



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Sri Lanka

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 31.05.2011 01:25:03

Deadline for submission: 1 Jun 2011

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2011

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DTP-HepB-Hib, 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
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HSS	2012
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2. Signatures

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

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

By signing this page, the Government of Sri Lanka hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Sri Lanka

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr. Ravindra Ruberu, Secretary Health, Ministry of Health	Name	Dr. Suren Batadoda, Director General, Department of National Planning, Ministry of Finance
Date		Date	
Signature		Signature	

This report has been compiled by

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

Full name	Position	Telephone	Email	Action
Dr. Sudath Peiris	Asstant Epidemiologist, Ministry of Health	94112695112	peiristsr@yahoo.com	
Dr. Champika Wickramasinghe	Director Planning, Ministry of Health	94112688255	scwickrama@sltnet.lk	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. U. A. Mendis, Director General of Health Services	Ministry of Health			
Dr. R. Wimal Jayantha, Deputy Director General Planning	Ministry of Health			
Dr. Sunil Settinayaka, Deputy Director General Public Health	Ministry of Health			
Dr. S. R. Jude, Provincial Director of Health Services, Northern Province	Ministry of Health, Northern Province			
Dr. M. Thewarajan, Provincial Director of Health Services, Eastern Province	Ministry of Health, Eastern Province			
Dr. Paba Paliawadana, Chief Epidemiologist	Ministry of Health			
Dr. Sudath Peiris, Asst. Epidemiologist	Ministry of Health			
Dr. Deepthi Perera, Director, MCH	Ministry of Health			
Dr. Neelamani Heawgeegana, Provincial Director of Health Services, Uva Province	Ministry of Health, Uva Province			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	364,565	370,000	375,000	380,000	385,000	390,000
Total infants' deaths	3,752	3,600	3,500	3,400	3,300	3,200
Total surviving infants	360,813	366,400	371,500	376,600	381,700	386,800
Total pregnant women	370,000	375,000	380,000	385,000	390,000	395,000
# of infants vaccinated (to be vaccinated) with BCG	353,278	370,000	375,000	380,000	385,000	390,000
BCG coverage (%) *	97%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	334,153	365,000	370,000	376,000	380,000	385,000
OPV3 coverage (%) **	93%	100%	100%	100%	100%	100%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	340,319	366,400	371,500	376,600	381,700	385,000
# of infants vaccinated (to be vaccinated) with DTP3 ***	334,153	365,000	370,000	376,000	380,000	385,000
DTP3 coverage (%) **	93%	100%	100%	100%	100%	100%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	360,813	366,400	371,500	376,600	381,700	385,000
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	360,813	365,000	370,000	376,000	380,000	385,000
3 rd dose coverage (%) **	100%	100%	100%	100%	100%	100%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	360,813	365,000	370,000	376,000	380,000	385,000
Measles coverage (%) **	100%	100%	100%	100%	100%	100%
Pregnant women vaccinated with TT+	312,933	375,000	380,000	385,000	390,000	395,000
TT+ coverage (%) ****	85%	100%	100%	100%	100%	100%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	2%	0%	0%	0%	0%	0%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

In the previous APR it has been estimated that total number of births for 2010 as 385,000 based on the 2008 actual births and estimates and there after based on previous growth rate.

However, at the time of writing of this report actual number of births (number of live births registered by the Registrar General Department) was available and this number was used for the calculation of new targets.

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

At the time of writing of this report actual number of infant deaths reported by the Registrar General Department (through the death registration system) for the year 2006 was available. This number was less than the projected /estimated numbers previously. Projected estimated from the new baseline is used for the calculation of new surviving infant targets.

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

Based on the above two changes new targets for vaccines has been calculated.

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

No Change

5.2. Immunisation achievements in 2010

5.2.1.

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

Sri Lanka successfully re-introduced the pentavalent vaccine in February 2010 and it was uneventful in 2010. 2010, DPT/Penta 1 to DPT/Penta 3 coverage data has improved in 2010 in compared to 2009. Percentage of children who obtained Hib containing vaccine from private sector may have moved to the government sector in 2010 with the re-introduction of pentavalent vaccine in 2010.

It expected to further improve the coverage in 2011 with the launching of media and PR campaign with UNICEF and WHO assistance to regain the confidence for national immunization programme.

5.2.2.

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

Separate three immunization coverage surveys were conducted in June, 2010 in 3 districts of Western Province (Colombo, Kalutara, Gampaha) to ascertain the immunization coverage and source of immunization. It revealed that immunization coverage for all infants vaccines are almost 100 % and fair proportion of infants (8 - 20 %) obtained their infant immunizations in 2009 from the private sector as indicated in 2009 APR.

5.2.3.

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

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

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

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

In Sri Lanka historically there is no gender bias in access to health and education and hence equal access to immunization is not an issue in Sri Lanka.

5.2.4.

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

There was no challenge as stated above⁴

5.3. Data assessments

5.3.1.

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

There are no much discrepancies. However as stated in 2009 APR, private sector immunizations are not get into the government administrative data. Hence in Sri Lanka administrative coverage is always an under estimate than the actual coverage.

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

5.3.2.

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

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

EPI Coverage survey was carried out in 2010 in three districts. Report is attached.

5.3.3.

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

Planned are underway to obtain private sector immunization data into the administrative data system.

5.3.4.

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

With the UNICEF assistance WEB based immunization information system including e-based immunization registry is under development in lieu of current manual system. When this system comes into function in 2012, it will be much easier to capture the private sector immunization data and improve accuracy

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 110	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	1,644,480	1,644,480	0	0	0				
New Vaccines	4,177,829	541,469	3,636,360	0	0				
Injection supplies with AD syringes	585,821	218,181	367,640	0	0				
Injection supply with syringes other than ADs	26,800	26,800	0	0	0				
Cold Chain equipment	149,978	0	0	46,928	103,050				
Personnel	5,000,000	5,000,000	0	0	0				
Other operational costs	10,425,000	10,425,000	0	0	0				
Supplemental Immunisation Activities	0	0	0	0	0				
IEC and training	250,000	0	0	200,000	50,000				
Total Expenditures for Immunisation	22,259,908								
Total Government Health		17,855,930	4,004,000	246,928	153,050				

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	3,000,000	3,250,000	
New Vaccines	4,500,000	4,500,000	
Injection supplies with AD syringes	600,000	600,000	
Injection supply with syringes other than ADs	50,000	50,000	
Cold Chain equipment	50,000	50,000	
Personnel	5,000,000	5,000,000	
Other operational costs	10,000,000	10,000,000	
Supplemental Immunisation Activities	0	0	
Total Expenditures for Immunisation	23,200,000	23,450,000	

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

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

Government expenditure for traditional vaccines was less in 2010 because of the re-introduction of pentavalent vaccine. Cost for DPT and HBV was not incurred by the government in 2010. Further introduction of Live JE vaccine in 2009 has lead to considerable cost savings in 2010. US \$ 0.5 per dose single dose schedule for LJEV Vs US\$ 7 per dose 4 dose schedule. There were no funding gaps.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 1, 2, 3, 4) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

In Sri Lanka main decision making body on communicable disease control including vaccine preventable diseases is National Advisory Committee on Communicable diseases convene by the Director General of Health Services quarterly. With regard to the introduction of new vaccines are taken at the National Immunization Summit convened by Secretary Health. Minutes of the relevant meetings are attached.

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

If Yes, which ones?

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

List CSO member organisations:	Actions
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5.6. Priority actions in 2011 to 2012

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

2011 - Introduction of MMR vaccine

Further strengthen the media and PR activities to regain the confidence on immunization.

Train all PHC staff on risk benefit communication on immunization, management of anaphylaxis and cardio pulmonary resuscitation (CPR).

Re-establishment and strengthening of EPI systems in Northern and Eastern provinces

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	Gov	
Measles	AD	Gov	
TT	AD	Gov	
DTP-containing vaccine	AD	GAVI and GOV	
JE, DPT, DT, ATd, MR, Rubella	AD	GOV	

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

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

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

No issues except some problems with AD syringers

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

Incineration at urban settings. Open burning at rural settings

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP- HepB- Hib	1,298,700	1,298,700	0	

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

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

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

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

7.1.2.

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

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced	Not introduced	
Phased introduction		Date of introduction
Nationwide introduction		Date of introduction

The time and scale of introduction was as planned in the proposal?		If No, why? However Hib containing pentavalent vaccine introduced and suspended in 2008 was reintroduced in February 2010. Since reintroduction, programme is continuing without issues.

7.2.2.

When is the Post introduction Evaluation (PIE) planned? **Not yet planned**

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

7.2.3.

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

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

In 2010, 5755 cases of AEFIs were reported through the routine reporting system. Out of that 496 were hospitalized and there 6 deaths temporally related to immunizations. National AEFI causality assessment committee determined that non of this 6 deaths has any causal relation to vaccines. There were no impact of AEFIs in immunization programme.

The reduction in immunization coverage observed in 2008 and 2009, with the withdrawal of pentavalent vaccine in 2008 has marginally improved in 2010.

7.2.4.

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

Funds of Vaccines Introduction Grant received in **2010**

\$US	
Receipt date	

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

Not recived

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

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

If Yes, how much? US\$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	541,469	166,400
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	No	
Other	No	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. This is the 1st instance that Sri Lanka EPI programme procured vaccines through UNICEF supply division. There was no laid out procedure on how to transfer government funds to UNICEF. It took several months to get the necessary approvals from different government departments and health ministry officials to transfer above funds to UNICEF.		
2. The relationship created by the activities of Sabin Vaccine institute to bring focal points of Ministry of Health and Ministry of Finance was much facilitated to get required financial allocations for co-financing.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	12	
2 nd Awarded Vaccine		
3 rd Awarded Vaccine		

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? **24.08.2005**

When was the last Vaccine Management Assessment (VMA) conducted? **24.08.2005**

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

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

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

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

Sri Lanka has planned to conduct EVSM and VMA in 2011. Technical and financial support was requested from UNICEF for this activity and it has included in the UNICEF country plan for 2011.

When is the next Effective Vaccine Management (EVM) Assessment planned? **20.09.2011**

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

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

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

If **2011** is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing

agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Pentavalent vaccine for the years 2012 to 2016. At the same time it commits itself to co-finance the procurement of Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

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

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

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

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

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

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

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

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	366,400	371,500	376,600	381,700	386,800		1,883,000
Number of children to be vaccinated with the third dose	Table 1	#	365,000	370,000	376,000	380,000	385,000		1,876,000
Immunisation coverage with the third dose	Table 1	#	100%	100%	100%	100%	100%		
Number of children to be vaccinated with the first dose	Table 1	#	366,400	371,500	376,600	381,700	385,000		1,881,200
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		238,000					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.35	0.65	0.95	1.25	1.55		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Graduating
--------------------	------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.35	0.65	0.95	1.25	1.55
Your co-financing	0.35	0.65	0.95	1.25	1.55

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		704,500	732,800	511,800	266,200	2,215,300
Number of AD syringes	#		735,400	774,700	541,100	281,500	2,332,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		8,175	8,600	6,025	3,125	25,925

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Total value to be co-financed by GAVI	\$		1,850,000	1,811,000	1,111,500	528,500	5,301,000

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		231,800	457,700	694,700	949,200	2,333,400
Number of AD syringes	#		242,000	483,900	734,500	1,003,600	2,464,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		2,700	5,375	8,175	11,150	27,400
Total value to be co-financed by the country	\$		609,000	1,131,000	1,508,000	1,884,000	5,132,000

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

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			24.76%			38.44%			57.58%			78.10%		
B	Number of children to be vaccinated with the first dose	Table 1	366,400	371,500	91,975	279,525	376,600	144,782	231,818	381,700	219,777	161,923	385,000	300,683	84,317
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	1,099,200	1,114,500	275,923	838,577	1,129,800	434,345	695,455	1,145,100	659,330	485,770	1,155,000	902,048	252,952
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	1,154,160	1,170,225	289,719	880,506	1,186,290	456,062	730,228	1,202,355	692,296	510,059	1,212,750	947,150	265,600
G	Vaccines buffer stock	(F – F of previous year) * 0.25		4,017	995	3,022	4,017	1,545	2,472	4,017	2,313	1,704	2,599	2,030	569
H	Stock on 1 January 2011			238,000	58,923	179,077									
I	Total vaccine doses needed	F + G - H		936,242	231,790	704,452	1,190,307	457,606	732,701	1,206,372	694,609	511,763	1,215,349	949,180	266,169
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		977,374	241,974	735,400	1,258,537	483,837	774,700	1,275,520	734,423	541,097	1,284,935	1,003,526	281,409
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		10,849	2,686	8,163	13,970	5,371	8,599	14,159	8,153	6,006	14,263	11,140	3,123
N	Cost of vaccines needed	I x g		2,312,518	572,522	1,739,996	2,761,513	1,061,646	1,699,867	2,448,936	1,410,056	1,038,880	2,248,396	1,755,983	492,413

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca		51,801	12,825	38,976	66,703	25,644	41,059	67,603	38,925	28,678	68,102	53,188	14,914
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		6,944	1,720	5,224	8,941	3,438	5,503	9,062	5,218	3,844	9,129	7,130	1,999
R	Freight cost for vaccines needed	N x fv		80,939	20,039	60,900	96,653	37,158	59,495	85,713	49,353	36,360	78,694	61,460	17,234
S	Freight cost for devices needed	(O+P+Q) x fd		5,875	1,455	4,420	7,565	2,909	4,656	7,667	4,415	3,252	7,724	6,033	1,691
T	Total fund needed	(N+O+P+Q+R+S)		2,458,077	608,558	1,849,519	2,941,375	1,130,792	1,810,583	2,618,981	1,507,965	1,111,016	2,412,045	1,883,791	528,254
U	Total country co-financing	I 3 cc		608,558			1,130,792			1,507,965			1,883,791		
V	Country co-financing % of GAVI supported proportion	U / T		24.76%			38.44%			57.58%			78.10%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		13	Yes
Signatures of members of ICC		2, 20	Yes
Signatures of members of HSCC		11, 12	Yes
Minutes of ICC meetings in 2010		3, 4, 5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		14	Yes
Minutes of HSCC meetings in 2010		15	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		8, 17, 18	Yes
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		9, 10	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		19	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) *	File name: Signature Ministry of Health and Finance.pdf Date/Time: 13.05.2011 08:20:56 Size: 460 KB		
2	File Type: Signatures of members of ICC *	File name: Signature ICC Advisory Committee Members.pdf Date/Time: 13.05.2011 08:22:13 Size: 405 KB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	Minutes of ICC meetings in 2010 * File Desc:	Minutes of ACCD March 2010.doc Date/Time: 13.05.2011 08:28:35 Size: 85 KB		
4	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: Minutes of ACCD June 2010.doc Date/Time: 13.05.2011 08:29:06 Size: 99 KB		
5	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: Minutes of ACCD Dec 2010.docx Date/Time: 13.05.2011 08:29:34 Size: 19 KB		
6	File Type: other File Desc: National Immunization Summit 2010 Report	File name: National Immunization Summit 2010 - Report.docx Date/Time: 13.05.2011 08:43:26 Size: 34 KB		
7	File Type: other File Desc: Immunization Covergae survey Report 2010	File name: Report EPI CS 2010-Final Print.doc Date/Time: 13.05.2011 08:54:07 Size: 925 KB		
8	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: Minutes Health Sector Master Plan Com Meeting	File name: Minutes of the Health Master Plan Steering Committee Meeting held on 13th May 2011.docx Date/Time: 14.05.2011 01:57:56 Size: 12 KB		
9	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: Signature Page HSCC.jpg Date/Time: 14.05.2011 02:03:21 Size: 2 MB		
10	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: Signature Page Stearing Commi.jpg Date/Time: 14.05.2011 02:08:07 Size: 2 MB		
11	File Type: Signatures of members of HSCC * File Desc:	File name: Financial Statment Page 1.jpg Date/Time: 14.05.2011 02:13:09 Size: 2 MB		
12	File Type: Signatures of members of HSCC * File Desc:	File name: Financial Statment Page 2.jpg Date/Time: 14.05.2011 02:19:59 Size: 2 MB		
13	File Type: Signature of Minister of Finance (or delegated	File name: Signature+Ministry+of+Health+and+Finance[1].pdf		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	authority) * File Desc:	Date/Time: 14.05.2011 02:26:42 Size: 460 KB		
14	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Minutes of the Health Master Plan Steering Committee Meeting held on 13th May 2011.docx Date/Time: 14.05.2011 02:29:14 Size: 12 KB		
15	File Type: Minutes of HSCC meetings in 2010 * File Desc:	File name: Minutes of the meeting , November 24.docx Date/Time: 14.05.2011 02:40:29 Size: 13 KB		
16	File Type: other File Desc: GAVI HSS section of APR	File name: HSS section of the APR 2010 @ 18 Feb 2011-cha.doc Date/Time: 31.05.2011 01:22:55 Size: 363 KB		
17	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: sent by the country on June 30.	File name: Minutes 13_05_2011.doc.pdf Date/Time: 30.06.2011 05:07:45 Size: 492 KB		
18	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: list of participants to HSCC meeting - sent along with endorsement on June 30.	File name: List of Participants 13_05_2011.doc Date/Time: 30.06.2011 05:08:36 Size: 22 KB		
19	File Type: new cMYP starting 2012 File Desc: 2010-2016 cmyr-uploaded by nilgun	File name: CMYP 2010 - 2016 Sri Lanka.pdf Date/Time: 01.07.2011 09:08:22 Size: 823 KB		
20	File Type: Signatures of members of ICC * File Desc:	File name: Signature Page ICC.jpg Date/Time: 01.07.2011 09:09:15 Size: 169 KB		
21	File Type: other File Desc: cmyr costing tool	File name: cMYP Costing Tool Sri Lanka 2012_2016-V1.0.xls Date/Time: 01.07.2011 09:10:01 Size: 3 MB		
22	File Type: other File Desc: HSCC meeting and attendance 2010	File name: HSCC meeting and attendance 2010.doc Date/Time: 20.07.2011 11:38:29 Size: 1 MB		
23	File Type: other	File name: Minutes of the combined ICC and HSCC meeting.doc		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc: Minutes of the combined ICC and HSCC meeting	Date/Time: 20.07.2011 11:39:30 Size: 29 KB		
24	File Type: other File Desc: HSS documents - September re-submission	File name: Sri Lanka.zip Date/Time: 02.09.2011 11:26:41 Size: 4 MB		

~ End ~