GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Armenia

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 10:11:22 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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/country/

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

By signing this page, the Government of Armenia 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 Armenia

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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	D. DUMANYAN / Minister of Health, Chair of ICC	**Name**	P. SAFARYAN /Deputy Minister of Finance
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
GAYANE SAHAKYAN	NIP MANAGER	+37410 650305	gayane63@yahoo.com

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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.

Name/Title	Agency/Organization	Signature	Date
S. BARSEGHYAN / Deputy Minister	Ministry of Territorial Management and Substructures		
P. SAFARYAN / Deputy Minister	Ministry of Finance		

V. POGHOSYAN / Deputy Minister	Ministry of Health		
G.BADALYAN / Deputy Minister	Ministry of Economics		
AB.BAKHCHAGULYAN / Head of State Food Safety Service	Ministry of Agriculture		
S.KRMOYAN / Head of Staff	Ministry of Health		
G. GEVORGYAN / Member of State Statistic Committee	National Statistic Service		
J.BAGHDASARYAN / Deputy Minister	Ministry of Labour and Social Affaires		
M. MKRTCHYAN / Deputy Minister	Ministry of Education and Sciense		
A. VANYAN / Chief of State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health		
G. QARYAN / Head of the Department of Custom Clearance	Committee of State Incomes of the Government		
K. SARIBEKYAN /Head of MCH Department	Ministry of Health		
S. HAYRAPETYAN / World Bank - Armenia	World Bank -Armenia		
R. GYURJYAN / Country Director	RVF-Armenia		
J.HARUTYUNYAN /Head of Department of Disaster Medicine	Minstry of Emergency Situations		

A.AVOYAN /Head of Epidemiology Department of Hygiene and Anti-Epidemic Service	Ministry of Defense		
A.SARGSYAN /Epidemiologist of the Department of military medicine	National Security Service		
N.KARAPETYAN / Epidemiologist of Hygiene and Anti-Epidemic Center of Medical Department	National Police		
K.KOSTANYAN / Head of Management of Health Programmes and Quality Department	Ministry of Health		
IZ.ABGARYAN / Head of Department of Legislature	Ministry of Health		
G. GHUKASYAN / WHO Country office	WHO Country Office		
L. HOVAKIMYAN / Manager of Health and Nutrition programmes	UNICEF		
N.ASLANYAN /Chair of NGO	<Center of protection of patients rights> NGO		
R. JAMALYAN / Program Management Specialist	USAID /Armenia		
G. SAHAKYAN / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and Anti-Epidemic Inspectorate		
H.DARBINYAN / Deputy Minister	Ministry of Health		
D.DUMANYAN / Minister, Chair of ICC	Ministry of Health		

A.POGOHOSYAN / Coordinator of Reproductive Health	<Women Resource Center> NGO		

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

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 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.

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

Name/Title	Agency/Organization	Signature	Date
S.KRMOYAN / Head of Staff , Chair of HSCC	Mnistry of Health		
AR. VANYAN / Chief of State Hygienic and Anti-Epidemic Inspectorate	Minstry of Health		
AR.KARAPETYAN / Head of Economy and Finance Department	Minstry of Health		
K.KOSTANYAN / Head of Administration of Health Programmes and quality control Department	Minstry of Health		
K. SARIBEKYAN / Head of Mother and Child healthcare Department	Minstry of Health		
Al. BAZARCHYAN / Head of PH Department	Minstry of Health		

G.SAHAKYAN / NIP Manager, State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health		

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)

Armenia is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	45,164	40,884	45,368	45,368	45,572	45,572	45,777	45,777
Total infants' deaths	460	497	458	458	456	456	458	458
Total surviving infants	44704	40,387	44,910	44,910	45,116	45,116	45,319	45,319
Total pregnant women	58,714	58,200	58,978	58,978	59,243	59,243	59,510	59,510
Number of infants vaccinated (to be vaccinated) with BCG	43,800	38,300	44,000	44,000	44,200	44,200	44,860	44,860
BCG coverage	97 %	94 %	97 %	97 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	43,000	38,890	43,560	43,560	43,900	43,900	44,100	44,100
OPV3 coverage	96 %	96 %	97 %	97 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	43,800	0	44,000	44,000	44,200	44,200	44,400	44,400
Number of infants vaccinated (to be vaccinated) with DTP3	42,460	0	42,660	42,660	43,300	43,300	43,500	43,500
DTP3 coverage	95 %	0 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	43,800	39,562	44,000	44,000	44,200	44,200	44,400	44,400
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	43,800	38,346	44,000	42,660	43,300	43,300	43,500	43,500
DTP-HepB-Hib coverage	95 %	95 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	0	9	0	9	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.1	1.11	1.1	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		0	44,000	44,000	44,200	44,200	44,860	44,860
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		0	44,000	44,000	40,604	40,604	42,147	42,147

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV10) coverage	0 %	0 %	70 %	98 %	90 %	90 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	10	5	10	5	10
Wastage[1] factor in base-year and planned thereafter (%)		1	1.11	1.11	1.05	1.11	1.05	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	43,800	7,037	44,000	44,000	44,200	44,200	44,860	44,860
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	43,800	1,346	44,000	44,000	41,958	41,958	43,053	43,053
Rotavirus coverage	70 %	3 %	90 %	98 %	93 %	93 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	2	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.02	1.05	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	43,200	39,845	43,400	43,400	43,600	43,600	43,800	43,800
Measles coverage	97 %	99 %	97 %	97 %	97 %	97 %	97 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	0 %	3 %	3 %	2 %	2 %	2 %	2 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  JRF births = 39,960

  APR births = 40,884

  Birth figures in JRF for 2012 are Immunization data (children of 0-28days of age registered in primary health facilities). APR for 2012 has been updated based on the figures of the National Statistical Service of Armenia (www.armstat.am) .

- Justification for any changes in **surviving infants**

  Number of surviving infants (40, 387) indicated in 2012 JRF coincides with the same data in APR. However, MoH of Armenia uses its own formula tocalculate coverage for routine vaccines that is different from the formulautilized by GAVI. The denominator used in Armenia is number of children whoreached age of 12 months in the reporting year. The MoH of Armenia collects data on this denominatorfrom primary health facilities that have registries of children resigning intheir catchment area. These registries are updated annually based on householdsurveys.
  GAVI utilizes different denominator to calculate the coverage: number ofsurviving infants in the reporting year. As the denominatorused by MoH to calculate administrative coverage and the denominator used byGAVI might be different, so figures reported in JRF and in APR might be alsodifferent.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  Not applicable.

- Justification for any changes in **wastage by vaccine**

  Not applicable.

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

The overall vaccination coverage improved from2008 to 2012, increasing from 86% to 95% for full vaccination. Activitiescontributed to this improvement within the Immunization program were thefollowing:

1. Policy development for the National Immunization Programme 2010-2015 thatwere adopted by the Armenian Government and semiannual reports on performanceof the Programme submitted to the Government.

2. Conducted supervisory visits on a quarterly basis for supportive purposesand annual monitoring to supervise the Armenian immunization program.

Quarterly supervisions: conducted by epidemiologists who evaluated theimmunization program based on a performance checklist. The results were reported to the national level while recommendations and improvement planswere proposed to local authorities as feedback.

Yearly monitoring: the immunization team at the national level identifiedproblems and obstacles within the Armenian immunization program and discussedtheir findings with Ministry of Health and other stakeholders.

3. Activities conducted during the introduction of Rota vaccine into the National Immunization Schedule : A. Pre-introduction supervisions and monitoring of the National Immunization Program performance with special emphasize on timely vaccination. B.Trainings of PHC staff and HCWs of hospitals, consultation meetings with academic staff and students, NGOs etc.3.Public awareness activities (TV programs, training of mass media representatives, publications, competitions among reporters on immunization agenda etc.), C. Revision of the regulatory documents.
Rota vaccine was introduced in November, 2012. After introduction daily monitoring of Rota performance was conducted in order to avoid unjustified contraindications and to improve timely vaccination. According to monitoring data , timely vaccination of Hib containing pentavalent (DTP+Hep+Hib) vaccine was improved up to 85%.
4. Upgraded cold chain atprimary health care level. 70 refrigerators were procured and distributed toPHC facilities during 2012.

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

Not applicable.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Not applicable.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

There are no observable gender inequalities affecting the access to the health facilities that offer immunization which is reflected by the high national coverage rates.(Immunization coverage survey; 2006 and Immunization Programme Management Review; 2006, DHS survey, 2005 and 2010).

5.4. Data assessments

5.4.1. 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)

Significant discrepancies between immunization coverage data were not revealed during last five years.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

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

Population data from two sources (Nationalstatistical service and MoH) always differ. It is requested to compare data ofthe mentioned sources at the local level before reporting. Besides MoH planed to introduce l case based software in HCFs to improve data management.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 378.96	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2012**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**Ani&Narod Memorial Foundation country**	**NA**	**NA**
Traditional Vaccines*	743,761	743,761	0	0	0	0	0	0
New and underused Vaccines**	787,304	193,804	563,500	0	0	30,000	0	0
Injection supplies (both AD syringes and syringes other than ADs)	62,435	62,435	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	881,225	881,225	0	0	0	0	0	0
Other routine recurrent costs	1,109,730	874,730	100,000	40,000	95,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	3,584,455							
Total Government Health		2,755,955	663,500	40,000	95,000	30,000	0	0

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Not applicable.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Not applicable.

If none has been implemented, briefly state below why those requirements and conditions were not met.

Not applicable.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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 5.5 Overall Expenditures and Financing for Immunisation

No concerns or recommendations from ICC.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
N. Aslanyan /Chair of <Center of protection of patients rights> NGO
A. Poghosyan / Coordinator of Reproductive Health, <Women Resource Center> NGO

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

1.PCV vaccine introduction (revision of regulatory documents, development of training and communication andsocial mobilization materials, conduct National and regional workshops, trainings on Pneumo vaccine introduction).

2.Procurement of cold chain equipments(refrigerators) and distribution to HCFs.

3. Conduct quarterly and annual supportive supervisions to the regions with low performance indicators.

4. Improvement of immunizationinformation systems through introduction of electronic immunization registries

5.9. 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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Syringe, A-D, BCG, 0.05 ml, w/needle	Government
Measles	Syringe, A-D, 0.5 ml, w/needle, ster	Government
TT		

DTP-containing vaccine	Syringe, A-D, 0.5 ml, w/needle, ster	Government and 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?

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

No problems.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

In general two approaches are employed for sharp waste disposal;incineration and open burning.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	18,966	7,187,499
Total funds available in 2012 *(C=A+B)*	18,966	7,187,499
Total Expenditures in 2012 *(D)*	0	0
Balance carried over to 2013 *(E=C-D)*	18,966	7,187,499

6.1.1. 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.

ISS funds are managed by Financial-Economical Department of Ministryof Health and Ministry of Finance. ISS funds are included in national healthsector plans and budgets. Annual Budget for the upcoming year isdeveloped by ISS responsible accountant and discussed at the ICCmeeting.

In order to implementthe Approved Budget, responsible accountant prepares a bid, which is submittedto the Financial Department of the Ministry of Health, which is not aspecific procedure for procurement and capital expenses.The FinancialDepartment on the basis of bid prepares a separate form (if requested sumexceeds one million AMD) based on tender is announced. After collection of thebids, winner of the tender is defined. Duration of the tender from the day ofannouncement up to the date of decision making on the winner of the tenderlasts about 90 calendar days. The company winner provides the services or goodsand receives the payment by bank transfer from the Ministry of Finance.

6.1.2. 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

According to the Government regulation (adopted in 2010), HSS andISS budget funds are allowed to be spent only after Government decision. Forthis purpose draft decisions of the Government on HSS and ISS expenditures arebeing developed by MoH and submitted to the Ministry of Finance for comments.After MoF review, the draft decisions are submitted to the Government forapproval. Several meetings are conducted by Government officials to discuss alldraft documents submitted to that time. Usually this process lasts about 3months.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

During 2012 ISS funds were not been used due to use of NVI grant. GAVI ISS grant will be used in future as the National Immunization Programme of Armenia does not have its own budget line for Immunization Services support. Mainly it covers by donor support.

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

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Armenia is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	149,900	149,900	0	No
Pneumococcal (PCV10)		0	0	Not selected
Rotavirus	114,975	114,000	0	No

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

If values in [A] and [B] are different, specify:

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

  Lower vaccine utilisation than anticipated due to delayed new vaccine introduction (Rota was introduced in November 2012).

- 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)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  Starting from 2011 vaccine distribution system is centralized . Vaccines and injection supplies are distributed from the national warehouse to regional stores quarterly and to HCFs in Yerevan on monthly bases. In the same way, from the regional stores vaccines are distributed to regional HCFs monthly . In 2012 cold chain was upgraded atprimary health care level. 70 refrigerators were procured and distributed toPHC facilities.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Not applicable.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	Yes	01/09/2009
Nationwide introduction	Yes	01/11/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Rota introduction was planned in July, 2012. To avoid political in trigs due to elections of the National Assembly (May, 2012) MoH decided to postpone introduction of rota vaccine.

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV vaccine will be introduced in October, 2013 in order to have at least 1 year epidemiological data on invasive bacterial meningites.

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	Yes	01/11/2012
Nationwide introduction	Yes	01/11/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Due to general elections in Armenia MoH postponed introduction date in to later stages in order to ensure smooth introduction.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **July 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

A comprehensive strategy of communication and social mobilization has been developed with objectives, strategies and education, communication, and advocacy activities to promote parents' and medical professionals. Guidelines on reporting of mild AEFI has been developed, printed and distributed to HCWs involved in Immunization .

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Not available.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	100,000	37,896,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	100,000	37,896,000
Total Expenditures in 2012 (D)	76,445	28,969,600
Balance carried over to 2013 (E=C-D)	23,555	8,926,400

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

In November, 2012 Rota vaccine was introduced into National Immunization calendar.

Activitiesimplemented in the framework of GAVI Introduction Grant were as follows:

1. National workshop for decision makers,regional EPI coordinators etc (jointly with WHO support).

2. Consultation meetings for staff at Yerevan and regional municipalities, managers of HC facilities, hospital HCWs and those not involved in immunization activities but influencing onparents attitude to immunization (academic staff and students, reporters, beneficiaries and members of NGOs).

3. Training of paediatricians, generalpractitioners, family doctors, neonatologists, epidemiologists, vaccine andcold chain managers, nurses etc involved in immunization activities (jointly with WHO support). 4. Monitoring of Immunization activities pre andpost introduction period.

5. Social mobilization and advocacy activities,particularly:

- development of TV programs and broadcasting,

- development of posters, flyers.

6. Revision of guidelines, reporting and recordingforms, vaccination cards.

7. Procurement of combined refrigerators/freezers and distribution of PHC facilities.

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

Printing of revised documents on immunization also was included in the plan of activities. Several tenders were announced for this purpose, but no winner was identified by the end of year 2012 . In the result GAVI NVI Grant was not utilised totally and balance of 8,926,400 AMD (about 23,555 USD) was carried forward to 2013 for printing of revised documents.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

Printing of revised documents on immunization.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	122,688	39,100
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	54,350	21,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	177,038 US$	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		

Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	March	Government
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	March	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	March	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	No need.	

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/about/governance/programme-policies/co-financing/

NA

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(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/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **March 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Armenia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Armenia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Armenia is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	40,387	44,910	45,116	45,319	175,732
	Number of children to be vaccinated with the first dose	Table 4	#	39,562	44,000	44,200	44,400	172,162
	Number of children to be vaccinated with the third dose	Table 4	#	38,346	42,660	43,300	43,500	167,806
	Immunisation coverage with the third dose	Table 4	%	94.95 %	94.99 %	95.97 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.10	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	30,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	30,000				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		1.26	1.82	1.98	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		25.50 %	25.50 %	25.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing		1.25	1.48	1.70
Recommended co-financing as per APR 2011			1.82	1.99
Your co-financing	0.69	1.26	1.82	1.98

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	78,200	45,900	34,400
Number of AD syringes	#	79,100	45,900	34,400
Number of re-constitution syringes	#	43,400	25,500	19,100
Number of safety boxes	#	1,375	800	600
Total value to be co-financed by GAVI	$	206,500	121,500	88,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	70,800	101,900	113,800
Number of AD syringes	#	71,600	101,900	113,800
Number of re-constitution syringes	#	39,300	56,600	63,200
Number of safety boxes	#	1,250	1,775	1,975
Total value to be co-financed by the Country ^[1]	$	187,000	269,000	293,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	47.53 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	39,562	44,000	20,913	23,087
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	118,686	132,000	62,737	69,263
E	Estimated vaccine wastage factor	*Table 4*	1.10	1.10		
F	Number of doses needed including wastage	*D X E*	130,555	145,200	69,010	76,190
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		3,662	1,741	1,921
H	Stock on 1 January 2013	*Table 7.11.1*	30,000			
I	Total vaccine doses needed	*F + G – H*		148,962	70,798	78,164
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		150,585	71,570	79,015
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		82,674	39,293	43,381
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		2,590	1,231	1,359
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		303,287	144,145	159,142
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		7,003	3,329	3,674
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		3,059	1,454	1,605
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		1,503	715	788
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		77,339	36,758	40,581
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		1,157	550	607
T	Total fund needed	*(N+O+P+Q+R+S)*		393,348	186,948	206,400
U	Total country co-financing	*I x country co-financing per dose (cc)*		186,948		
V	Country co-financing % of GAVI supported proportion	*U / T*		47.53 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	68.94 %			76.83 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,200	30,473	13,727	44,400	34,112	10,288
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	132,600	91,417	41,183	133,200	102,336	30,864
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	147,186	101,472	45,714	147,852	113,593	34,259
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	497	343	154	167	129	38
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	147,783	101,884	45,899	148,119	113,798	34,321
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	147,738	101,853	45,885	148,038	113,736	34,302
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	82,020	56,546	25,474	82,207	63,159	19,048
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,551	1,759	792	2,556	1,964	592
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	300,887	207,436	93,451	294,165	226,003	68,162
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	300,887	4,737	2,133	294,165	5,289	1,595
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	3,035	2,093	942	3,042	2,338	704
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	1,480	1,021	459	1,483	1,140	343
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	76,727	52,897	23,830	75,013	57,632	17,381
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,139	786	353	1,141	877	264
T	Total fund needed	*(N+O+P+Q+R+S)*	390,138	268,966	121,172	381,728	293,276	88,452
U	Total country co-financing	*I x country co-financing per dose (cc)*	268,966			293,276		
V	Country co-financing % of GAVI supported proportion	*U / T*	68.94 %			76.83 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	40,387	44,910	45,116	45,319	175,732
	Number of children to be vaccinated with the first dose	Table 4	#	0	44,000	44,200	44,860	133,060
	Number of children to be vaccinated with the third dose	Table 4	#	0	44,000	40,604	42,147	126,751
	Immunisation coverage with the third dose	Table 4	%	0.00 %	97.97 %	90.00 %	93.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	40,000				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		2.21	1.40	2.10	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing		0.70	1.40	2.10
Recommended co-financing as per APR 2011			2.95	3.50
Your co-financing		2.21	1.40	2.10

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	72,700	91,300	64,100
Number of AD syringes	#	74,200	91,000	63,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	825	1,025	725
Total value to be co-financed by GAVI	$	266,000	334,000	234,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	110,900	56,600	86,400
Number of AD syringes	#	113,100	56,500	86,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,275	650	975
Total value to be co-financed by the Country ^[1]	$	406,000	207,000	316,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	60.40 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	44,000	26,576	17,424
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	132,000	79,727	52,273
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.11		
F	**Number of doses needed including wastage**	*D X E*	0	146,520	88,497	58,023
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		36,630	22,125	14,505
H	**Stock on 1 January 2013**	*Table 7.11.1*	40,000			
I	**Total vaccine doses needed**	*F + G – H*		183,550	110,863	72,687
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		187,180	113,056	74,124
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		2,078	1,256	822
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		642,425	388,020	254,405
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		8,704	5,258	3,446
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		1,206	729	477
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		19,273	11,641	7,632
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		671,608	405,646	265,962
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		405,646		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		60.40 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	38.27 %			57.41 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,200	16,918	27,282	44,860	25,755	19,105
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	132,600	50,752	81,848	134,580	77,265	57,315
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	147,186	56,335	90,851	149,384	85,764	63,620
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	167	64	103	550	316	234
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	147,753	56,552	91,201	150,334	86,309	64,025
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	147,372	56,406	90,966	149,995	86,114	63,881
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,636	627	1,009	1,665	956	709
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	517,136	197,931	319,205	526,169	302,081	224,088
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	517,136	2,623	4,230	526,169	4,005	2,970
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	949	364	585	966	555	411
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	15,515	5,939	9,576	15,786	9,063	6,723
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	540,453	206,855	333,598	549,896	315,702	234,194
U	Total country co-financing	*I x country co-financing per dose (cc)*	206,855			315,702		
V	Country co-financing % of GAVI supported proportion	*U / T*	38.27 %			57.41 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	40,387	44,910	45,116	45,319	175,732
	Number of children to be vaccinated with the first dose	Table 4	#	7,037	44,000	44,200	44,860	140,097
	Number of children to be vaccinated with the second dose	Table 4	#	1,346	44,000	41,958	43,053	130,357
	Immunisation coverage with the second dose	Table 4	%	3.33 %	97.97 %	93.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.02	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	25,000				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		1.53	2.04	2.55	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing	0.55	1.05	1.55	2.05
Recommended co-financing as per APR 2011			2.04	2.55
Your co-financing	0.55	1.53	2.04	2.55

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	48,700	22,500	4,600
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	$	130,500	60,500	12,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	64,900	72,000	91,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	174,000	193,000	245,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	57.14 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	7,037	44,000	25,143	18,857
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	14,074	88,000	50,286	37,714
E	**Estimated vaccine wastage factor**	*Table 4*	1.02	1.05		
F	**Number of doses needed including wastage**	*D X E*	14,356	92,400	52,800	39,600
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		19,511	11,150	8,361
H	**Stock on 1 January 2013**	*Table 7.11.1*	25,000			
I	**Total vaccine doses needed**	*F + G – H*		113,411	64,807	48,604
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		289,199	165,257	123,942
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		14,460	8,263	6,197
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		303,659	173,519	130,140
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		173,519		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		57.14 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	76.19 %			95.24 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,200	33,677	10,523	44,860	42,724	2,136
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	88,400	67,353	21,047	89,720	85,448	4,272
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	92,820	70,720	22,100	94,206	89,720	4,486
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	105	80	25	347	331	16
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	94,425	71,943	22,482	96,053	91,479	4,574
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*						
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	240,784	183,454	57,330	244,936	233,273	11,663
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	240,784	0	0	244,936	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	12,040	9,174	2,866	12,247	11,664	583
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	252,824	192,627	60,197	257,183	244,936	12,247
U	Total country co-financing	*I x country co-financing per dose (cc)*	192,627			244,936		
V	Country co-financing % of GAVI supported proportion	*U / T*	76.19 %			95.24 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		94500	90000	107000		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)		94500	0	45000	45000	107000
Remaining funds (carry over) from previous year (*B*)		0	94500	12528	29134	25162
Total Funds available during the calendar year (*C=A+B*)		94500	94500	57528	74134	132162
Total expenditure during the calendar year (*D*)		0	62752	30537	47498	132162
Balance carried forward to next calendar year (*E=C-D*)		94500	12807	26991	26636	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]		90000	45000	45000	107000	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	0			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0			

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)		28561000	0	17388450	16109100	40548720
Remaining funds (carry over) from previous year (*B*)	0	0	28561000	4841000	10429510	9535120
Total Funds available during the calendar year (*C=A+B*)	0	28561000	28561000	22229450	26538610	50083840
Total expenditure during the calendar year (*D*)	0	0	23720000	11799940	17003490	50083840
Balance carried forward to next calendar year (*E=C-D*)	0	28561000	4841000	10429510	9535120	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	302.2	378	386.41	357.98	378.96
Closing on 31 December	0	302.2	378	386.41	357.98	378.96

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

HSS funds are managed by Financial-Economical Department ofMinistry of Health and Ministry of Finance. HSS funds are included in the nationalhealth sector plans and budgets. Annual Budget for the upcoming year isdeveloped by HSS responsible accountant and shared with HSS counsel's keyleaders (head of Financial -Economical Department, Deputy Minister and Head ofStaff). Before submission to MoF for review, HSS and ISS expenditures arediscussed at the ICC meeting.

According to the Government regulation(adopted in 2010), HSS and ISS budget funds are allowed to be spent only afterGovernment decision. For this purpose draft decisions of the Government on HSSand ISS expenditures are being developed by MoH and submitted to the Ministryof Finance for comments. After MoF review, the draft decision is submitted tothe Government for approval. Several meetings are conducted by Governmentofficials to discuss all draft documents submitted to that time (includingdraft decisions on HSS and ISS expenditures). Usually this process lasts about3 months.<?xml:namespace prefix = o />

In order to implement the Approved Budget,responsible accountant prepares a bid that is submitted to the FinancialDepartment of the Ministry of Health, which is not a specific procedure forprocurement and capital expenses.

TheFinancialDepartment on the basis of bid prepares a separate form based on tender is announced. After collection ofthe bids, winner of the tender is defined. Duration of the tender from the dayof announcement up to the date of decision making on the winner of the tenderlasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance. Totally, in 2012 MOH saved 1, 995,690AMD.After reprogramming of total amount in HSS balance of 2,000,030 AMD was spent for additional printing. As ofDecember 31, 2012 there are not remained balance in HSS account.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

Component 1. Health Workforce Development	Activity1.3. Training of district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM Activity 1.6. Train outreach staff during 3 days trainings on maternal and child health using IMCI, Safe Motherhood, Immunization in Practice and Reach Every District training modules Activity 1.8. Train marz and district level programme staff during 2 days trainings responsible for surveillance using WHO's integrated surveillance training module Activity 1.9. Train reporting site (hospital and health facility) during one day training staff on surveillance	100	MoH, Financial-economical Department, HSS commission protocol
Component 2. Establishment of regular and high qua	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	100	MoH, Financial-economical Department, HSS commission protocol
Component 3. Improving access to PHC and PH service	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	100	MoH, Financial-economical Department, HSS commission protocol
Component 4. Strengthening the surveillance system	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	100	MoH, Financial-economical Department, HSS commission protocol

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Component 1. Activity 1.3	Total 480 marz and district level Programme Managers (epidemiologists and family doctors/pediatricians) were trained on MLM before rotavirus vaccine introduction.
Component 1. Activity 1.6	Total 10 outreach teams were trained in Syunik and Tavush marzes on Immunization in Practice and Reach Every District training modules.
Component 1. Activity 1.8	Total 64 participants were trained in marz and district level programme staff during two-days trainings responsible for surveillance.
Component 1. Activity 1.9	Total 507 participants were trained from reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers.
Component 2. Activity 2.2	Supervisory checklists were printed and distributed to all levels for providing supervisory visits. During 2012 supervisory visits were conducted (one time supervisory visit from the National level and 2 quarterly (in 2th and 4thquarters) supervisory visits from the marz level). Supervisory checklists were filled in and sent to the National level for analyses. Based on the analyses circular letters and recommendations were sent to marz level stakeholders.
Component 3.Activity 3.2.	Operational support (fuel) was provided for quarterly monitoring and outreach teams in remote, mountainous and near border areas.
Component 4. Activity 4.3.	Operational support was provided to implementation of surveillance systems, particularly 12,000 guidelines, 3,000 registries , 17,500 vaccination planning journals, 100, 000 reporting forms, 9,000 posters, 100, 000 immunization book for parents , 100, 000 vaccination cards (insert page for child medical record book) were printed and distributed to HCFs and marz/regional surveillance centers (State Hygiene and Anti-epidemic Centers).

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Not applicable. All activities have beenimplemented according to the plan for 2012 (reported in the 2012 APR).

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

Training activities under Component 1 contribute to the implementation of the national Human Resource policy, particularly supporting health workers development and of improvement of the fullyvaccination coverage in the country.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2012 Target**						**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**			**2008**	**2009**	**2010**	**2011**	**2012**		
National DTP3 coverage (%)	86.8%	MOH, NIP/2006	95%	95%	89%	93%	95%	95%	95%	MOH, NIP	NA
% of districts achieving ≥80% DTP3 coverage	69%	MOH, NIP/ 2006	100%	100%	98%	98%	100%	100%	100%	MOH, NIP	NA

BCG – DTP3 drop out rate at national level (%)	3.6%	MOH, NIP/2006	< 3%	1%	9%	6%	3%	1%	1%	MOH, NIP	NA
Number of annual average PHC contact per person	2.4	MOH, SHA/2006	3	4.5	3.3	3.5	4.0	4.5	4.5	MOH, SHA	NA
Under five mortality rate (per 1000)	15.8	NSS/2006	<=12	<=11	12.1	11.9	13.4	13.7	11.6	NSS	Target was not achieved due to improvement of infant deaths registration as a result of changes made in legislature documents.

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Monitoring of Immunization activities in PHC and maternity hospitalsfrom the national level revealed that still false contraindications are inplace directly reflecting on the immunization coverage and contributing to wrongperceptions on vaccine safety and spread of rumors. Discussions at the Ministryof Health revealed that it was mainly due to week training curriculum in themedical academic institutions. Therefore, HSS coordinating commission notingthe importance of continuous education decided to continue training activitiesplanned for 2012 (pre-service trainings for PHC and hospital staff.) andproposed to work simultaneously withMinistry of Education and Sciences to review curriculums. In the result, generalprincipals of the National Immunization programme have been included in the revisedcurriculums of academic institutions. <?xml:namespace prefix = o />

Taking into account that New vaccine (Rotavirus vaccine) will beintroduced into the National Immunization Schedule, and significant part ofHCWs are involved in the HSS training activities, Ministry of Health used thisopportunity once more to inform them about Rotavirus Disease and RotavirusVaccine.

During 2012 the following trainings were conducted :

1. MLM training for 480 marz and district level Programme Managers(epidemiologists and family doctors/pediatricians).

2. Training on Immunization in Practice and Reach Every Districttraining modules in Syunik and Tavush marzes for 10 outreach teams.

3. Training for 64 marz and district level programme staff responsiblefor surveillance of vaccine preventable diseases.

4. Training of 507 participants from hospitals and health facilitieson reporting and recording issues.

Supervisory checklists were printed and distributed to all levelsfor providing supervisory visits. During 2012 supervisory visits were conducted(one time supervisory visit from the National level and 2 quarterly (in 2th and4thquarters) supervisory visits from the marz level). Supervisory checklistswere filled in and sent to the National level for analyses. Based on theanalyses circular letters and recommendations were sent to marz levelstakeholders.

Operational support (fuel) was provided for quarterly monitoringand outreach teams in remote, mountainous and near border areas, particularly total9690 L fuel was procured and distributed.

Operational support was provided to implementation of surveillancesystems, particularly 12,000 guidelines, 3,000 registries , 17,500 vaccinationplanning journals, 100, 000 reporting forms, 9,000 posters, 100, 000immunization book for parents , 100, 000 vaccination cards (insert page forchild medical record book) were printed and distributed to HCFs andmarz/regional surveillance centers (State Hygiene and Anti-epidemic Centers).

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

According to Procurement Law, tenders for printing have been announcedseveral times in the results of which MoH had savings which were reprogrammed forprinting of additional quantities. During 2012 total 12,000 guidelines, 3,000 registries , 17,500vaccination planning journals, 100, 000 reporting forms, 9,000 posters, 100,000 immunization books for parents , 100, 000 vaccination cards (insert pagefor child medical record book) were printed and distributed to HCFs andmarz/regional surveillance centers (State Hygiene and Anti-epidemic Centers).

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Activities implemented at the regional/marz level were monitored by local health authorities and specialists of regionalbranches of the State Hygieneand Anti-Epidemic Inspectorate using special checklists by converting data into indicators.

Activities implemented at the central/national level are monitored by the HSS implementation coordinating commission in the MoH.

Performance at district andmarz level was assessed according to pre-set targets. Low performing districtsand marzes were requested to provide additional information on reasons of failureand measures taken to improve performance and additional inputs needed toimplement those measures, if necessary.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI HSS M&E is harmonized with existing monitoring and reporting system. HSS indicators are already within theexisting reporting/monitoring system. District and Marz State Hygiene andAnti-Epidemic Centres are responsible for monitoring timeliness andcompleteness of surveillance reports. Based on quarterly supervisions throughfilled checklists, district and marz SHAEI Centers are requested to reporton indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

All benefited stakeholders participate in theimplementation of the HSS. Particularly, at the national level (MoH) Mother andChild Health, Primary Health Care departments and State Hygienic andAnti-Epidemic Inspectorate are key stakeholders involvedin the HSS activities.Mother and Child health and Primary Health Care Departments of Ministry ofHealth are responsible for implementation of activities in regard of humanresource development. State Hygiene and Anti-Epidemic Inspectorate ofMinistry of Health is responsible for disease surveillance activities.Financial and Economical Department of Ministry of Health is responsible forsubmission of the Governmental decree on expenditures for the particular year,planning of the tenders and financial reports to the Ministry of Finance.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

In 2012 Civil Society Organizations have notbeen not involved in HSS implementation.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Leading unit responsible for managing GAVI HSS implementation / M&E was HSS Coordination Commission formed by the order of Minister of Heath. All project activities were reportedto the HSS Coordination Commission and discussed at meetings working closelywith Department of Economy and Finance of MoH. Having high level composition,HSS Coordination Commission had a significant influence to internal funddisbursement and in solving problems.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Ministry of Health	Annual reports	NA
National Statistical Service of Armenia	www.armstat.am	NA

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Not applicable.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Armenia **has NOT received GAVI TYPE A CSO support**

Armenia is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Armenia **has NOT received GAVI TYPE B CSO support**

Armenia is not reporting on GAVI TYPE B CSO support for 2012

11. 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

12.1. Annex 1 – Terms of reference ISS

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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 2012	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.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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 2012	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.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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 2012	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

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature.pdf File desc: Date/time: 5/15/2013 9:01:39 AM Size: 1035646
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature.pdf File desc: Date/time: 5/15/2013 9:02:17 AM Size: 1035646
3	Signatures of members of ICC	2.2	✓	ICC signature.pdf File desc: Date/time: 5/15/2013 9:03:21 AM Size: 2571671
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	ICCMinutes -Document N4.doc File desc: Date/time: 5/14/2013 3:19:29 PM Size: 50176
5	Signatures of members of HSCC	2.3	✗	HSS signature.pdf File desc: Date/time: 5/15/2013 9:04:08 AM Size: 1149183
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	HSSMinutes-Document N 6.doc File desc: Date/time: 5/14/2013 3:18:10 PM Size: 48640
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	ISS Document N 8.pdf File desc: Date/time: 5/1/2013 9:35:12 AM Size: 2200564
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	NOT AVAILABLE.docx File desc: Date/time: 5/15/2013 9:45:16 AM Size: 10150
9	Post Introduction Evaluation Report	7.2.2	✓	Penta PIA Document N9.doc File desc: Date/time: 5/13/2013 3:34:21 PM Size: 662528
				NVI Document N 10.pdf

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Date/time: 5/1/2013 9:37:04 AM Size: 1807184
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	NOT AVAILABLE.docx File desc: Date/time: 5/15/2013 9:45:51 AM Size: 10150
12	Latest EVSM/VMA/EVM report	7.5	✓	DOCUMENT N12-EVM ASSESM.doc File desc: Date/time: 5/1/2013 9:39:39 AM Size: 6610432
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	DOCUMENT N13_IMP_PLAN.XLS File desc: Date/time: 5/1/2013 9:54:11 AM Size: 201728
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	DOCUMENT N13_IMP_PLAN.XLS File desc: Date/time: 5/1/2013 9:54:49 AM Size: 201728
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	NOT AVAILABLE.docx File desc: Date/time: 5/15/2013 9:46:24 AM Size: 10150
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	ICCMinutes 2013.doc File desc: Date/time: 5/13/2013 3:35:33 PM Size: 33792
17	Valid cMYP if requesting extension of support	7.8	✗	ARM-cMYP-APR 2011.doc File desc: Date/time: 5/13/2013 3:37:31 PM Size: 1690624
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_ARM_Scenario_A_Revised_2011+FINAL+(upd)+V2.0.xls File desc: Date/time: 5/13/2013 3:38:22 PM Size: 3616256
				HSSDocument N 21.pdf

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	File desc: Date/time: 5/1/2013 9:56:30 AM Size: 3196195
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	NOT AVAILABLE.docx File desc: Date/time: 5/15/2013 9:49:34 AM Size: 10150
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	NOT AVAILABLE.docx File desc: Date/time: 5/15/2013 9:46:58 AM Size: 10150
22	HSS Health Sector review report	9.9.3	✗	NOT AVAILABLE.docx File desc: Date/time: 5/15/2013 9:50:57 AM Size: 10150
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Bank statement.pdf File desc: Date/time: 5/15/2013 9:04:56 AM Size: 87460