



GAVI Alliance

Annual Progress Report **2014**

Submitted by
The Government of
Armenia

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **17/06/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2015

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	2016

1.3. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Armenia from previous year.

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 High Level Review Panel (HLRP) 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	A.MURADYAN / 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 Secretariat has queries on this document):

Full name	Position	Telephone	Email
GAYANE SAHAKYAN	NIP MANAGER	+37410 340444	gsahakyan63@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
A. MURADYAN/ Minister of Health	Chair of ICC		
P. SAFARYAN / Deputy Minister	Ministry of Finance		

S. BARSEGHYAN / Deputy Minister	Ministry of Territorial Management and Substructures		
V. POGHOSYAN / Deputy Minister	Ministry of Health		
G.BADALYAN / Deputy Minister	Ministry of Economics		
J.BAGHDASARYAN / Deputy Minister	Ministry of Labour and Social Affaires		
M. MKRTCHYAN / Deputy Minister	Ministry of Education and Science		
S.KRMOYAN / Head of Staff	Ministry of Health		
G. GEVORGYAN / Member of State Statistic Committee	National Statistic Service		
A.BAKHCHAGULYAN / Head of State Food Safety Service	Ministry of Agriculture		
A. VANYAN / General Director of National Center of Disease Control and Prevention	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		
J.HARUTYUNYAN /Head of Department of Disaster Medicine	Ministry 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		
TS.VARDANYAN/ Head of Management of Health Programmes and Quality Department	Ministry of Health		
IZ.ABGARYAN / Head of Department of Legislature	Ministry of Health		
T.HAKOBYAN/ Head of WHO Country office	WHO Country Office		
L. HOVAKIMYAN / Manager of Health and Nutrition programmes	UNICEF Country Office		
R. JAMALYAN / Program Management Specialist	USAID /Armenia		
N.ASLANYAN /Chair of NGO	<Center of protection of patients rights> NGO		
A.POGOHOSEYAN / Coordinator of Reproductive Health	<Women Resource Center> NGO		
G. SAHAKYAN / NIP Manager, Secretary of ICC	Ministry of Health, NCDC		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

Armenia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

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

Armenia is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

This APR reports on *Armenia's* activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Monitoring the Implementation of GAVI Gender Policy](#)

[5.3. Overall Expenditures and Financing for Immunisation](#)

[5.4. Interagency Coordinating Committee \(ICC\)](#)

[5.5. Priority actions in 2015 to 2016](#)

[5.6. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2014](#)

[6.2. Detailed expenditure of ISS funds during the 2014 calendar year](#)

[6.3. Request for ISS reward](#)

[7. New and Under-used Vaccines Support \(NVS\)](#)

[7.1. Receipt of new & under-used vaccines for 2014 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2014](#)

[7.3. New Vaccine Introduction Grant lump sums 2014](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2014](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2014](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015](#)

[7.9. Request for continued support for vaccines for 2016 vaccination programme](#)

[7.10. Weighted average prices of supply and related freight cost](#)

[7.11. Calculation of requirements](#)

[8. Health Systems Strengthening Support \(HSS\)](#)

[9. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)

[9.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)

[9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)

[10. Comments from ICC/HSCC Chairs](#)

[11. Annexes](#)

[11.1. Annex 1 – Terms of reference ISS](#)

[11.2. Annex 2 – Example income & expenditure ISS](#)

[11.3. Annex 3 – Terms of reference HSS](#)

[11.4. Annex 4 – Example income & expenditure HSS](#)

[11.5. Annex 5 – Terms of reference CSO](#)

[11.6. Annex 6 – Example income & expenditure CSO](#)

[12. Attachments](#)

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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total births	45,572	43,535	45,777	45,777		45,777
Total infants' deaths	456	375	458	458		458
Total surviving infants	45116	43,160	45,319	45,319		45,319
Total pregnant women	59,243	59,000	59,510	59,510		59,510
Number of infants vaccinated (to be vaccinated) with BCG	44,200	42,556	44,860	44,860		44,860
BCG coverage[1]	97 %	98 %	98 %	98 %	0 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	43,900	41,324	44,100	44,100		44,100
OPV3 coverage[2]	97 %	96 %	97 %	97 %	0 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	44,200	42,040	44,400	44,400		44,400
Number of infants vaccinated (to be vaccinated) with DTP3 [3][4]	43,300	40,362	43,500	43,500		43,500
DTP3 coverage[2]	96 %	94 %	96 %	96 %	0 %	96 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	0	1	0	1		1
Wastage[5] factor in base-year and planned thereafter for DTP	1.00	1.01	1.00	1.01	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	44,200	42,040	44,400	44,400		44,400
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	44,200	40,362	43,500	43,500		43,500
DTP-HepB-Hib coverage[2]	98 %	94 %	96 %	96 %	0 %	96 %
Wastage[5] rate in base-year and planned thereafter (%)	10	5	5	5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.05	1.05	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	44,200		44,860			

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	44,200		42,147			
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		11,712		44,860		44,860
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		368		42,147		42,147
Pneumococcal (PCV13) coverage[2]	98 %	1 %	93 %	93 %	0 %	93 %
Wastage[5] rate in base-year and planned thereafter (%)	10	5	10	1		1
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.05	1.11	1.01	1	1.01
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	44,200	39,199	44,860	44,860		44,860
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	44,200	37,603	43,053	43,053		43,053
Rotavirus coverage[2]	98 %	87 %	95 %	95 %	0 %	95 %
Wastage[5] rate in base-year and planned thereafter (%)	5	2	1	1		1
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.02	1.01	1.01	1	1.01
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	43,600	40,432	43,800	43,800		43,800
Measles coverage[2]	97 %	94 %	97 %	97 %	0 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0		0
TT+ coverage[7]	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0
Vit A supplement to infants after 6 months	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	4 %	2 %	2 %	0 %	2 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

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

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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**

No change in births

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

No change om surviving infants

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

Not Applicable.

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

Not Applicable.

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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

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

Not Applicable.

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

5.2.4. 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).

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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\$ = 473	Enter the rate only; Please do not enter local currency name
---------------------------	--------------	--

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	2,449,776	2,449,776	0	0	0	0	0	0
New and underused Vaccines**	1,345,875	666,789	679,086	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	74,744	38,244	36,500	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	950,000	950,000	0	0	0	0	0	0
Other routine recurrent costs	1,265,000	1,160,000	0	5,000	100,000	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	6,085,395							
Total Government Health		5,264,809	715,586	5,000	100,000	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#).

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

If **Yes**, which ones?

List CSO member organisations:
P.Mkrtchyan /Chair of, <Center of protection of patients rights> NGO
A.POGOHOSEYAN / Coordinator of Reproductive Health, <Women Resource Center> NGO

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

1,IPV vaccine introduction (revision of regulatory documents, development of training and communication and social mobilization materials, conduct National and regional workshops, trainings of HCWs and academic staff, development of proposal for IPV vaccine introduction and submission to GAVI). Development of MYP for 2016-2020

2. Procurement of cold chain equipments (refrigerators, cold room, temperature monitoring devices) and distribution to HCFs.

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

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

5. Advocacy and Social mobilization for sustainable Immunization Financing.

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	Syringe, A-D, BCG, 0.05 ml, w/needle	Government
Measles	Syringe, A-D, 0.5 ml, w/needle,	Government
TT	Not Applicable	Not Applicable
DTP-containing vaccine	Syringe, A-D, 0.5 ml, w/needle,	Government
IPV	Syringe, A-D, 0.5 ml, w/needle,	Government
Pneumococcal vaccine	Syringe, A-D, 0.5 ml, w/needle,	Government

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)

NA

Please explain in 2014 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 2014

Armenia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Armenia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Armenia is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV13)	184,000	184,000	0	No
DTP-HepB-Hib	165,200	165,200	110,200	No
Rotavirus	91,200	91,200	0	No

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? ...)

110, 200 doses of DTP-HepB-Hib vaccine were delivered within 4 months. In fact funds were transferred in August, 2014, final decision on switching to liquid presentation was made in November, shipment by UNICEF was done from December, 2014 to April, 2015. As a result the country has encountered a stock-out of DTP-HepB-Hib vaccine in whole country in 2015 at least 2 months.

- 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.

ARM has switched into single dose, liquid presentation of DTP-HepB-Hib vaccine .

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.

Stock -out of DTP-HepB-Hib vaccine was at all levels .

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	01/09/2009
Phased introduction	No	01/09/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Introduction was planned in June , 2009 but introduced in September, 2009 Introduction was postponed in order to guarantee a successful introduction.

When is the Post Introduction Evaluation (PIE) planned? **June 2010**

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	01/09/2014
Phased introduction	No	01/09/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV vaccine was planned to introduce in 2012 but was introduced in in September, 2014 in order to have sufficient epidemiological data on invasive bacterial meningitis (for least 2 years).

When is the Post Introduction Evaluation (PIE) planned? **October 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	01/11/2011
Phased introduction	No	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 into later stages in order to ensure smooth introduction,

When is the Post Introduction Evaluation (PIE) planned? **November 2013**

7.2.2. 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**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
No

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? **No**

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:

Rota vaccine was introduced in the Republic of Armenia November, 2012 among the children born after September, 2013. Two doses Rota vaccination coverage was 90.4% and 91.3% respectively in 2013 and 2014. In order to assess the effectiveness of Rota vaccination in the Republic of Armenia conducted a case-control study in two hospitals: "Nork" infection hospital and "Arabkir Medical Center / Institute for Child and Adolescent Health". During the study vaccination status was compared into two groups of children Rota-positive and Rota-negative born after September 1, 2012. For all children < 5 years of age Rota vaccine effectiveness was 61% (95% CI: 30%-79%, P = 0.002) with vaccination coverage of 52%, while to prevent mild and severe rotavirus disease vaccine effectiveness was 82% (95% CI: 61%-92%, P < 0.001), with vaccination coverage of 34%.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	197,165	74,717,610
Total funds available in 2014 (C=A+B)	197,165	74,717,610
Total Expenditures in 2014 (D)	45,516	17,248,850
Balance carried over to 2015 (E=C-D)	151,649	57,468,760

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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 September, 2014 PCV10 vaccine was introduced into National Immunization calendar.

Activities implemented 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 on parents attitude to immunization (academic staff and students, reporters, beneficiaries and members of NGOs).
3. Training of paediatricians, general practitioners, family doctors, neonatologists, epidemiologists, vaccine and cold chain managers, nurses etc involved in immunization activities (jointly with WHO support).
4. Monitoring of Immunization activities pre and post 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 recording forms, vaccination cards.

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

Cold chain upgrade 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 2014. In the result GAVI NVI Grant was not utilised totally and balance of 57,468,760 AMD (about 151,648.62 USD) was carried forward to 2015.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Cold chain equipment and temperature monitoring devices will be procured in 2015.

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	122,500	55,000
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	716,500	152,400
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	93,000	36,000
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	608,845	
Donor	30,000	
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, 1 dose(s) per vial, LIQUID	336,400	110,200
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	114,400	31,600

Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	148,745	55,500
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	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		

*Note: co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **July 2014**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Armenia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2014, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° 27) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2016 for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2-dose schedule**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2016, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2-dose schedule**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain



7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				2.60 %	2.70 %	2.80 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID				2.90 %	3.00 %	3.00 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID				5.90 %	6.00 %	5.90 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule				3.90 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	45,116	45,319	45,319	135,754
	Number of children to be vaccinated with the first dose	Parameter	#	44,200	44,400	44,400	133,000
	Number of children to be vaccinated with the third dose	Parameter	#	44,200	43,500	43,500	131,200
	Immunisation coverage with the third dose	Parameter	%	97.97 %	95.99 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	7,880			
	Stock across second level Dec 31, 2014 (if available)*		#	8,948			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	7,632			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.00	2.36	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		2.70 %	2.80 %	
fd	Freight cost as % of devices value	Parameter	%				

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

National reporting system based on monthly inventories at each of the three levels

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

Co-financing tables for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

Co-financing group	Graduating		
	2014	2015	2016
Minimum co-financing	1.48	1.96	2.48
Recommended co-financing as per APR 2013			2.48
Your co-financing			2.36

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

		2014	2015	2016
Number of vaccine doses	#	55,000	35,400	0
Number of AD syringes	#	55,200	37,100	0
Number of re-constitution syringes	#	30,300	0	0
Number of safety boxes	#	625	425	0
Total value to be co-financed by GAVI	\$	122,500	94,000	0

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

		2014	2015	2016
Number of vaccine doses	#	110,200	100,500	185,300
Number of AD syringes	#	110,400	105,200	196,500
Number of re-constitution syringes	#	60,600	0	0
Number of safety boxes	#	1,250	1,175	2,050
Total value to be co-financed by the Country [1]	\$	244,500	266,500	459,000

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	44,200	44,400	
B1	Number of children to be vaccinated with the third dose	Table 4	44,200	44,400	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	132,600	131,931	
E	Estimated vaccine wastage factor	Table 4	1.11	1.05	
F	Number of doses needed including wastage	$D \times E$		138,528	
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if(wastage factor of previous year current estimation < wastage factor of previous year original approved): $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1	33,578	7,880	
H3	Shipment plan	Approved volume		135,900	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		135,900	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	44,400	44,400	0
B1	Number of children to be vaccinated with the third dose	Table 4	43,500	43,500	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	131,931	131,931	0
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	138,528	138,528	0
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	0	0	0
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	- 46,694	- 46,694	0
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	5,253	5,253	0
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	185,250	185,250	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	196,488	196,488	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	2,038	2,038	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	437,746	437,746	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,803	8,803	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	12	12	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	12,257	12,257	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	458,818	458,818	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	437,190		
V	Country co-financing % of GAVI supported proportion	U / T	100.00 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	45,116	45,319	45,319	135,754
	Number of children to be vaccinated with the first dose	Parameter	#	44,200	44,860	44,860	133,920
	Number of children to be vaccinated with the third dose	Parameter	#	44,200	42,147	42,147	128,494
	Immunisation coverage with the third dose	Parameter	%	97.97 %	93.00 %	93.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.01	
	Stock in Central Store Dec 31, 2014		#	120,838			
	Stock across second level Dec 31, 2014 (if available)*		#	13,980			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	5,468			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.00	1.95	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		6.00 %	5.90 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

	2014	2015	2016
Minimum co-financing	0.61	1.29	1.95
Recommended co-financing as per			1.95
Your co-financing			1.95

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)**

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	44,200	44,860	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	132,600	134,580	
E	Estimated vaccine wastage factor	Table 4	1.11	1.11	
F	Number of doses needed including wastage	$D \times E$		149,384	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times$ Buffer on doses wasted = $(F - D) \times$ $[XXX] - ((F - D) \text{ of previous year current estimate}) \times$			
H	Stock to be deducted	$H2 \text{ of previous year} - x F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1	0	120,838	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		52,500	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	53.80 %		
B	Number of children to be vaccinated with the first dose	Table 4	44,860	24,137	20,723
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	134,580	72,409	62,171
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	135,926	73,133	62,793
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	337	182	155
H	Stock to be deducted	$H2 \text{ of previous year} - x F \text{ of previous year}$	83,492	44,922	38,570
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times$ vaccine package size	54,000	29,054	24,946
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	56,568	30,436	26,132
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	594	320	274
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	182,412	98,144	84,268
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,535	1,364	1,171
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	3	1
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	10,763	5,791	4,972
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	195,714	105,300	90,414
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	105,300		
V	Country co-financing % of GAVI supported proportion	U / T	53.80 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID	Source		2014	2015	2016	TOTAL
Number of surviving infants	Parameter	#	45,116	45,319	45,319	135,754
Number of children to be vaccinated with the first dose	Parameter	#	44,200	44,860	44,860	133,920
Number of children to be vaccinated with the second dose	Parameter	#	44,200	43,053	43,053	130,306
Immunisation coverage with the second dose	Parameter	%	97.97 %	95.00 %	95.00 %	
Number of doses per child	Parameter	#	2	2	2	
Estimated vaccine wastage factor	Parameter	#	1.05	1.01	1.01	
Stock in Central Store Dec 31, 2014		#	88,767			
Stock across second level Dec 31, 2014 (if available)*		#	6,087			

	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	4,963		
	Number of doses per vial	Parameter	#		1	1
	AD syringes required	Parameter	#		No	No
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		No	No
cc	Country co-financing per dose	Parameter	\$		2.04	2.26
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%			

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

National reporting system based on monthly inventories at each of the three levels.

Co-financing tables for **Rotavirus, 2-dose schedule**

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

	2014	2015	2016
Minimum co-financing	1.50	2.04	2.36
Recommended co-financing as per			2.36
Your co-financing	1.50	2.04	2.26

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)**

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	44,200	44,860	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	132,600	134,580	
E	Estimated vaccine wastage factor	Table 4	1.11	1.11	
F	Number of doses needed including wastage	$D \times E$		149,384	
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$</p>			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1	0	120,838	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		52,500	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	53.80 %		
B	Number of children to be vaccinated with the first dose	Table 4	44,860	24,137	20,723
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	134,580	72,409	62,171
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	135,926	73,133	62,793
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	337	182	155
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	83,492	44,922	38,570
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	54,000	29,054	24,946
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	56,568	30,436	26,132
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	594	320	274
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	182,412	98,144	84,268
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,535	1,364	1,171
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	3	1
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	10,763	5,791	4,972
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	195,714	105,300	90,414
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	105,300		
V	Country co-financing % of GAVI supported proportion	U / T	53.80 %		

8. Health Systems Strengthening Support (HSS)

Armenia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2015

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

9.1. 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 2014

9.2. 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 2014

10. 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

No Comments.

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature -MOH, ICC members.docx File desc: Date/time : 09/05/2015 06:52:02 Size: 12 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature -MOH, ICC members.docx File desc: Date/time : 09/05/2015 06:52:30 Size: 12 KB
3	Signatures of members of ICC	2.2	✓	Signature -MOH, ICC members.docx File desc: Date/time : 09/05/2015 06:52:45 Size: 12 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	ICCMinute -Endorse-PCV change - Document 27.doc File desc: Date/time : 09/05/2015 06:53:53 Size: 34 KB
5	Signatures of members of HSCC	2.3	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 06:55:17 Size: 12 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Not Applicable.docx File desc: Date/time : 09/05/2015 06:55:33 Size: 12 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 06:55:47 Size: 12 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 06:55:58 Size: 12 KB
9	Post Introduction Evaluation Report	7.2.1	✗	Rota PIE report N9.doc File desc: Date/time : 09/05/2015 06:59:11 Size: 6 MB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NVI-Doc10.pdf File desc: Date/time : 09/05/2015 06:59:53 Size: 715 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	Not Applicable.docx File desc: Date/time : 09/05/2015 07:00:11 Size: 12 KB

12	Latest EVSM/VMA/EVM report	7.5	✓	ARM EVM report 2014 V4-Doc 12.doc File desc: Date/time : 09/05/2015 07:00:52 Size: 3 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Doc 13- EVM improvement plan template v2 ARM 2014 xls.xls File desc: Date/time : 09/05/2015 07:01:15 Size: 207 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Doc 14- EVM improvement plan template v2 ARM 2014 xls -progress.xls File desc: Date/time : 09/05/2015 07:01:28 Size: 208 KB
16	Valid cMYP if requesting extension of support	7.8	✗	cMYP FINAL2011.rar File desc: Date/time : 09/05/2015 07:02:35 Size: 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	cMYP FINAL2011.rar File desc: Date/time : 09/05/2015 07:03:32 Size: 1 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	ICCMinutes -Document N4.doc File desc: Date/time : 09/05/2015 07:10:07 Size: 42 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 07:04:08 Size: 12 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 07:04:18 Size: 12 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 07:04:28 Size: 12 KB
22	HSS Health Sector review report	8.9.3	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 07:04:36 Size: 12 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 07:04:46 Size: 12 KB
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	Not Applicable.docx File desc: Date/time : 09/05/2015 07:04:54 Size: 12 KB

25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	Not Applicable.docx File desc: Date/time : 09/05/2015 07:05:01 Size: 12 KB
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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	BANK STATEMENT.html File desc: Date/time : 09/05/2015 07:26:42 Size: 25 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	ICCMinute -Endorse-PCV change - Document 27.doc File desc: Date/time : 09/05/2015 07:08:41 Size: 34 KB
28	Justification for changes in target population	5.1	X	Not Applicable.docx File desc: Date/time : 09/05/2015 07:09:04 Size: 12 KB
	Other		X	Not Applicable.docx File desc: Date/time : 09/05/2015 07:09:14 Size: 12 KB