Annual Progress Report 2009

Submitted by

The Government of

[***Sri Lanka***]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: ……17.05.2010

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

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.*

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country*] Sri Lanka

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

Minister of Health (or delegated authority):

Title: Secretary, Health

Signature: ……

Date: ……

Minister of Finance (or delegated authority):

Title: ……

Signature: ……

Date: ……

This report has been compiled by:

Full name .Dr. Shiranee Champika Wickramasinghe Position. Director / Planning Telephone +94112674683 E-mail.... scwikrama@sltnet.lk	Full name . Dr. Sudath Peiris Position....Assistant Epidemiologist Telephone..+94 112 695112 E-mail.peirister@yahoo.com
Full name ..... Position..... Telephone..... E-mail.....	Full name ..... Position..... Telephone..... E-mail.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
Dr. U.A. Mendis - DGHS	Ministry of Health		
Dr. R. Wimal Jayantha – DDG/Planning	Ministry of Health		
Dr. P.G. Mahipala - DDG/PHS	Ministry of Health		
Dr. A.E. Gnanajothy – PDHS/Northern Province	Provincial Ministry of Health, Northern Province		
Dr. S. Thevarajan – PDHS/ Eastern Province	Provincial Ministry of Health, Eastern Province		
Dr. Paba Palihawadana – Chief Epidemiologist	Epidemiology Unit , Ministry of Health		
Dr. Deepthi Perera – Directress/ FHB	Family Health Beau rue Ministry of Health,		
Dr. R. Kesavan – NPO	World Health Organization – Sri Lanka		
Dr. Neelamani Hewageegana / PDHS Uva Province	Provincial Ministry of Health, Uva Province		
Dr. T.S.R. Pieris / Assistant Epidemiologist	Epidemiology Unit , Ministry of Health		

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. T.R.C. Ruberu / Secretary Health	Ministry of Health		
Dr. R. Wimal Jayantha – DDG/Planning	Ministry of Health		
Dr. H.R.U. Indrasiri /DDG - ET&R	Ministry of Health		
Mr. P.A.P. Pathirathna / DDG- Finance (II)	Ministry of Health		
Dr. T.S.R. Pieris / Assistant Epidemiologist	Epidemiology Unit , Ministry of Health		
Dr. Chithramalee de Silva / Consultant	Family Health Bureau Ministry of Health		

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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).

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
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1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space 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**:*

There is no significant change in the number of births reported through 2009 JRF and numbers for the same for 2009 in Table 1.

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

There is no significant change in the number of surviving infants reported through 2009 JRF and numbers for 2009 in Table 1.

*Provide justification for any changes **in Targets by vaccine**:*

No change

*Provide justification for any changes **in Wastage by vaccine**:*

No change

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

In the annals of the entire history of the immunization programme in Sri Lanka, year 2009 could be considered as the most exigent year. Expanded Programme on Immunization (EPI) was undergoing the most difficult period of its proud history as unfounded allegations against it started inflicting cracks in its solid foundation.

National immunization program has been identified as a long term investment by the Sri Lankan government. Its value, over the years, has been very strongly internalized in Sri Lankan parents. However, suspension of newly introduced Hib containing Pentavalent vaccine in early 2008 following AEFI crisis (as reported in detail in 2008 APR) and two deaths following rubella vaccination in 2009, demonstrated that these positions could not be taken for granted.

The new situation has dramatically arisen and is further evolving in a scenario where devastating

vaccine preventable diseases are no longer existent or appear in very negligible numbers. It has further been compounded by the increased negative electronic and media coverage.

In the year 2009, the biggest challenge to the National Immunization Program surfaced in the aftermath of the death of a 13 year old child following rubella vaccination due to anaphylactic shock in Matara during a school health programme. This is the first event of this nature experienced in the annals of the EPI Sri Lanka. Following the untimely demise of this child, both print and electronic media and some section of the society were up in arms against the Ministry of Health accusing and criticizing it for importing and providing services with inferior quality vaccines. Another criticism was the poor preparedness and non availability of facilities to manage immediate life threatening emergencies after vaccinations in field settings. Responding to the raised concerns of a wide cross section of interested establishments, the rubella vaccination programme was temporarily suspended subject to resumption following a through investigation.

Two independent investigations were conducted by local experts and experts from the WHO. An independent investigation by the WHO experts was meant to provide an unbiased, second opinion as regard the situation. It further ensured boosting the image of the investigation in the eyes of the general public. The outcome of the investigation was that the death was not linked to the inferior quality of the vaccine and highlighted the deficiencies in the system for response to such an eventuality in a timely manner. Both investigation reports are annexed for easy perusal. (Annexure 2 & 3)

Based on conclusions of investigations, the rubella vaccination was resumed a few weeks later after making it mandatory to availability an emergency management kit at every immunization facility. Events were to take a different twist a few months later, letting all efforts of damage control run down drains, another recipient of the rubella vaccine in Kurunegala died in circumstances similar to the death in Matara. The trust of the general public on immunization appeared to be immensely eroding. Not only lay persons but also health professionals started raising questions regarding the quality of vaccines used in the EPI and safety of mechanisms in place for response to serious adverse events following immunization.

Epidemiology Unit in collaboration with the National Vaccine Control Lab and Drug Regulatory Authority hastened to have the incriminated vaccine vials tested at the Therapeutic Goods Administration (TGA) which is a center of excellence in Australia in relation to pharmaceutical testing. The report confirmed that the vaccine vials were consistent with global accepted standards. In response to the event, the Director General of Health services appointed a multi disciplinary expert committee chaired by the professor of peadiatrics, University of Colombo to investigate the second death following rubella vaccination. A copy of the report of this expert committee is annexed for your perusal. (Annexure 4)

Currently, the Epidemiology Unit of the Ministry of Health has shouldered the responsibility of introducing system changes to counter emerging issues related to immunization with relevant stakeholders in the health sector and contemplates on ways and means that are required to regain the confidence and the trust of everyone in EPI in the coming years. These strategies which may include extensive IEC campaigns over a prolonged period of time.

With regard to the reintroduction of Pentavalent vaccine, as reported in 2008 APR, the report of the WHO appointed independent panel of experts was made available to Sri Lanka on 23rd December 2008 and National Expert Committee /AEFI met on 29th January 2009 reviewed the findings, recommendations and other evidence emerged and agreed with the findings of the WHO expert panel and recommended the reintroduction of Pentavalent vaccine into the national immunization programme. The findings of the two WHO expert committees and findings and recommendations of the NEC/AEFI was brought before the National Advisory Committee on Communicable

Diseases held on 2nd March 2009 and a decision was taken to reintroduce the Pentavalent vaccine commencing from 1st April 2009.
However, due to death of 13 year old child from severe anaphylaxis within a few hours of administration of rubella vaccine, the issue of quality of vaccines used in the EPI programme came under heavy media scrutiny and the EPI programme came almost to a standstill during the months of April and early May. Situation was further complicated by the 2nd Rubella AEFI death following severe anaphylaxis in August 2009. Because of the above reasons it was compelled to further delay the reintroduction of Pentavalent vaccine.

Then the issues of writing off and replacing the expired Pentavalent vaccines and obtaining fresh stocks were arose and to iron out these issues a meeting was organized at the margins of the World Health Assembly between Hon. Minister of Health, Sri Lanka and CEO GAVI. During this meeting and thereafter in writing, the Government of Sri Lanka made representations to GAVI for the following.

1. Write off and replace the stock of pentavalent vaccine expired in May and June 2009.
2. Write off the co-financing amount to be paid for 2008.
3. Consider writing off the stock due to expire in December 2009 with VVM colour change.

On 23rd July 2009 Hon. Minister of Health received the reply from CEO GAVI agreeing to all above requests and accordingly, the Ministry of Health decided to reintroduce Pentavalent vaccine to the EPI programme on receipt of fresh stocks of vaccines.

On submission of 2008 APR on 09 / 09 / 2009, upon the resolving of above issues, GAVI commitment for co-financing for Pentavalent vaccine and injection safety support (NVS and INS) for 2010 based on the 2008 APR was received on 14th January 2010. Accordingly on receipt of fresh stocks of Pentavalent vaccine was reintroduced to the EPI programme commencing from 1st February. Relevant reports and minutes of meetings are annexed for perusal.
(Annexure 5)

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

As reported through 2009 WHO/UNICEF JRF, it has been observed a gradual reduction in infant immunization coverage since 2008. In 2009 it stands around 88 – 90 % when compared to near 100 % coverage in previous years. However it should note that current routine immunization coverage data contain immunizations performed mainly at the government institutions. It doesn't include the immunizations performed in the private sector institutions. Therefore actual immunization coverage may be higher than what is expressed in routine coverage data. After temporarily suspension of the DTP, Hep B and Hib vaccine in early 2008 and following two AEFI deaths following rubella vaccine in 2009, a drop out of the immunization coverage among infants and in school immunization programme was observed. This can be either due to getting the services from the private sector and a few refraining from receiving immunization due to fear of AEFI. This situation could only be verified by a field survey. A field survey to ascertain this is planed to carry out in Colombo, Gampaha and Kaluthra districts in the month of June with the UNICEF assistance.

1.3 *Data assessments*

1.3.1 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)[1].

There were no discrepancies in immunization coverage data from different sources. Traditionally in Sri Lanka, evaluated immunization coverage is always marginally higher than the administrative coverage, because current EPI information system does not capture the private sector immunization data. The proportion of immunizations performed in the private sector is gradually becoming significant over the pat few years due to the issues highlighted above and the availability of acellular pertussis containing Hexavelant vaccine and MMR in the private sector and aggressive marketing strategies by the private sector pharmaceutical companies.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / NO]. If YES:

Please describe the assessment(s) and when they took place.

No

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

Apart from EPI Coverage survey data from Ampara District in 2008 and DHS Survey data from 2006/2007, no fresh assessments conducted during 2009.

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

Following activities have been planned to undertake in 2009 to capture private sector immunization data and to find the possible reasons for reported low coverage and to rectify the situation.

1. Work jointly with the private sector health development directorate of the Ministry of Health to develop a system to capture private sector immunization data.

2. Develop a web based immunization data management system with the facility of capture private sector immunization data electronically - with UNICEF support

3. Planned to carry out EPI coverage survey this year in Western Province to assess immunization coverage with grater emphasis on source of immunization - With UNICEF support

1.4 *Overall Expenditures and Financing for Immunisation*

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

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

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

Expenditures by Category	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines[2]	643,069	632,164	$634,611
New Vaccines	4,486,000	4,001,000	$4,629,414
Injection supplies with AD syringes	600,266	610,861	$620,077
Injection supply with syringes other than ADs			
Cold Chain equipment	58,897	103,372	$83,358
Operational costs	10,353,675	10,556,849	$10,550,124
Other (please specify)	5,319,394	5,425,782	$5,534,297
Total EPI	21,461,301	21,330,028	22,051,881
Total Government Health			

Exchange rate used	SLR 114/=

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.

Since 2007 there is a separate budget line for immunization programme within the MoH budget. Ministry of finance itself allocate required budget based on the annual estimates. This includes injection safety items and purchase of required cold chain items and funds required for co-financing of GAVI NVS. Immunization is priority project of the government and hence government allocate required funds on priority basis for immunization. For training requirements, special studies and in emergencies funds are available from WHO, and UNICEF. Funds are available for training in 10 priority districts from GAVI HSS budget.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? .....
Please attach the minutes **(Document N°.....)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

Because of the Pentavalent vaccine AEFI crisis and technical discussions related to its reintroduction and issues related to two rubella AEFI deaths in 2009 resulted in frequent convenience National AEFI causality assessment committees, National Advisory Committee on Communicable Diseases (NACCD) to discuss the relevant technical issues and, frequent consultation with WHO Sri Lanka, WHO SEARO and WHO HQ experts to discuss same, the convening of ICC did not arise in 2009 as well. Because majority of the members (Secretary

[2] *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.*

Health, Director General of Health Services, Deputy Director general of Public Health Services, WHO representatives, Representatives of the Collage of Peadiatrics, Representatives of the Collage of Medicine, Representatives of Collage of Community Physicians ect. (Only persons not represented were CBO representatives) of ICC also were members of the above committees as well.

The minutes of the AEFI, NACCD (Annexure 1) and different WHO committees (Annexure 2) convened in 2009 are attached for easy perusal

Are any Civil Society Organisations members of the ICC ?: **[Yes / No].** If yes, which ones?

List CSO member organisations:
1. Sarvodaya Sramadana Sangamaya
2. Rotary Club, Sri Lanka

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

1. Conduct of mass media IEC campaign to regain the confidence in immunization among public and healthcare workers following AEFI crisis due to Pentavalent vaccine and rubella vaccines – UNICEF has already allocated US $ 25,000/= to commence the work in 2010 in their work plan and agreed raise another US $ 60,000/= for the same.

2. Reintroduce the 2nd opportunity for rubella vaccine to the immunization programme in to a different age group, probably as MMR vaccine at school entry.

3. Work jointly with the private sector health development directorate of the Ministry of Health to develop a system to capture private sector immunization data.

4. Develop a web based immunization data management system with the facility of capture private sector immunization data electronically - with UNICEF support

5. Planned to carry out EPI coverage survey this year in Western Province to assess immunization coverage with grater emphasis on source of immunization - With UNICEF support

2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$.....
Remaining funds (carry over) from 2008: US$.....
Balance carried over to 2010: US$.....

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

Sri Lanka is not receiving ISS funds

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[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.

Not applicable

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.

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* 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 N°.....)**.

1.4 *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 previous high), 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.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

No vaccine received during 2009 under NVS due to suspension in 2008.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**

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

If numbers [A] and [B] 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?...)*	•
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 SD)	•

3.2 *Introduction of a New Vaccine in 2009 –* No new vaccines introduced in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	•

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	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 problems encountered in the implementation of the planned activities:

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US$.....

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

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable) –*

Not applicable. No co-financing payments were to be made in 2009 because of the exemption of 2008 supply due to AEFI crisis.

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?
1. Government
2. Donor (specify)
3. Other (specify)

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1.
2.
3.
4.

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

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]*

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[YES / NO]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

EVSM was could not conducted in 2009 due to heavy involvement of EPI and WHO staff in managing AEFI crisis.

When is the next EVSM/VMA* planned? *[mm/yyyy]* *May be in 2011*

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 *Change of vaccine presentation:* No change in vaccine presentation required

If you would prefer during 2011 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 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 meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010* - Not applicable

If 2010 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 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for .....*[vaccine type(s)]* vaccine for the years 2011-.....*[end year].* At the same time it commits itself to co-finance the procurement of .....*[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of .....*[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ..... *[1st and last year]* which is attached to this APR **(Document N°.....).**

The country ICC has endorsed this request for extended support of .....*[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°.....)**

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm]

If you don't confirm, please explain:

4. Injection Safety Support (INS) Not applicable

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash *[YES/NO]* or supplies *[YES/NO]* ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

4.2 *Progress of transition plan for safe injections and management of sharps waste.*

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes	Government
Measles	AD syringes	Government
TT	AD syringes	Government
DTP-containing vaccine	AD syringes	Bundled with new vaccines funded by GAVI

Please report how sharps waste is being disposed of:

Main limitation in safe injection practice is the waste disposal. Still there is no garneted system of waste disposal either through proper incineration or recycling. Burning of immunization waste (filled safety boxes) in open pits is the main practice. Institutions close to a main hospital with incinerator use hospital incinerator for waste disposal. However, there is a rigorous method of monitoring this process at field level, and possibility of unsafe waste disposal is very low. MoH is in negotiation with a few plastic recyclers to explore the possibility of recycling plastic waste after disinfection.

Does the country have an injection safety policy/plan? [YES]
If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

No problems encountered

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)*

Not applicable

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US$): .....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from January (month) to December.(month).
5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
5.1.3 Duration of current National Health Plan is from 2007 (month/year) to 2016 month/year).

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

5.1.4 Duration of the current immunisation cMYP is from 2007 .(month/year) to 2011 (month/year)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.*']

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
Dr. S.C. Wickramasinghe	**Planning Unit- MoH**	**Coordinator**	**scwickrama@sltnet.lk** **0094112674683**
Focal point for any accounting of financial management clarifications:			
Mrs. K.A. Ariyalatha	Finance Division, MoH	Director Expenditure	**aryalatha@hotmail.com**
Other partners and contacts who took part in putting this report together:			

5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

National Level published indicators
Financial Information received from officially recognized program managers and audit report .
Health master plan review meeting minutes and Gavi progress review meeting reviews.

5.1.7 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Need allocation of funds for ministry officials to personally visit the provinces to verify the items purchased and to audit the provincial accounts.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? .. 02.....
Please attach the minutes **(Document N° ANNEXURE VI AND VII** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°. Annexure VIII).**

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	0	887,500.00	1,012,500.00	897,500.00	812,500.00	895,000.00			
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	448,750.00	1,261,250.00	0			
Total funds received from GAVI during the calendar year	0	887,495.00	1,012,500.00	000.00	0	0			
Total expenditure during the calendar year	0	171,937.28	432,482.77	379,584.99	0	0			
Balance carried forward to next calendar year	0	715,557.72	1,295,574.95	915,989.96	0	0			
Amount of funding requested for future calendar year(s)	887,500	1,012,500.00	897,500.00	812,500.00	00	000.00			

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

Delays in receiving funds in 2008 delayed the activities in the other years also. As it was not known that the internal auditors report was not sufficient, it took a long time to organize auditing by the government auditor.

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year (Pls. See Annexure XI)

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:		
Activity 1.1:	Develop HR plan for underserved areas which will be an input for nation HRD plan	This is under planning. The security condition of north and east prevented implementation of the activity.
Activity 1.2:	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, Ratnapura, and Galle,NIHS Kalutara)	As most of the PHC staff training takes part in National Institute of Health Sciences it was included after a decision taken at the health master plan steering committee.
Activity 1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	The training of 300 PHMM in northern province was started. Need to pay for the training.
Activity 1.6	Conduct in-service training programmes for all PHC workers of underserved districts (FHB, Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	Mullaitivu, Killinochchi districts have still no clear situation to conduct training programmes
Objective 2:		
Activity 2.1:	Improve the existing infrastructure facilities at MCH clinic centers in underserved divisions Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	Mullaitivu, Killinochchi districts have still no clear situation
Activity 2.2:	Supply basic MCH equipment packages to all MCH clinics in 10 underserved Districts (Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	- Do
Activity 2.3	Supply 10 double cabs for MOH divisions in 10 underserved districts to ensure effective implementation of PHC services	The allocation was insufficient to purchase 10 double cabs.
Activity 2.4	Supply 500 mopeds for Public Health Midwives in 10 underserved districts for efficient immunization coverage	It is to be reconsidered the provision of mopeds to the PHMM
Activity 2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	Delay in tender procedures

Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.3.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

During the Health Master Plan Review meetings, the management of funds is discussed. Also during review meetings specially held at provinces and the center to discuss GAVI funding, management issues are discussed.

The auditing also helps in the management of funds.

5.3.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

Need to recruit an assistant to maintain the data and also to visit provinces to physically verify the activities conducted.

It is planned to conduct operational research to assess the improvement of immunization activities.

5.3.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:					
Activity 1.1:	Develop HR plan for underserved areas which will be an input for nation HRD plan	00	00	0	
Activity 1.2:	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, Ratnapura, Galle, and NIHS Kalutara)	200,000	100,000	156,503.01	
Activity 1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	100,000	50,000		
Activity 1.6	Conduct in-service training programmes for all PHC workers of underserved districts (FHB, Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	75,000.00	50,000	60,668.63	
Objective 2:					
Activity 2.1:	Improve the existing infrastructure facilities at MCH clinic centres in underserved divisions Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	200,000	100,000	117,143.29	
Activity 2.2:	Supply basic MCH equipment packages to all MCH clinics in 10 underserved divisions	20,000	10,000	25,093.44	

	Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)				
Activity 2.4	Supply 500 mopeds for Public Health Midwives in 10 underserved districts for efficient immunization coverage	30,000	15,000	0	
Activity 2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	37,500	18,750	0	
Activity 2.7	Supply 2 double cabs (to FHB & Epid Unit) for strengthening of central support to MCH services in underserved districts	80,000	40,000	0	

Table 13: Planned HSS Activities for 2010 (Pls. See Annexure IX)

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 3:					
Activity 3.1	Quarterly district management review meetings held in all 10 underserved districts(D/P, FHB, Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	10,000	5,000	2,326.49	
Activity 3.2	Conduct training programs for supervising staff on monitoring and supervision in a developed health system (FHB,Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee, PDHS/Eastern)	30,000	15,000	4,875.30	
Activity 3.3	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff	00	00	1,230.10	
Activity 3.4	Train district level managers and supervisors on PA Tool (FHB, Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	80,000	40,000	0	
Activity 3.5	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	15,000	7,500	11,744.73	
Activity 3.7	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	20,000	10,000	0	

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:	Develop HR plan for underserved areas which will be an input for nation HRD plan	00	00	
Activity 1.2:	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, Ratnapura, Galle, and NIHS Kalutara)	200,000	300,000	The amount received was half the amount in 2010.
Activity 1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	100,000	150,000	The amount received was half the amount in 2010.
Activity 1.6	Conduct in-service training programmes for all PHC workers of underserved districts (FHB,Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	100,000	138,500	The amount received was half the amount in 2010.
Objective 2:				
Activity 2.1:	Improve the existing infrastructure facilities at MCH clinic centers in underserved divisions Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	200,000	300,000	The amount received was half the amount in 2010.
Activity 2.2:	Supply basic MCH equipment packages to all MCH clinics in 10 underserved divisions Nuwaraeliya, Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	20,000	30,000	The amount received was half the amount in 2010.
Activity 2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	37,500	56,250	The amount received was half the amount in 2010.

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 3:				
Activity 3.1	Quarterly district management review meetings held in all 10 underserved districts(D/P,FHB,Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee, PDHS/Eastern))	10,000	15,000	The amount received was half the amount in 2010.
Activity 3.2	Conduct training programs for supervising staff on monitoring and supervision in a developed health system (FHB,Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee, PDHS/Eastern)	30,000	45,000	The amount received was half the amount in 2010.
Activity 3.4	Train district level managers and supervisors on PA Tool (FHB,Nuwaraeliya,Badulla, Jaffna, Mannar, Mulative, Killinochchi, Vavuniya, Ampara, Kalmunai, Batticaloa, Trincomalee)	80,000	120,000	The amount received was half the amount in 2010.
Activity 3.5	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	15,000	22,500	The amount received was half the amount in 2010.
Activity 3.6	Review the quality and efficiency of existing management information system on MCH including EPI	00	00	
Activity 3.7	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	20,000	30,000	The amount received was half the amount in 2010.

5.4 *Programme implementation for 2009 reporting year*

5.4.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

After the conflict there was a need to train PHMM to conduct immunization work. With GAVI funds we were able to pay for the training of PHMM. This will improve the immunization services.

Many immunization centres damaged in the north and in need of repairs in other districts were repaired. This has improved the quality of immunization and enhanced the confidence of people.

Training of staff on immunization helped to build confidence in immunization and the immunization coverage has improved.

As most of the training is conducted at NIHS improvement of lecture hall facilities and residential facilities has greatly improved the conduction of training.

5.4.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

NO

5.5 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further 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 HSS funds.

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

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

The annual allocation for each directorate and province for each objective is decided at a Health Master Plan Steering Committee meeting with the participation of all stakeholders. Proposals have to be prepared and sent for each activity and the proposals are scrutinized the Planning Unit and the persons will be requested to clarify unclear areas or to change the budgets. The edited proposal will be forwarded to the Director(finance) and after receiving her approval the proposal was send to Deputy Director General(Planning), Director General of Health Services and the Secretary Health Services.

Once approval is received the director/province will be informed and a formal request will be sent to the planning unit requesting funds. The planning unit after going through the documents will forward the request to the finance section of the ministry.

The funds sent by GAVI is sent to the treasury and they send imprest to the ministry of health (government) account. If all the documents are OK, the finance unit will issue an advance to conduct the activity. After completion of the activity, the officer will submit a voucher to the finance unit through the planning unit with details of bills and a receipt after depositing the balance money to the government account. Then another advance for an approved activity will be issued.

5.6 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°....Annexure XI .....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N°.....Annexure XII.....)**.

External audit reports for HSS, ISS and CSO-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 HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**. Will be submitted once it is completed.

5.7 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
Under five Mortality Rate	Deaths of children under 5 yrs of age	No of children under 5 yrs	Registrar General's data	16/1000 children under 5 yrs. (2005)	Registrar General's data	12.1
Infant Mortality Rate	Deaths of children under 1 year	Number of live births	Registrar General's Data	11/1000 live Births (2005)	Registrar General's Data	10.1
DPT3	No given DPT3	No of children in the age cohort to get DPT3	Epidemiological Unit	96%(2006)	Epidemiological Unit	90%
% district >80% DPT3	No of districts with >80% coverage for DPT3	Total No of districts	Epidemiological unit	100%(2006)	Epidemiological unit	100%
Proportion of births attended by skilled health care staff in 10 underserved districts	No of births attended by skilled staff	Total number of births	Family Health Bureau	98%(2006)	Family Health Bureau	99%
% children between 1-5 yrs utilizing PHC services at MCH centres in underserved districts	Number of 1 – 5 yrs children utilizing PHC services at MCH centres in underserved districts	Total number of 1 – 5 yrs children in underserved districts	Family Health Bureau	68%(2006)	Family Health Bureau	90%
Postnatal care visit at home within 1st 10 days	No of women who had at least 1 post natal care home visit within 1st 10 days in a year	Total number of post natal mothers within the same year	Family Health Bureau	< 69%(2006)	Family Health Bureau	71%
Staff trained in best practices on MCH in place in 10 districts	No of staff trained in best practices	Total no of staff	Epidemiological unit	NA	Epidemiological unit	50%
All 10 districts have sufficient infrastructure in place and functioning to provide full range of MCH services.	No of centres with sufficient infrastructure facilities	Total number of centres providing services	Family Health Bureau	NA	Family Health Bureau	40%

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators: NA**
Provide justification for any changes in **the denominator:NA**
Provide justification for any changes in **data source:NA**

Table 16: Trend of values achieved

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.8 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	**Amount in US$**	**Duration of support**	**Contributing to which objective of GAVI HSS proposal**

6. Strengthened Involvement of Civil Society Organisations (CSOs)

6.1 *TYPE A: Support to strengthen coordination and representation of CSOs*

This section is to be completed by countries that have received GAVI TYPE A CSO support[5]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N**°.....).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2 *TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP*

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[6] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

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

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

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.5 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

8. 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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 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[7]**
Balance brought forward from 2008 (*balance as of 31 December 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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[8] – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & 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 expenditure						
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

[7] An average rate of CFA 479.11 = USD 1 applied.

[8] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 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[9]**
Balance brought forward from 2008 (*balance as of 31 December 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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[10] – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & 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
TOTAL FOR ACTIVITY 1.1	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**

[9] An average rate of CFA 479.11 = USD 1 applied.

[10] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES						
Non-salary expenditure						
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR ACTIVITY 1.2	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR OBJECTIVE 1	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 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 'Type B'		
	Local Currency (CFA)	Value in USD[11]
Balance brought forward from 2008 (*balance as of 31 December 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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & 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
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

[11] An average rate of CFA 479.11 = USD 1 applied.

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure						
Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure						
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**