses in the Aide Memoire. The overall role of the ICC is to discuss the problems stated and to make recommendations to bring about corrective actions.
The bank account is opened and is functional since the country works with GAVI funds and this account receives all the resources of GAVI support.

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) (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: Not available).

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**				312,753
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	1,388,500	1,388,500	0	

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

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

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

RAS

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)

RAS

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	297,000	96,400
2nd Awarded Vaccine		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?
Government
Donor
Other

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. There is a budget line for the vaccines and it has been mobilized on time.
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)
DTP-HepB-Hib, 1 dose/vial, liquid	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

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

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

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? 17.05.2009

When was the last Vaccine Management Assessment (VMA) conducted? 17.05.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 4)

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.

- Training of health works at all levels.
- Training of staff
- Purchase, mobile stores and cold chains.
- Project equipment on solar energy FOR certain organizations.

When is the next Effective Vaccine Management (EVM) Assessment planned? 03.06.2012

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
Auto disable 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 (Weighted average price)	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, freeze-dried	WAP (Weighted average price)	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, liquid	WAP (Weighted average price)	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 monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/vial, freeze-dried	1	3.400				
Antirmeasles, 10 doses/vial, freeze-dried	10	0.240	0.240	0.240	0.240	0.240
antipneumococcus (PCV (Pneumococcal conjugate vaccine)10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcus(PCV (Pneumococcal conjugate vaccine)13), 1 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution	0	0.032	0.032	0.032	0.032	0.032
Pentavalent reconstitution Syringue	0	0.038	0.038	0.038	0.038	0.038
Rotavirus for a 2 doses scheudule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus for a 2 doses scheudule	1	5.500	4.000	3.333	2.667	2.400
Safety Box	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/vial, freeze-dried	WAP (Weighted average price)	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/vial, freeze-dried	WAP (Weighted average price)	0.856	0.856	0.856	0.856	0.856

Note: WAP (Weighted average price) - 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 (PCV (Pneumococcal conjugate vaccine)10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV (Pneumococcal conjugate vaccine)13)	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	#	0	471,243	483,966	497,033	510,454		1,962,696
Number of children to be vaccinated	Table 1	#		424,118	459,768	472,182	484,931		1,840,999

	Instructions		2011	2012	2013	2014	2015		TOTAL
with the third dose									
Immunisation coverage with the third dose	Table 1	#	0%	90%	95%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#		447,681	474,287	487,092	500,245		1,909,305
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#		1.05	1.05	1.05	1.05		
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	0.23	0.26	0.30	0.35		
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%		
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	Intermédiaire

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30	0.35

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	#		1,608,500	1,355,600	1,331,100	1,306,500	5,601,700
Number of AD syringes	#		1,717,400	1,434,100	1,407,600	1,381,600	5,940,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		19,075	15,925	15,625	15,350	65,975
Total value to be co-financed by GAVI	*$*		4,225,500	3,350,000	2,890,000	2,593,000	13,058,500

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	#		154,400	159,400	213,500	279,800	807,100
Number of AD syringes	#		164,800	168,700	225,700	295,800	855,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,850	1,875	2,525	3,300	9,550
Total value to be co-financed by the country	*$*		405,500	394,000	463,500	555,500	1,818,500

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

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			8.76%			10.52%			13.82%			17.64%		
B	**Number of children to be vaccinated with**	Table 1		447,681	39,195	408,486	474,287	49,902	424,385	487,092	67,311	419,781	500,245	88,220	412,025

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	the first dose														
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3
D	**Number of doses needed**	B x C		1,343,043	117,585	1,225,458	1,422,861	149,706	1,273,155	1,461,276	201,931	1,259,345	1,500,735	264,658	1,236,077
E	**Estimated vaccine wastage factor**	Wastage factor table	1.00	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		1,410,196	123,465	1,286,731	1,494,005	157,192	1,336,813	1,534,340	212,027	1,322,313	1,575,772	277,891	1,297,881
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		352,549	30,867	321,682	20,953	2,205	18,748	10,084	1,394	8,690	10,358	1,827	8,531
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		1,762,745	154,331	1,608,414	1,514,958	159,396	1,355,562	1,544,424	213,421	1,331,003	1,586,130	279,718	1,306,412
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		1,882,108	164,781	1,717,327	1,602,634	168,621	1,434,013	1,633,210	225,690	1,407,520	1,677,314	295,798	1,381,516
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**	(K + L)		20,892	1,830	19,0	17,790	1,872	15,9	18,129	2,506	15,6	18,619	3,284	15,335

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	boxes (+ 10% of extra need) needed	/100 * 1.11				62			18			23			
N	**Cost of vaccines needed**	I x g		4,353,981	381,196	3,972,785	3,514,703	369,799	3,144,904	3,135,181	433,243	2,701,938	2,934,341	517,478	2,416,863
O	**Cost of AD syringes needed**	K x ca		99,752	8,734	91,018	84,940	8,937	76,003	86,561	11,962	74,599	88,898	15,678	73,220
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		13,371	1,171	12,200	11,386	1,198	10,188	11,603	1,604	9,999	11,917	2,102	9,815
R	**Freight cost for vaccines needed**	N x fv		152,390	13,342	139,048	123,015	12,943	110,072	109,732	15,164	94,568	102,702	18,112	84,590
S	**Freight cost for devices needed**	(O+P+Q) x fd		11,313	991	10,322	9,633	1,014	8,619	9,817	1,357	8,460	10,082	1,778	8,304
T	**Total fund needed**	(N+O+P+Q+R+S)		4,630,807	405,432	4,225,375	3,743,677	393,890	3,349,787	3,352,894	463,328	2,889,566	3,147,940	555,146	2,592,794
U	**Total country co-financing**	I 3 cc		405,432			393,890			463,328			555,146		
V	**Country co-financing % of GAVI supported proportion**	U / T		8.76%			10.52%			13.82%			17.64%		

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.

Annex 2

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

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		**1**	**Oui**
Signature of Minister of Finance (or delegated authority)		**2**	**Oui**
Signatures of members of ICC		**19**	**Oui**
Signatures of members of HSCC		**22**	**Oui**
Minutes of ICC meetings in 2010		**5, 17**	**Oui**
Minutes of ICC meeting in 2011 endorsing APR 2010		**6**	**Oui**
Minutes of HSCC meetings in 2010		**20, 23, 24**	**Oui**
Minutes of HSCC meeting in 2011 endorsing APR 2010		**27**	**Oui**
Financial Statement for ISS grant in 2010		**7, 16**	**Oui**
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		**8**	**Oui**
EVSM/VMA/EVM report		**9**	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details		**11, 12**	
new cMYP starting 2012		**10**	
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 Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Description:** Signature Minister of Public Health	**File name:** SIGNATURES.pdf **Date/Time:** 31.05.2011 12:06:16 **Size:** 2 MB		
2	**File Type:** Signature of the Minister of Health (or delegated authority) * **File Description:** Signature of the Minister of Economy and Finance	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\SIGNATURES.pdf **Date/Time:** 31.05.2011 13:33:50		

ID	File type Description	File name Date and Time Size	New file	Actions
		Size: 2 MB		
3	**File Type:** other **File Description:** Signatures of ICC members having discussed the challenges in HSS	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\feuille de pr+®sence 001.jpg **Date/Time:** 31.05.2011 13:34:59 **Size:** 117 KB		
4	**File Type:** other **File Description:** Signatures of ICC members having discussed the challenges in HSS	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\feuille de pr+®sence 002.jpg **Date/Time:** 31.05.2011 13:37:00 **Size:** 97 KB		
5	**File Type:** Minutes of ICC meetings in 2010 * **File Description:** Minutes of ICC meeting 2010	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\PV 2010 DU CCIA.doc **Date/Time:** 31.05.2011 13:38:21 **Size:** 182 KB		
6	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Description:** Minutes of ICC meeting having discussed the challenges in HSS	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\PV CCIA Validation N3.doc **Date/Time:** 31.05.2011 13:39:44 **Size:** 254 KB		
7	**File Type:** Financial Statement for ISS grant in 2010 * **File Description:** ISS 2010 financial statement	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\état financier SSV 2010.pdf **Date/Time:** 31.05.2011 13:43:41 **Size:** 190 KB		
8	**File Type:** Financial Statement for ISS grant in 2010 * **File Description:** HSS 2010 Financial Statement	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\état financier RSS 2010.pdf **Date/Time:** 31.05.2011 13:44:51 **Size:** 128 KB		
9	**File Type:** EVSM/VMA/EVM report **File Description:**	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI		

ID	File type Description	File name Date and Time Size	New file	Actions
	GEV Senegal	SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\GEV SENEGAL.doc **Date/Time:** 31.05.2011 13:46:09 **Size:** 920 KB		
10	**File Type:** new cMYP starting 2012 **File Description:** cMYP 2012-2016 Senegal	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\PPAC SENEGAL 31 mai 2011.doc **Date/Time:** 31.05.2011 13:51:01 **Size:** 1 MB		
11	**File Type:** New Banking Details **File Description:** Bank details 1	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\Identité BANCAIRE.jpg **Date/Time:** 31.05.2011 13:53:01 **Size:** 132 KB		
12	**File Type:** New Banking Details **File Description:** Bank details 2	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\PROPOSAL SENEGAL 2010\ETABLISSEMENT FINANCIER3 001.jpg **Date/Time:** 31.05.2011 13:56:01 **Size:** 121 KB		
13	**File Type:** other **File Description:** Support for HSS report downloaded from section 9	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\APR SENEGAL 2010\HSS SENEGAL 2010.doc **Date/Time:** 31.05.2011 13:58:59 **Size:** 350 KB		
14	**File Type:** other **File Description:** cMYP Excel Tool	**File name:** C:\Users\Dr NDIAYE\Desktop\SOUMISSION GAVI SENEGAL 2010\31 MAI 2011\PROPOSAL SENEGAL 2010\cMYP_Costing_Tool_Vs 2 5_Fr (Enregistr+® automatiquement) ok (Enregistré automatiquement).xls **Date/Time:** 31.05.2011 14:03:06 **Size:** 3 MB		
15	**File Type:** other **File Description:** ISS Activities carried out in 2010	**File name:** ACTIVITES SSV REALISEES EN 2010.doc **Date/Time:** 23.06.2011 05:33:41 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		36 KB		
16	**File Type:** Financial Statement for ISS grant in 2010 * **File Description:** Bank Statement	**File name:** RELEVE DE COMPTE BANCAIRE.doc **Date/Time:** 23.06.2011 05:35:25 **Size:** 200 KB		
17	**File Type:** Minutes of ICC meetings in 2010 * **File Description:** Minutes of meeting January 2010	**File name:** PROCES VERBAL DE REUNION.doc **Date/Time:** 23.06.2011 06:34:20 **Size:** 40 KB		
18	**File Type:** other **File Description:** Target explanation	**File name:** Target explanation.msg **Date/Time:** 29.06.2011 07:08:56 **Size:** 45 KB		
19	**File Type:** Signatures of members of ICC * **File Description:** ICC/HSCC members endorsing the APR	**File name:** C__Users_Dr+NDIAYE_Desktop_SOUMISSION+GAVI+SENEGAL+2010_31+MAI+2011_APR+SENEGAL++2010_SIGNATURES[2].pdf **Date/Time:** 08.07.2011 06:00:01 **Size:** 2 MB		
20	**File Type:** Minutes of ICC meetings in 2010 * **File Description:** CAS/PNDS meeting	**File name:** COMPTE RENDU DE REUNION SUR LES FONDS GAVI _mai2010.doc **Date/Time:** 08.07.2011 06:09:32 **Size:** 35 KB		
21	**File Type:** other **File Description:** CAS/PNDS meeting in Jan 2011	**File name:** réunion RSS_Jan2011.doc **Date/Time:** 08.07.2011 06:11:04 **Size:** 263 KB		
22	**File Type:** Signatures of members of ICC * **File Description:** ICC/HSCC members endorsing the APR	**File name:** C__Users_Dr+NDIAYE_Desktop_SOUMISSION+GAVI+SENEGAL+2010_31+MAI+2011_APR+SENEGAL++2010_SIGNATURES[2].pdf **Date/Time:** 08.07.2011 06:19:39 **Size:** 2 MB		
23	**File Type:** Minutes of ICC meetings in 2010 * **File Description:** CAS/PNDS meeting	**File name:** CR 090210 1-1.doc **Date/Time:** 08.07.2011 06:53:17 **Size:** 138 KB		
24	**File Type:** Minutes of ICC meetings in 2010 * **File Description:** CAS/PNDS meeting	**File name:** CR RSS GAVI_mars2010.doc **Date/Time:** 08.07.2011 06:53:32 **Size:** 256 KB		
25	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	other **File Description:** Email confirming the validation of APR	Re PV réunion.pdf **Date/Time:** 08.07.2011 10:04:18 **Size:** 360 KB		
26	**File Type:** other **File Description:** Convocation for the validation of submissions to GAVI	**File name:** CCIA POLITIQUE DE VALIDATION (2).jpg **Date/Time:** 08.07.2011 10:05:34 **Size:** 129 KB		
27	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Description:** Meeting of the ICC endorsing the HSS	**File name:** PV CCIA Validation N3 (2).doc **Date/Time:** 08.07.2011 10:07:09 **Size:** 254 KB		