



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Togo

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **13.05.2011 16:18:36**

Deadline for submission: 1 June 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
SVN	DTP-HepB-Hib, 1 dose/vial, liquid	DTP-HepB-Hib, 1 dose/vial, liquid	2011
SVN	Yellow fever, 10 doses/vial, lyophilized	Yellow fever, 10 doses/vial, lyophilized	2015

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DTP-HepB-Hib, 1 dose/vial, liquid DTP-HepB-Hib, 10 doses/vial, liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
SSV	2011
OSC	2010
RSS	2013

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 Togo 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 Togo

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Mr. Komlan MALLY	Name	Mr. Adji Otèth AYASSOR
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. NASSOURY I. Danladi	Head of Epidemiology Division	+228 2214194/9223497	dinassoury@yahoo.fr	
Mr. LACLE Anani	Head of Immunization Department	+228 221 41 94/912 95 23	lacleae@yahoo.fr	
Dr. ADJEODA Kodjovi E.	EPI WHO Administrator	+228 221 33 60/064 56 01	adjeodak@tg.afro.who.int	
Dr. AFANOU Akouété	EPI Administrator Unicef	+228 223 15 00/904 14 63	aafanou@unicef.org	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Mr. Komlan MALLY	Minister of Health			
Dr. Pierre M'PELE KILEBOU	Resident representative of WHO in Togo			
Dr. Viviane Van STEIRTEGEN	Resident representative of UNICEF-TOGO			
Dr. Koku Sika DOGBE	General Director of Health			
Mr. Aftar MOROU	Research Officer for the Budget Division/Ministry of Economy and Finance			
Mr. Issaka LAGUEBANDE	Executive Officer /Ministry of Development and Land Use Planning			
Mr. Gbehomilo - Nyelolo TOMEGAH	Rotary International /President National PolioPlus Commission			
Mr. ASSAH Hervé	Representative of the World Bank			
Mr. Philippe COLLIGNON	Cooperation Mission			
Mrs. Rosine Sori COULIBALY	Resident Representative/United Nations Development Program			
Dr. Aristide APLOGAN	Preventive Medicine Agency (AMP)			
Mr. Hada TCHINGUE	Resident Representative of Plan-Togo			
Dr. Kuami Guy BATTAH	Health Coordinatorté/Togo Red Cross			

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Sylvain Atayi KOMLANGAN	Director of Primary Health Care			
Dr. Afefa Amivi BABA	Director Directrice/Healthcare Institutions Directorate			
Dr. Atany NYANSA	Director of Pharmacies, Laboratories and Technical Equipment			
Mr. EDORH Hokameto	Director of Planning, Training and Research			
Mr. AKPO-GNANDI Okaté	Director of Common Affairs			
Dr. Danladi NASSOURY	Head of the Epidemiology Division/EPI Coordinator			
Mr. Edem KOFFI- KUMA	Head of the National Information Education & Communication Service			
Dr. Kassouta Komlan Tchiguir N'TAPI	Head of the Family Health Division			

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) - **NOT APPLICABLE**, 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 - **NOT APPLICABLE**, endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

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

Sections

Main

Cover Page

GAVI Alliance Grant Terms and Conditions

1. Application Specification

1.1. NVS & INS

1.2. Other types of support

2. Signatures

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

2.2. ICC Signatures Page

2.3. HSCC Signatures Page

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

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

5.1. Updated baseline and annual targets

5.2. Immunisation achievements in 2010

5.3. Data assessments

5.4. Overall Expenditures and Financing for Immunisation

Table 2a: Overall Expenditure and Financing for Immunisation

Table 2b: Overall Budgeted Expenditures for Immunisation

5.5. Inter-Agency Coordinating Committee (ICC)

5.6. Priority actions in 2011 to 2012

5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

6.2. Management of ISS Funds

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

6.4. Request for ISS reward

Table 3: Calculation of expected ISS reward

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

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

Table 4: Received vaccine doses

7.2. Introduction of a New Vaccine in 2010

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

- 7.5. Change of vaccine presentation
- 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011
- 7.7. Request for continued support for vaccines for 2012 vaccination programme
- 7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost
 - Table 6.1:** UNICEF prices
 - Table 6.2:** Freight costs
- 7.9. Calculation of requirements

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

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

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

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

Table 7.1.4: Calculation of requirements

Table 7.2.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

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

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

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

Table 7.2.4: Calculation of requirements

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. Civil Society Programme (CSO)

11. Comments

12. Annexes

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	264,060	271,036	277,704	284,535	291,535	298,706
Total infants' deaths	12,622	12,956	13,274	13,601	13,935	14,278
Total surviving infants	251,438	258,080	264,430	270,934	277,600	284,428
Total pregnant women	264,060	271,036	277,704	284,535	291,535	298,706
# of infants vaccinated (to be vaccinated) with BCG	249,426	254,774	263,818	270,308	279,873	286,758
BCG coverage (%) *	94%	94%	95%	95%	96%	96%
# of infants vaccinated (to be vaccinated) with OPV3	231,203	240,015	245,919	254,678	263,719	270,207
OPV3 coverage (%) **	92%	93%	93%	94%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	242,683	250,338	256,497	262,806	272,048	278,739
# of infants vaccinated (to be vaccinated) with DTP3 ***	231,954	240,015	245,919	254,678	263,719	270,207
DTP3 coverage (%) **	92%	93%	93%	94%	95%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	242,683	250,338	256,497	262,806	272,048	278,739
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	231,954	240,015	245,919	254,678	263,719	270,207
3 rd dose coverage (%) **	92%	93%	93%	94%	95%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	211,985	221,949	235,342	246,550	258,167	270,207
Yellow Fever coverage (%) **	84%	86%	89%	91%	93%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	20%	20%	20%	20%	20%	20%
Wastage ^[1] factor in base-year and planned thereafter	1.25	1.25	1.25	1.25	1.25	1.25
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	210,235	221,949	235,342	246,550	258,167	270,207
Measles coverage (%) **	84%	86%	89%	91%	93%	95%
Pregnant women vaccinated with TT+	225,584	233,091	247,156	258,927	271,127	283,771
TT+ coverage (%) ****	85%	86%	89%	91%	93%	95%
Vit A supplement to mothers within 6 weeks from delivery	211,248	216,529	221,810	227,092	232,373	237,654
Vit A supplement to infants after 6 months	195,819	201,150	206,179	211,208	216,237	221,265
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	4%	4%	4%	3%	3%	3%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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**

Birth projections do not match the figures provided in the preceding annual progress report because the current projections are from the new cMYP prepared in 2010 which cover the period from 2011 to 2015.

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

Surviving infant projections do not match the figures provided in the preceding annual progress report. Current projections are from the new cMYP prepared in 2010 which cover the period from 2011 to 2015.

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

Togo just completed a new multi-year plan for 2011-2015. Vaccine coverage targets were reviewed taking into account the degree to which the targets in the preceding 2007-2011 plan were reached, especially for the year 2010. Projections for the various coverages for the years 2011 à 2015 were reviewed.

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

No changes.

5.2. Immunisation achievements in 2010

5.2.1.

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

The targets set for 2010 by the Program, which appear in the 2009 annual progress report were reached and even exceeded:

Coverage rates for the pentavalent 3 and OPV 3 vaccines increased from 89% in 2009 to 92% in 2010 versus an expected coverage of 91%. They therefore increased by one point with respect to the expected target and three points with respect to the achievement in 2009 (89%).

BCG coverage also increased by three points with respect to the achievement in 2009 (91%). Yellow fever and measles (84%) remained stagnant with respect to their coverage in 2009 (84%). The drop-out rate for pentavalent (4%) stayed within the limits of estimates (5%).

The main activities conducted in 2010 in the area of strengthening immunization took place with the financial support of the partners (GAVI, WHO, Unicef, Rotary) and the contribution of the Management Committees (COGES): These activities included:

- Continued implementation of the RED approach (Reach Every District) in the country's 35 districts based on the district and regional microplans.

- Immunization activities (in fixed, outreach and mobile posts),
- The supervision of immunization teams and core district teams,
- Monthly monitoring meetings
- The involvement of community liaisons and local radio in social mobilization
- Locating those lost to follow-up with the use of target schedules
- Meeting of EPI officers and focal points responsible for integrated disease surveillance in the regions and districts, with the participation of Regional and Prefectural Directors of Health and the central level, in July 2010. These meetings made it possible to identify problems and propose solutions for resolving them. The second meeting scheduled for December 2010 could not take place until February 2011.
- Validation of the results of the situation analysis in the area of communication for EPI
- Formulation of the EPI Integrated Communication Plan (ICP) - Formulation of the Comprehensive Multi-Year Plan (2011-2015) (cMYP)
- Organization of two polio immunization campaigns in March and May of 2010.
- Organization of two Influenza A (H1N1) immunization campaigns in April and August of 2010.
- Organisation of the national measles immunization campaign in November 2010.

- The country's EPI vaccines and immunization supplies were supplied through UNICEF thanks to a purchase-assistance agreement signed by that U.N. institution and the Togolese government. The regions are supplied with these items once per quarter. Vaccines and supplies were purchased using the financing provided by the government, GAVI, and Unicef.

- In addition to the activities related to strengthening routine immunization mentioned above, Togo carried out two polio immunization campaigns in April and May of 2010.

The main problems encountered are:

- Insufficient financial resources for implementing the EPI and IDSR activities related to:
 - Lack of availability of an operations budget for the Epidemiology Division
 - Problems in raising local financial resources (government), resulting in interruptions in vaccine stocks;
 - Limitation of partnerships to certain agencies (WHO, UNICEF and Rotary)
- Solution provided: An organizational reform of the General Health Directorate with the establishment of the Epidemiology Division is currently in progress. When this reform is completed, the central coordination of the EPI will have an operations budget. The Ministry of Finance and the Economy increased the budget for purchasing vaccines, which is expected to increase from 200 millions CFA to 365 millions.

- The poor performance of certain indicators (vaccine coverage and drop-out rate) in certain districts related to:

- Insufficient qualified personnel at the operational level
- Poor supervision of activities at all levels;

- Solutions provided

- Improved monitoring

- Training of pertinent individuals in EPI management (Lacs [Lake] District and central region)

- Insufficient quality of data related to :

- The use of demographic data obtained on the basis of estimates, since the last general census survey took place in 1980.

- Solutions provided:

- The training of pertinent individuals in DQS is scheduled in 2011
- Updating of demographic data using the results of the last census survey conducted in November 2010. These results should be available in June 2011.

5.2.2.

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

Not applicable

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.

Not applicable

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

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

- The right to access health care is guaranteed for all people, regardless of sex.
- Clear willingness on the part of the government to include the gender approach in all policies
- No discrimination related to sex in the laws and practices

5.2.4.

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

No further comments can be provided on this subject because routine immunization data is not collected by sex. However, there is no obvious obstacle that would prevent males and females from having equal access to immunization services.

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)*.

No discrepancy in data

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

5.3.2.

Have any assessments of administrative data systems been conducted from **2009** to the present? **No**

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

Not applicable

5.3.3.

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

- Pertinent individuals trained in EPI management in 2009 and in tools for managing logistical data, i.e., the DVD-MT and the SMT

- EPI/IDSR data monitoring meetings held monthly in the districts and every six months at the national level

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.

- Continue to hold EPI/IDSR data monitoring meetings every month in the districts and every six months at the national level
- Train district chief physicians, and regional and district EPI/IDSR focal points in DQS
- Introduce DQS in the monitoring system.

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 = 495,359	Enter the rate only; no local currency name
---------------------------	------------------	---

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

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	168,364	168,364	0	0	0				
New Vaccines	2,554,270	48,316	2,505,954	0	0				
Injection supplies with AD syringes	1,139,244	684	1,138,560	11,269	0				
Injection supply with syringes other than ADs	36,462	17,060	8,632	0	0				
Cold Chain equipment	28,262	28,262	0	90,829	0				
Personnel	263,247	102,495	27,452	45,224	42,470				
Other operational costs	187,189	13,367	110,396	1,929,126	18,202				
Supplemental Immunisation Activities	4,305,312	0	14,817		2,361,369				
Other equipment	59,130	49,541	9,589	0	0				
Total Expenditures for Immunisation	8,741,480								
Total Government Health		428,089	3,815,400	2,076,448	2,422,041				

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	411,159	452,784	
New Vaccines	7,148,141	13,202,259	
Injection supplies with AD syringes	219,840	288,386	
Injection supply with syringes other than ADs			
Cold Chain equipment	2,751,680	1,289,865	
Personnel	224,485	230,491	
Other operational costs	1,663,769	1,764,265	
Supplemental Immunisation Activities	2,012,677	7,859,559	
Total Expenditures for Immunisation	14,431,751	25,087,609	

* 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.

Estimated expenditures for 2010 (5,701,345 USD) are higher than actual expenditures in 2010 for routine immunization. This difference can be explained by:

- 1) Insufficient financial resources for the program's activities.
- 2) Problems in mobilizing resources from the government and partners
- 3) Partners are limited to certain agencies (WHO, GAVI and UNICEF)

If this trend continues, the sustainability of the program may be called into question.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 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](#)

- Introduce the data quality self-assessment tool (DQS) before the end of 2011
- Conduct an evaluation of vaccine management and implement the recommendations made
- Implement the recommendations from the audit of the management of GAVI funds (conducted at the end of 2010) for the period from 2007 to 2009, and conduct the audit of the management of GAVI funds for the period 2010 as soon as possible
- Strengthen routine immunization activities, particularly advanced strategy, supervision, monitoring, vaccine and cold chain management in order to increase vaccine coverage and reduce drop-out rates in all districts, for the purpose of limiting the frequency of immunization campaigns in the general situation where financial resources are lacking

Are there any Civil Society Organisations (CSO) member of the ICC?: **Yes**

If Yes, which ones?

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

List CSO member organisations:	Actions
National Polio Plus Commission	
Togo Red Cross	
Union of Non-Governmental Organizations in Togo (UONGTO)	
Federation of Non-Governmental Organizations in Togo (FONGTO)	
Organization for Charity and Integral Development [Organisation pour la Charité et le Développement Intégral] (OCDI)	

5.6. Priority actions in 2011 to 2012

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

The priority actions for 2011-2012 concern:

- review of EPI management aids
- introduction of the DQS (data quality self-assessment tool) in the monitoring system:
- introduction of the pneumococcal vaccine in 2012
- training of pertinent individuals and evaluation in the districts
- improvement of cold chain equipment at the operational level
- training in preventive and curative maintenance of the cold chain
- improvement of AEFI surveillance
- implementation of an immunization campaign against poliomyelitis
- validation and dissemination of the cMYP for better application of the GIVS
- Revitalized implementation of the RED approach (advanced strategy, monitoring, communication, planning/management, supportive supervision) with the following 2011 coverage targets:
 - BCG (>94%),
 - Penta1/OPV 1 (>97 %),
 - Penta3/OPV 3 (>92 %),
 - Measles/Yellow fever (> 86%),
 - TT2+(>85 %)
- strengthening of cooperation with private structures, civil society and traditional medicine facilities
- performing an external review of the EPI or at least one VC survey at the national level
- strengthening of integrated disease surveillance
- dissemination of the integrated communication plan (ICP) through the formulation and implementation of the ICPs in the districts and DRS.

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	Auto-disable (AD) syringe	GOVERNMENT	
Measles	Auto-disable (AD) syringe	GOVERNMENT	
TT	Auto-disable (AD) syringe	GOVERNMENT	

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
DTP-containing vaccine	Auto-disable (AD) syringe	GOVERNMENT/GAVI	
Yellow fever vaccine	Auto-disable (AD) syringe	GOVERNMENT/GAVI	

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

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

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

Yes, the country has an injection safety policy based on the systematic use of auto-disable (AD) syringes for injections, safety boxes for the collection of used AD syringes and incineration as the sharps waste disposal method. The main problems have to do with malfunctions, breakdowns of incinerators, insufficiency and obsolescence of the equipment used by staff in charge of incineration at the sites. The country also has a national plan for the management of health care wastes for the period 2010 - 2014. This plan includes the waste management plan for wastes resulting from immunization activities.

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

- The systematic use of safety boxes for collecting used syringes is effective in all immunization centers.
- Each district has at least two De Montfort incinerators for the disposal of sharps waste resulting from immunization activities.
- A waste collection and disposal plan is formulated at the beginning of every year in each district, and is implemented during the course of the year to ensure the collection and disposal of wastes from all health facilities organized in networks around the incineration sites.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 279,178
Remaining funds (carry over) from 2009	US\$ 155,088
Balance carried over to 2011	US\$ 261,862

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

The activities conducted using ISS funds in 2010:

- Implementation of the RED approach:
- Supervision of the districts and regions by the central level
- Planning and management

- Maintenance of the cold chain
- Provision and maintenance of computer equipment and mobile support equipment
- Participation in the operating expenses of the Epidemiology Division

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.

If No, please complete Part B below.

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

The evaluation of financial management was conducted as part of the process of approving Togo's request for support to strengthen the health system. This evaluation was conducted in November 2010 and included the management system at the country level (Ministry of Finance, Ministry of Health, management of GAVI funds for the EPI, financial management of the technical and financial partners). A memorandum was signed by the Ministry and GAVI in March of 2011. The main recommendations resulting from this evaluation are the following:

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

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

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

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 6) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

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

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			219,126	231,954
2	Number of additional infants that are reported to be vaccinated with DTP3				12,828
3	Calculating	\$20	per additional child vaccinated with DTP3		256,560
4	Rounded-up estimate of expected reward				257,000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	721,100	721,100	0	
Yellow Fever	211,200	211,200	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? ...)

Not applicable

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)

Not applicable

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? **Not applicable**

Please describe the reason and impact of stock-out

Not applicable

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 applicable	
Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

7.2.3.

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

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

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

If Yes, how much? US\$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid	110,720	34,600
2nd Awarded Vaccine Yellow fever, 10 doses/vial, lyophilized	58,525	51,400
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	Government	
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.	The factors that have accelerated the mobilization of resources are: - The government's commitment - The availability of funds in a common basket to simultaneously purchase traditional vaccines and co-finance new and under-utilized vaccines.	
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid		
2 nd Awarded Vaccine Yellow fever, 10 doses/vial, lyophilized		
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.

Not applicable

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?

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

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

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

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

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

The effective vaccine management (EVM) assessment was conducted in Togo from April 12-30, 2011. The assessment report is currently being prepared and will be sent to the GAVI Secretariat along with a plan for improving vaccine management before September 2011.

When is the next Effective Vaccine Management (EVM) Assessment planned? 22.07.2013

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

Pentavalent Liquid 10 doses

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 5) 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 DTP-HepB-Hib Liq 10 doses and Yellow Fever Lyoph 10 doses vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTP-HepB-Hib Liq 10 doses and Yellow Fever Lyoph 10 doses vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of DTP-HepB-Hib Liq 10 doses and Yellow Fever Lyoph 10 doses vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 7).

The country ICC has endorsed this request for extended support of DTP-HepB-Hib Liq 10 doses and Yellow Fever Lyoph 10 doses vaccine at the ICC meeting whose minutes are attached to this APR (Document No 5).

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
Seringue autobloquante	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, lyophilized	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 monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/vial, lyophilized	1	3.400				
Antirougeoleux, 10 doses/vial, lyophilized	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution yellow fever	0	0.038	0.038	0.038	0.038	0.038
Antirovirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirovirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Yellow fever, 5 doses/vial, lyophilized	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10 doses/vial, lyophilized	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	#	258,080	264,430	270,934	277,600	284,428		1,355,472
Number of children to be vaccinated with the third dose	Table 1	#	240,015	245,919	254,678	263,719	270,207		1,274,538
Immunisation coverage with the third dose	Table 1	#	93%	93%	94%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	250,338	256,497	262,806	272,048	278,739		1,320,428
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		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

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

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

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

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		751,000	765,500	784,700	794,300	3,095,500	
Number of AD syringes	#		794,100	809,400	829,800	840,000	3,273,300	
Number of re-constitution syringes	#		0	0	0	0	0	

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item			2011	2012	2013	2014	2015	TOTAL
Number of safety boxes	#			8,825	9,000	9,225	9,325	36,375
Total value to be co-financed by GAVI	\$			1,972,500	1,891,500	1,703,500	1,576,500	7,144,000

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			
			2011	2012	2013	2014	2015	TOTAL
Required supply item			2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#			61,900	67,500	79,700	89,100	298,200
Number of AD syringes	#			65,500	71,300	84,300	94,200	315,300
Number of re-constitution syringes	#			0	0	0	0	0
Number of safety boxes	#			750	800	950	1,050	3,550
Total value to be co-financed by the country	\$			163,000	167,000	173,000	177,000	680,000

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		7.62%			8.09%			9.21%			10.08%			
B	Number of children to be vaccinated with the first dose	Table 1	250,338	256,497	19,533	236,964	262,806	21,271	241,535	272,048	25,063	246,985	278,739	28,090	250,649
C	Number of doses per child	Vaccine parameter	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	
	(schedule)														
D	Number of doses needed	B x C	751,014	769,491	58,598	710,893	788,418	63,811	724,607	816,144	75,188	740,956	836,217	84,269	751,948
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	788,565	807,966	61,528	746,438	827,839	67,002	760,837	856,952	78,947	778,005	878,028	88,482	789,546
G	Vaccines buffer stock	(F – F of previous year) * 0.25		4,851	370	4,481	4,969	403	4,566	7,279	671	6,608	5,269	531	4,738
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		812,817	61,897	750,920	832,808	67,404	765,404	864,231	79,618	784,613	883,297	89,013	794,284
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		859,520	65,454	794,066	880,660	71,277	809,383	914,000	84,203	829,797	934,050	94,127	839,923
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		9,541	727	8,814	9,776	792	8,984	10,146	935	9,211	10,368	1,045	9,323
N	Cost of vaccines needed	I x g		2,007,658	152,886	1,854,77	1,932,115	156,377	1,775,73	1,754,389	161,624	1,592,76	1,634,100	164,674	1,469,426

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
					2			8			5			
O	Cost of AD syringes needed	K x ca	45,555	3,470	42,085	46,675	3,778	42,897	48,442	4,463	43,979	49,505	4,989	44,516
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	6,107	466	5,641	6,257	507	5,750	6,494	599	5,895	6,636	669	5,967
R	Freight cost for vaccines needed	N x fv	70,269	5,352	64,917	67,625	5,474	62,151	61,404	5,657	55,747	57,194	5,764	51,430
S	Freight cost for devices needed	(O+P+Q) x fd	5,167	394	4,773	5,294	429	4,865	5,494	507	4,987	5,615	566	5,049
T	Total fund needed	(N+O+P+Q+R+S)	2,134,756	162,564	1,972,192	2,057,966	166,562	1,891,404	1,876,223	172,847	1,703,376	1,753,050	176,660	1,576,390
U	Total country co-financing	I 3 cc	162,564			166,562			172,847			176,660		
V	Country co-financing % of GAVI supported proportion	U / T	7.62%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions	2011	2012	2013	2014	2015	TOTAL
--	--------------	------	------	------	------	------	-------

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	258,080	264,430	270,934	277,600	284,428		1,355,472
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	86%	89%	91%	93%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	221,949	235,342	246,550	258,167	270,207		1,232,215
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.25	1.25	1.25	1.25	1.25		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

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

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

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

Supply that is procured by GAVI and related cost in US\$		2011	For Approval	For Endorsement			
			2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		239,100	249,800	261,500	273,700	1,024,100
Number of AD syringes	#		213,100	222,400	232,900	243,700	912,100
Number of re-constitution syringes	#		26,600	27,800	29,100	30,400	113,900
Number of safety boxes	#		2,675	2,800	2,925	3,050	11,450
Total value to be co-financed by GAVI	\$		240,500	251,500	263,500	275,500	1,031,000

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

Supply that is procured by the country and related cost in US\$		2011	For approval	For endorsement			
			2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		59,400	62,000	64,900	67,900	254,200
Number of AD syringes	#		52,900	55,200	57,800	60,500	226,400
Number of re-constitution syringes	#		6,600	6,900	7,300	7,600	28,400
Number of safety boxes	#		675	700	725	775	2,875
Total value to be co-financed by the country	\$		60,000	62,500	65,500	68,500	256,500

Table 7.2.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance		19.88%			19.88%			19.88%			19.88%		

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	
B	Number of children to be vaccinated with the first dose	Table 1	221,949	235,342	46,787	188,555	246,550	49,018	197,532	258,167	51,326	206,841	270,207	53,721	216,486
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	221,949	235,342	46,787	188,555	246,550	49,018	197,532	258,167	51,326	206,841	270,207	53,721	216,486
E	Estimated vaccine wastage factor	Wastage factor table	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25
F	Number of doses needed including wastage	D x E	277,437	294,178	58,483	235,695	308,188	61,272	246,916	322,709	64,158	258,551	337,759	67,151	270,608
G	Vaccines buffer stock	(F – F of previous year) * 0.25		4,186	833	3,353	3,503	697	2,806	3,631	722	2,909	3,763	749	3,014
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		298,364	59,316	239,048	311,691	61,968	249,723	326,340	64,880	261,460	341,522	67,899	273,623
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		265,877	52,857	213,020	277,559	55,182	222,377	290,596	57,774	232,822	304,107	60,460	243,647
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		33,119	6,585	26,534	34,598	6,879	27,719	36,224	7,202	29,022	37,909	7,537	30,372

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	3,319	660	2,659	3,465	689	2,776	3,628	722	2,906	3,797	755	3,042
N	Cost of vaccines needed	$I \times g$	255,400	50,774	204,626	266,808	53,045	213,763	279,348	55,537	223,811	292,343	58,122	234,221
O	Cost of AD syringes needed	$K \times ca$	14,092	2,802	11,290	14,711	2,925	11,786	15,402	3,063	12,339	16,118	3,205	12,913
P	Cost of reconstitution syringes needed	$L \times cr$	1,259	251	1,008	1,315	262	1,053	1,377	274	1,103	1,441	287	1,154
Q	Cost of safety boxes needed	$M \times cs$	2,125	423	1,702	2,218	441	1,777	2,322	462	1,860	2,431	484	1,947
R	Freight cost for vaccines needed	$N \times fv$	25,540	5,078	20,462	26,681	5,305	21,376	27,935	5,554	22,381	29,235	5,813	23,422
S	Freight cost for devices needed	$(O+P+Q) \times fd$	1,748	348	1,400	1,825	363	1,462	1,911	380	1,531	1,999	398	1,601
T	Total fund needed	$(N+O+P+Q+R+S)$	300,164	59,673	240,491	313,558	62,339	251,219	328,295	65,268	263,027	343,567	68,305	275,262
U	Total country co-financing	$I \text{ } 3 \text{ } cc$	59,673			62,339			65,268			68,305		
V	Country co-financing % of GAVI supported proportion	U / T	19.88%			19.88%			19.88%			19.88%		

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)

The CSO form is available at this address: [CSO 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.

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

Hallmarks of the fourth year of the 2007-2011 multi-year plan for the Expanded Program on Immunization included the organization in 2010 of two polio JNV campaigns, the organization of one influenza A (H1N1) immunization campaign for priority targets, the formulation of the 2011-2015 strategic communication plan for immunization, the preparation of the 2011-2015 cMYP, and implementation of the RED approach in the country's six regions, using the technical and financial support of the partners (GAVI, WHO, UNICEF and Rotary) and the COGES. The improvement in indicators with respect to 2009 is noteworthy. Indeed, vaccine coverage increased for all vaccines, rising from 91% to 94% for the BCG vaccine, from 89% to 92% for DTP-HepB-Hib3 and OPV3 vaccines, and from 82% to 85% for TT2+. With respect to measles and yellow fever vaccines, coverage remained the same at 84% in 2009 and 2010, although 6,227 additional children were vaccinated against measles and 4,641 additional children were vaccinated against yellow fever. The number of additional children vaccinated with DTP-HepB-Hib 3 in 2010 was 12,828.

GAVI's support of under-utilized vaccines (DTP-HepB-Hib Liq one dose and yellow fever Lyoph 10 doses) will end in December 2011. In view of the results, the members of the ICC request that the Gavi Alliance extend support in Togo for the under-utilized vaccines, i.e., DTP-HepB-Hib Liq 10 doses and yellow fever Lyoph 10 doses, for the period from 2012 to 2015. They expressed the desire that the Togolese government continue to co-finance the purchase of the DTP-HepB-Hib Liq 10 dose and yellow fever Lyoph 10 dose vaccines as it has in the past, based on the minimum levels indicated by GAVI for the proportionate shares.

The process of requesting support for strengthening the health system (RSS) has evolved. Togo's request was definitively approved in 2010 following the completion of the financial management evaluation in November. The RSS has been in the second phase of operations since the first half of 2011, which has included setting up the management structures and beginning the first disbursements.

The ICC is delighted with the results and would like to congratulate the GAVI Alliance, all of the partners, and the government for their multifaceted support and productive and effective collaboration, which is reflected by the significant improvement in the quality of the immunization program in Togo.

The ICC reiterates its suggestion related to giving rewards: beyond a certain vaccine coverage (88% for example), the support for immunization services should include a flat rate portion based on the country's demographic size, and one portion linked to progress made with respect to the number of additional children vaccinated.

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

Annex 2

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Oui
Signature of Minister of Finance (or delegated authority)		2	Oui
Signatures of members of ICC		3	Oui
Signatures of members of HSCC		8	Oui
Minutes of ICC meetings in 2010		4	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Oui
Minutes of HSCC meetings in 2010		9	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		10	Oui
Financial Statement for ISS grant in 2010		6	Oui
Financial Statement for CSO Type B grant in 2010		11	Oui
Financial Statement for HSS grant in 2010		12	Oui
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		7	
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 du ministre de la santé Togo RSA.pdf Date/Time: 13.05.2011 15:07:52 Size: 223 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) *	File name: Signature du ministre des Finances Togo RSA.pdf Date/Time: 13.05.2011 15:09:10 Size: 223 KB		
3	File Type: Signatures of members of ICC *	File name: Signature des membres du CCIATogo RSA2010.pdf		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		Date/Time: 13.05.2011 15:10:06 Size: 536 KB		
4	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: Comptes-rendus des réunions du CCIA en 2010 et listes de présences..pdf Date/Time: 13.05.2011 15:12:53 Size: 2 MB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Compte-rendu de la réunion du CCIA avalisant ce RSA 2010 et liste de présence.pdf Date/Time: 13.05.2011 15:15:41 Size: 1 MB		
6	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: Etat financier pour l'allocation SSV en 2010.pdf Date/Time: 13.05.2011 15:17:31 Size: 511 KB		
7	File Type: new cMYP starting 2012 File Desc:	File name: PPAC PEV Togo - 2011-2015 definitif.pdf Date/Time: 13.05.2011 15:20:41 Size: 2 MB		
8	File Type: Signatures of members of HSCC * File Desc:	File name: Signature des membres du CCSS Togo RSA2010.pdf Date/Time: 13.05.2011 16:03:23 Size: 536 KB		
9	File Type: Minutes of HSCC meetings in 2010 * File Desc:	File name: Comptes-rendus des réunions du CCSS en 2010 et listes de présences.pdf Date/Time: 13.05.2011 16:07:08 Size: 2 MB		
10	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Compte-rendu de la réunion du CCSS avalisant ce RSA 2010 et liste de présence.pdf Date/Time: 13.05.2011 16:09:59 Size: 1 MB		
11	File Type: Financial Statement for CSO Type B grant in 2010 * File Desc:	File name: Etat financier pour l'allocation CSO en 2010.pdf Date/Time: 13.05.2011 16:11:53 Size: 511 KB		
12	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: Etat financier pour l'allocation RSS en 2010.pdf Date/Time: 13.05.2011 16:13:51 Size: 511 KB		

