



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Sierra Leone

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 14:14:15**

Deadline for submission: 1 Jun 2011

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 10 doses/vial, Liquid	2015
NVS	Pneumococcal (PCV13), 1 doses/vial, Liquid	Pneumococcal (PCV13), 1 doses/vial, Liquid	2011
NVS	Yellow Fever, 10 doses/vial, Lyophilised	Yellow Fever, 10 doses/vial, Lyophilised	2015

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	Pneumococcal (PCV13), 1 doses/vial, Liquid Pneumococcal (PCV13), 1 doses/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010
ISS	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 Sierra Leone 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 Sierra Leone

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	Hon. Mrs Zainab Hawa Bangura	Name	Hon. Dr Samura Kamara
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
Rev. Dr Thomas T. Samba	EPI Programme Manager	+ 232 76 662162/+232 33 662162	ttsamba@yahoo.com	
Dr Edward B. Magbity	Principal Monitoring and Evaluation Officer	+232 78 434267/+232 33 324567	magbity@gmail.com	
Dr Pamela Mitula	WHO EPI Team Leader	+ 232 76 751171	mitulap@sl.afro.who.int	
Dr Nuhu Maksha	Immunisation Specialist - UNICEF	+ 232 76 901211	nmaksha@unicef.org	

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 Kisito S. Daoh - Chief Medical Officer	Ministry of Health and Sanitation			
Dr Alhassan Seisay - Deputy Chief Medical Officer	Ministry of Health and Sanitation			
Dr Samuel A.S. Kargbo - Director, Reproductive and Child Health	Ministry of Health and Sanitation			
Dr Magnus K. Gborie - Director, Planning and Information	Ministry of Health and Sanitation			
Dr Thomas T. Samba - Child Health/ EPI Programme Manager	Ministry of Health and Sanitation			
Dr Wondimagegnehu Alemu - WHO Representative, Sierra Leone	World Health Organisation			
Dr Pamela Mutila - WHO EPI Team Leader	World Health Organisation			
Mr Mahimbo Mdoe - UNICEF Representation, Sierra Leone	UNICEF			
Dr Nuhu Maksha - Immunisation Specialist	UNICEF			

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
Hon. Mrs Zainab H. Bangura - Minister of Health and Sanitation	Ministry of Health and Sanitation			
Hon. Dr Samura Kamara - Minister of Finance and Economic Development	Ministry of Finance and Economic Development			
Hon. Mr Dauda Kamara - Minister of Local Government	Ministry of Local Government			
Dr Wondimagegnehu Alemu - WHO Representative, Sierra Leone	WHO			
Mr Mahimbo Mdoe - UNICEF Representation, Sierra Leone	UNICEF			

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.

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	229,873	237,932	243,208	249,318	255,955	262,769
Total infants' deaths	20,460	23,317	23,834	24,433	25,084	25,751
Total surviving infants	209,413	214,615	219,374	224,885	230,871	237,018
Total pregnant women	252,859	259,164	265,657	272,372	279,327	286,460
# of infants vaccinated (to be vaccinated) with BCG	242,020	237,932	243,208	249,318	255,955	262,769
BCG coverage (%) *	105%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	197,006	203,884	208,405	214,889	223,945	232,272
OPV3 coverage (%) **	94%	95%	95%	96%	97%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	240,817	214,615	219,374	224,885	230,871	237,018
# of infants vaccinated (to be vaccinated) with DTP3 ***	198,328	203,884	208,405	214,889	223,945	232,272
DTP3 coverage (%) **	95%	95%	95%	96%	97%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)						
Wastage ^[1] factor in base-year and planned thereafter	0	0	0	0	0	0
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	240,817	214,615	219,374	224,885	230,871	237,018
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	198,328	203,884	208,405	214,889	223,945	232,272
3 rd dose coverage (%) **	95%	95%	95%	96%	97%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)						
Wastage ^[1] factor in base-year and planned thereafter						

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	201,078	208,176	212,792	218,138	223,945	229,902
Yellow Fever coverage (%) **	96%	97%	97%	97%	97%	97%
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
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal	0	128,769	142,593	157,419	173,154	189,610
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal	0	115,892	128,334	141,677	166,838	170,649
Pneumococcal coverage (%) **	0%	54%	59%	63%	72%	72%
Wastage ^[1] rate in base-year and planned thereafter (%)						
Wastage ^[1] factor in base-year and planned thereafter						
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	202,178	206,176	212,792	218,138	223,946	229,902
Measles coverage (%) **	97%	96%	97%	97%	97%	97%
Pregnant women vaccinated with TT+	279,203	259,164	265,657	272,372	279,327	286,460
TT+ coverage (%) ****	110%	100%	100%	100%	100%	100%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	209,413	214,615	217,574	224,885	230,871	237,013
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	18%	5%	5%	4%	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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

Progressive annual increase in births based on growth rate

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

Gradual increase in surviving infants due to annual growth rate

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

Changes mainly due to annual growth rate

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

The wastage rates remain the same as in the updated 2009 cMYP and APR 2009

5.2. Immunisation achievements in 2010

5.2.1.

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

There is improvement in the administrative immunization coverage for all antigens based on the targets set for the different antigens.

Major	Conducted regular outreach services
-	Conducted monthly/quarterly monitoring and supervision of integrated Programme implementation
-	Conducted regular data analysis for action at all levels
-	Conducted National bi-annual programme reviews/ assessments, and monthly district meetings
-	Developed joint plan with malaria programme
-	Distributed bed nets with routine immunisation
-	Monitor AFP surveillance database and district reporting
-	Conducted integrated AFP, Vitamin A, Albendazole and LLINs campaigns in 2010
-	Conducted TT immunization in schools
-	Sensitize politicians and opinion leaders
-	Expand ICC membership to include other partners for better integration
-	Active surveillance in every districts
-	Monitor active sites
-	Sensitized and orientated community health agents including traditional healers
-	Ensured road worthiness of vehicles and motor bikes; and maintenance other capital equipment
-	Repaired faulty cold chain equipment- Procured cold chain equipment and spare parts

- Supported study tours and conferences for EPI staff

Problems related to multiyear plan.

- Inadequate transport
- Limited support to social mobilization activities
- Limited human resource capacity
- Cold chain maintenance at district and health facility levels
- Inadequate funding for EPI activities

5.2.2.

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

Targets were reached based on administrative data

5.2.3.

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

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

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

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

The policy of the government of Sierra Leone stipulates that services are equally accessible to all eligible beneficiaries irrespective of their status or social circumstance

5.2.4.

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

There is no reported instance of any challenge due to unequal access based on gender. The Government of Sierra Leone is currently implementing the free Health Care Initiative which is not discriminatory. Service utilization has increased for all sexes.

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)*.

EPI Coverage Survey was conducted for the period 1st June 2008 – 31st May 2009. The result for Pentavalent 3 is as follows:

•	Crude Coverage:	Card – 65%,	Card & History – 85%
•	Valid Coverage	Coverage(Card) –	39%
•	Valid Coverage by	52 weeks of age (Card) –	36%

WHO/UNICEF estimate is usually lower than administrative data

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

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **Yes**

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

Data Quality Self Assessment was done in six districts in December 2010.

5.3.3.

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

- Updated data collection and reporting forms for all levels
- National and district staff trained on data management

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.

- Establishment of effective data transmission mechanism through networking.
- In service training and equipping of EPI data manager
- Regular supportive supervision to the districts and health facilities to address data issues.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US =	Enter the rate only; no local currency name
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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.

<i>Expenditures by Category</i>	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*									
New Vaccines									
Injection supplies with AD syringes									
Injection supply with syringes other than ADs									
Cold Chain equipment									
Personnel									
Other operational costs									
Supplemental Immunisation Activities									
Total Expenditures for Immunisation									
Total Government Health									

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	262,794	269,101	
New Vaccines	3,905,910	3,999,652	
Injection supplies with AD syringes	119,465	122,332	
Injection supply with syringes other than ADs	0	0	
Cold Chain equipment	415,527	278,482	
Personnel	2,345,675	2,456,543	
Other operational costs	667,026	733,729	
Supplemental Immunisation Activities	2,446,548	2,661,082	
Total Expenditures for Immunisation	10,162,945	10,520,921	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010?

Please attach the minutes (Document number) 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 ?:

If Yes, which ones?

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

List CSO member organisations:	Actions

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?

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			
Measles			
TT			
DTP-containing vaccine			

Does the country have an injection safety policy/plan?

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)

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

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 100,888
Remaining funds (carry over) from 2009	US\$ 174,797
Balance carried over to 2011	US\$ 44,972

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

Maintenance and over head materials, Vaccines and Devices, Training on Neonatal resuscitation, Training for the vaccine introduction, Program review activities like review meetings, Quarterly supportive supervision to the 13 districts, Distribution of vaccines and other supplies, Fuel cost for transportation (vaccines and other supplies), Management of vaccines and cold chain, Procurement of office furnitures for the new cold room offices, and Social mobilization activities.

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.

If No, please complete Part B below.

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

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

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

Is GAVI's ISS support reported on the national health sector budget? 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).

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.

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

			2000	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			198,328
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	590,500	590,200	295,400	
Pneumococcal	565,200	391,392		
Yellow Fever	218,100	158,600		

* 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? ...)

- Lower vaccine utilization than anticipated
- Problem with adequate funding
- Duty free vaccines/injection materials held at the quey for long over- due period
- Cold chain problems
- Delay in shipment and clearing

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)

- Expansion of cold chain following EVM assessment
- Training conducted for Districts technicians
- Fridge Tags made available and training conducted on their use

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

No stock-out/no impact

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	PCV 13	
Phased introduction	No	Date of introduction
Nationwide introduction	Yes	Date of introduction 28.01.2011
The time and scale of introduction was as planned in the proposal?	No	If No, why? Sierra Leone conducted 6 rounds of NIDs in response to polio outbreak in the country which made it difficult to introduce the vaccine on schedule. In addition the late arrival of vaccines compounded the difficulty and the Technical Coordinating Committee subsequently advised the Ministry of Health to introduce the vaccine in January 2011

7.2.2.

When is the Post introduction Evaluation (PIE) planned? October 2011

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? No

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	100,000
Receipt date	29.05.2010

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

major activities undertaken using the GAVI grant included the following:

Training of staff
Social mobilisation activities
Minor Cold chain maintenance
Vaccine and logistics distribution

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

We were not able to mobilise funds from other sources. Funds available were not adequate for the full range of activities. Activities underfunded were

Training

Advocacy and social mobilisation

Programme management

monitoring and supervision

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

If Yes, how much? US\$

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

No balance to under take program activities.

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	1,820,000	590,500
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	1,517,500	203,600
3rd Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised	57,500	51,600
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. The programme management prepared a concept document on co-financing and distributed to all government officials which facilitated the processing of the co-financing		
2. In addition the Minister of Health was thoroughly briefed on the significance of co-financing.		
3.		

4.	
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	10
2 nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	10
3 rd Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised	10

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.

The country is not in default

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? **05.10.2010**

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

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

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

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

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

When is the next Effective Vaccine Management (EVM) Assessment planned? **21.05.2013**

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

No Change of 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 BCG,OPV,PCV-13,Pentavalent,Tetnus Toxoid,Measles,Yellow Fever,and the Rota Virus vaccine for the years 2012 to 2016. At the same time it commits itself to co-finance the procurement of Rota Virus, PCV-13,Yellow Fever,Measles,Tetnus Toxoid,OPV,BCG,Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of Five (5) Years vaccine support is in line with the new cMYP for the years 2012 to 2016 which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of BCG, OPV, Pentavalent, PCV-13, Measles, Yellow Fever, and Rota Virus vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

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

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

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

- We were able to make use of the under mentioned indicators for the calculation of requirements as per section 7.9
- 1)Use of the base year targets for the specific age groups
- 2)No of Doses of vaccines per child were utilized.
- 3)Estimated vaccine wastage rates
- 4)Vaccines buffer stock added in the calculations
- 5)Wastage factor for injection materials
- 6)Cost of vaccines and their injection material cost needed

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

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

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	214,615	219,374	224,885	230,871	237,018		1,126,763
Number of children to be vaccinated with the third dose	Table 1	#	203,884	208,405	214,889	223,945	232,272		1,083,395
Immunisation coverage with the third dose	Table 1	#	95%	95%	96%	97%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	214,615	219,374	224,885	230,871	237,018		1,126,763
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#							

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

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

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		611,400	624,000	633,000	643,700	2,512,100
Number of AD syringes	#		678,700	692,600	702,700	714,500	2,788,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		7,550	7,700	7,800	7,950	31,000

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$		1,608,000	1,544,000	1,376,500	1,280,000	5,808,500	

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			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		50,400	54,900	64,200	72,000	241,500	
Number of AD syringes	#		55,900	60,900	71,200	80,000	268,000	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		625	700	800	900	3,025	
Total value to be co-financed by the country	\$		132,500	136,000	139,500	143,500	551,500	

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

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		7.61%			8.08%			9.20%			10.06%			
B	Number of children to be vaccinated with the first dose	Table 1	214,615	219,374	16,684	202,690	224,885	18,176	206,709	230,871	21,236	209,635	237,018	23,844	213,174
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
D	Number of doses needed	B x C	643,845	658,122	50,051	608,071	674,655	54,527	620,128	692,613	63,706	628,907	711,054	71,530	639,524
E	Estimated vaccine wastage factor	Wastage factor table	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
F	Number of doses needed including wastage	D x E	643,845	658,122	50,051	608,071	674,655	54,527	620,128	692,613	63,706	628,907	711,054	71,530	639,524
G	Vaccines buffer stock	(F – F of previous year) * 0.25		3,570	272	3,298	4,134	335	3,799	4,490	413	4,077	4,611	464	4,147
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		661,692	50,323	611,369	678,789	54,861	623,928	697,103	64,119	632,984	715,665	71,994	643,671
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		734,479	55,858	678,621	753,456	60,896	692,560	773,785	71,172	702,613	794,389	79,913	714,476
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		8,153	621	7,532	8,364	676	7,688	8,590	791	7,799	8,818	888	7,930
N	Cost of vaccines needed	l x g		1,634,380	124,296	1,510,084	1,574,791	127,278	1,447,513	1,415,120	130,160	1,284,960	1,323,981	133,188	1,190,793

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca	38,928	2,961	35,967	39,934	3,228	36,706	41,011	3,773	37,238	42,103	4,236	37,867
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	5,218	397	4,821	5,353	433	4,920	5,498	506	4,992	5,644	568	5,076
R	Freight cost for vaccines needed	N x fv	57,204	4,351	52,853	55,118	4,455	50,663	49,530	4,556	44,974	46,340	4,662	41,678
S	Freight cost for devices needed	(O+P+Q) x fd	4,415	336	4,079	4,529	367	4,162	4,651	428	4,223	4,775	481	4,294
T	Total fund needed	(N+O+P+Q+R+S)	1,740,145	132,339	1,607,806	1,679,725	135,758	1,543,967	1,515,810	139,421	1,376,389	1,422,843	143,133	1,279,710
U	Total country co-financing	I 3 cc	132,339			135,758			139,421			143,133		
V	Country co-financing % of GAVI supported proportion	U / T	7.61%			8.08%			9.20%			10.06%		

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	214,615	219,374	224,885	230,871	237,018		1,126,763
Number of children to be vaccinated	Table 1	#	115,892	128,334	141,677	166,838	170,649		723,390

	Instructions		2011	2012	2013	2014	2015		TOTAL
with the third dose									
Immunisation coverage with the third dose	Table 1	#	54%	59%	63%	72%	72%		
Number of children to be vaccinated with the first dose	Table 1	#	128,769	142,593	157,419	173,154	189,610		791,545
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#							
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	\$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000	0.000		
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	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

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

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

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

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			
		2011	2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		414,800	457,600	503,000	550,200	1,925,600
Number of AD syringes	#		460,400	508,000	558,300	610,700	2,137,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		5,125	5,650	6,200	6,800	23,775
Total value to be co-financed by GAVI	\$		1,555,000	1,715,500	1,885,500	2,062,500	7,218,500

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

Supply that is procured by the country and related cost in US\$		For approval		For endorsement			
		2011	2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		23,400	25,800	28,400	31,100	108,700
Number of AD syringes	#		26,000	28,700	31,500	34,500	120,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		300	325	350	400	1,375
Total value to be co-financed by the country	\$		88,000	97,000	106,500	116,500	408,000

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		5.34%			5.34%			5.34%			5.34%			
B	Number of children to be vaccinated with	Table 1	128,769	142,593	7,609	134,984	157,419	8,400	149,019	173,154	9,239	163,915	189,610	10,117	179,493

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	
D	Number of doses needed	B x C	386,307	427,779	22,825	404,954	472,257	25,199	447,058	519,462	27,717	491,745	568,830	30,351	538,479
E	Estimated vaccine wastage factor	Wastage factor table	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
F	Number of doses needed including wastage	D x E	386,307	427,779	22,825	404,954	472,257	25,199	447,058	519,462	27,717	491,745	568,830	30,351	538,479
G	Vaccines buffer stock	(F – F of previous year) * 0.25		10,368	554	9,814	11,120	594	10,526	11,802	630	11,172	12,342	659	11,683
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		438,147	23,379	414,768	483,377	25,792	457,585	531,264	28,347	502,917	581,172	31,010	550,162
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		486,344	25,950	460,394	536,549	28,629	507,920	589,704	31,465	558,239	645,101	34,421	610,680
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need)	(K + L) /100 * 1.11		5,399	289	5,110	5,956	318	5,638	6,546	350	6,196	7,161	383	6,778

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	needed														
N	Cost of vaccines needed	$I \times g$	1,533,515	81,824	1,451,691	1,691,820	90,270	1,601,550	1,859,424	99,212	1,760,212	2,034,102	108,533	1,925,569	
O	Cost of AD syringes needed	$K \times ca$	25,777	1,376	24,401	28,438	1,518	26,920	31,255	1,668	29,587	34,191	1,825	32,366	
P	Cost of reconstitution syringes needed	$L \times cr$	0	0	0	0	0	0	0	0	0	0	0	0	
Q	Cost of safety boxes needed	$M \times cs$	3,456	185	3,271	3,812	204	3,608	4,190	224	3,966	4,584	245	4,339	
R	Freight cost for vaccines needed	$N \times fv$	76,676	4,092	72,584	84,591	4,514	80,077	92,972	4,961	88,011	101,706	5,427	96,279	
S	Freight cost for devices needed	$(O+P+Q) \times fd$	2,924	157	2,767	3,225	173	3,052	3,545	190	3,355	3,878	207	3,671	
T	Total fund needed	$(N+O+P+Q+R+S)$	1,642,348	87,630	1,554,718	1,811,886	96,676	1,715,210	1,991,386	106,253	1,885,133	2,178,461	116,235	2,062,226	
U	Total country co-financing	$I \text{ } 3 \text{ } cc$	87,630			96,676			106,253			116,235			
V	Country co-financing % of GAVI supported proportion	U / T	5.34%			5.34%			5.34%			5.34%			

Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	214,615	219,374	224,885	230,871	237,018		1,126,763
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	97%	97%	97%	97%	97%		
Number of children to be vaccinated with the first dose	Table 1	#	208,176	212,792	218,138	223,945	229,902		1,092,953
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	20.00%	20.00%	10.00%	10.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item			2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#			183,900	188,700	190,200	195,200	758,000
Number of AD syringes	#			194,500	199,500	201,100	206,500	801,600
Number of re-constitution syringes	#			20,500	21,000	21,200	21,700	84,400
Number of safety boxes	#			2,400	2,450	2,475	2,550	9,875
Total value to be co-financed by GAVI	\$			203,000	208,500	193,500	199,000	804,000

Table 7.3.3: 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			
			2011	2012	2013	2014	2015	TOTAL
Required supply item			2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#			40,800	41,800	46,600	47,800	177,000
Number of AD syringes	#			43,100	44,300	49,300	50,600	187,300
Number of re-constitution syringes	#			4,600	4,700	5,200	5,400	19,900
Number of safety boxes	#			550	550	625	625	2,350
Total value to be co-financed by the country	\$			45,000	46,500	47,500	49,000	188,000

Table 7.3.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		18.14%			18.14%			19.67%			19.67%			
B	Number of children to be vaccinated with	Table 1	208,176	212,792	38,598	174,194	218,138	39,567	178,571	223,945	44,040	179,905	229,902	45,211	184,691

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	
D	Number of doses needed	B x C	208,176	212,792	38,598	174,194	218,138	39,567	178,571	223,945	44,040	179,905	229,902	45,211	184,691
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
F	Number of doses needed including wastage	D x E	218,585	223,432	40,528	182,904	229,045	41,546	187,499	235,143	46,242	188,901	241,398	47,472	193,926
G	Vaccines buffer stock	(F – F of previous year) * 0.25		1,212	220	992	1,404	255	1,149	1,525	300	1,225	1,564	308	1,256
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		224,644	40,747	183,897	230,449	41,800	188,649	236,668	46,542	190,126	242,962	47,779	195,183
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		237,545	43,088	194,457	243,692	44,202	199,490	250,272	49,217	201,055	256,928	50,526	206,402
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		24,936	4,524	20,412	25,580	4,640	20,940	26,271	5,167	21,104	26,969	5,304	21,665
M	Total of safety boxes (+ 10% of extra need)	(K + L) /100 * 1.11		2,914	529	2,385	2,989	543	2,446	3,070	604	2,466	3,152	620	2,532

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed													
N	Cost of vaccines needed	$I \times g$	192,296	34,880	157,416	197,265	35,781	161,484	202,588	39,840	162,748	207,976	40,899	167,077
O	Cost of AD syringes needed	$K \times ca$	12,590	2,284	10,306	12,916	2,343	10,573	13,265	2,609	10,656	13,618	2,679	10,939
P	Cost of reconstitution syringes needed	$L \times cr$	948	172	776	973	177	796	999	197	802	1,025	202	823
Q	Cost of safety boxes needed	$M \times cs$	1,865	339	1,526	1,913	347	1,566	1,965	387	1,578	2,018	397	1,621
R	Freight cost for vaccines needed	$N \times fv$	38,460	6,977	31,483	39,453	7,157	32,296	20,259	3,984	16,275	20,798	4,090	16,708
S	Freight cost for devices needed	$(O+P+Q) \times fd$	1,541	280	1,261	1,581	287	1,294	1,623	320	1,303	1,667	328	1,339
T	Total fund needed	$(N+O+P+Q+R+S)$	247,700	44,929	202,771	254,101	46,090	208,011	240,699	47,334	193,365	247,102	48,593	198,509
U	Total country co-financing	$I \text{ } 3 \text{ } cc$	44,929			46,090			47,334			48,593		
V	Country co-financing % of GAVI supported proportion	U / T	18.14%			18.14%			19.67%			19.67%		

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.

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3, 13	Yes
Signatures of members of HSCC		20	Yes
Minutes of ICC meetings in 2010		4, 18, 19	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5, 6	Yes
Minutes of HSCC meetings in 2010		7	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		21, 22	Yes
Financial Statement for ISS grant in 2010		8	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		9	Yes
EVSM/VMA/EVM report		10	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		15	
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		11	
Latest Health Sector Review Report		12	

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: APR Signature	File name: D:\TTS-Finished File\TTS-Signatures\TTS-Signatures-APR.JPG <hr/> Date/Time: 17.05.2011 11:48:39 Size: 1 MB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: APR Signature	File name: D:\TTS-Finished File\TTS-Signatures\TTS-Signatures-APR.JPG <hr/> Date/Time: 17.05.2011 11:48:39 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		1 MB		
3	File Type: Signatures of members of ICC *	File name: TTS-ICC-APR.JPG		
	File Desc: ICC signatures	Date/Time: 31.05.2011 13:28:31 Size: 1 MB		
4	File Type: Minutes of ICC meetings in 2010 *	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES OF 1st ICC MEETINGS.doc		
	File Desc: 1st ICC minutes	Date/Time: 17.05.2011 16:22:50 Size: 54 KB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 *	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES of 2nd ICC MEETING.doc		
	File Desc: 2nd ICC minutes	Date/Time: 17.05.2011 16:28:43 Size: 66 KB		
6	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 *	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES OF 3rd s ICC MEETING 2011.doc		
	File Desc:	Date/Time: 17.05.2011 16:32:58 Size: 60 KB		
7	File Type: Minutes of HSCC meetings in 2010 *	File name: TTS-ICC Endorsement of APR.docx		
	File Desc: ICC minutes	Date/Time: 31.05.2011 14:12:11 Size: 39 KB		
8	File Type: Financial Statement for ISS grant in 2010 *	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\Financial Statment ISS Grant.pdf		
	File Desc: ISS grant financial statement	Date/Time: 19.05.2011 15:36:46 Size: 94 KB		
9	File Type: Financial Statement for HSS grant in 2010 *	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\TTS-APR-SL-2010\TTS-HSS\financial statement 2010.pdf		
	File Desc: HSS grant financial statement	Date/Time: 19.05.2011 15:40:26 Size: 379 KB		
10	File Type: EVSM/VMA/EVM report	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\EVM Assessment report nov 2010.pdf		
	File Desc: EVSM report	Date/Time: 19.05.2011 15:44:39 Size: 1 MB		
11	File Type: External Audit Report (Fiscal Year 2010) for HSS grant	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\External Audit Report HSS Grant.pdf		
	File Desc:	Date/Time: 19.05.2011 16:14:14		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		Size: 3 MB		
12	File Type: Latest Health Sector Review Report File Desc: Health sector review report	File name: C:\Documents and Settings\contehi\Desktop\TTS-Finished File\Performance review 2010.docx Date/Time: 19.05.2011 16:02:45 Size: 211 KB		
13	File Type: Signatures of members of ICC * File Desc: Membership of ICC	File name: TTS-ICC Membership-ed.docx Date/Time: 31.05.2011 14:11:21 Size: 39 KB		
14	File Type: other File Desc: HSS section	File name: TTS-HSS section of the APR 2010.doc Date/Time: 15.06.2011 10:09:57 Size: 321 KB		
15	File Type: new cMYP starting 2012 File Desc: cMYP starting 2012	File name: cMYP Sierra Leone.doc Date/Time: 17.06.2011 04:33:17 Size: 3 MB		
16	File Type: other File Desc: GAVI Secretariat's correspondence with Sierra Leone on APR endorsement	File name: Re Sierra Leone's APR submission June2011.htm Date/Time: 30.06.2011 08:39:36 Size: 357 KB		
17	File Type: other File Desc: GAVI Secretariat's correspondence with Sierra Leone on ICC/HSCC membership	File name: Re Sierra Leone's APR June2011 Committee membership.htm Date/Time: 30.06.2011 09:50:48 Size: 173 KB		
18	File Type: Minutes of ICC meetings in 2010 * File Desc: 2nd set of ICC minutes (2010)	File name: SIERRA LEONE Minutes of ICC (2nd).doc Date/Time: 04.07.2011 05:47:33 Size: 66 KB		
19	File Type: Minutes of ICC meetings in 2010 * File Desc: 3rd set of ICC minutes (2011)	File name: SIERRA LEONE Minutes of ICC (3rd).doc Date/Time: 04.07.2011 05:47:56 Size: 60 KB		
20	File Type: Signatures of members of HSCC * File Desc: HSCC signature page	File name: Sierra Leone-HSCC attendance.pdf Date/Time: 07.07.2011 10:45:48 Size: 907 KB		
21	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 *	File name: Sierra Leone- Minutes of HSCC Meeting 4th July 2011.doc Date/Time:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc: HSCC minutes 2011	08.07.2011 02:49:17 Size: 45 KB		
22	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: Signed copy	File name: Sierra Leone_HSCC meeting Minute.pdf Date/Time: 08.07.2011 07:43:41 Size: 1 MB		