



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Comoros

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **27.05.2011 07:00:57**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform

<https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, liquid	DTP-HepB-Hib, 1 dose/vial, liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2011

2. Signatures

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

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

By signing this page, the Government of Comoros 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 Comoros

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr Sounhadj Attoumane	Name	Mr Mohamed Bacar Dossar
Date		Date	
Signature		Signature	

This report has been compiled by

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Sainda MOHAMED	DPC/WHO and former National EPI Coordinator	00 269 332 04 48	saindam@km.afro.who.int	
Mr Abdou Said Abdallah MKANDZILE	EPI National Logistics Coordinator	00 269 332 65 12	amkandzile@yahoo.fr	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Sounhadj Attoumane	Ministry of Health, Solidarity and Gender Equity			
Mr Mohamed Bacar Dossar	Ministry of Finance, Budget and Women s Entrepreneurship			
Dr El Badaoui Mohamed	Independent National Pharmacy of Comoros			
Dr Naouirou Mhadji	National Directorate of Health			
Dr Karima Abdrmane	National Directorate of Health Promotion			
Mr Daniel Ali Ismal	Comoros Red Crescent			
Dr Kassankogno Yao	WHO			
Mme Susan Ngongi	UNICEF			
Mr Mamadou Boina Macha	UNFPA			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	20,612	21,161	21,729	22,314	22,919	23,542
Total infants deaths	1,772	1,819	1,867	1,917	1,969	2,024
Total surviving infants	18,840	19,342	19,862	20,397	20,950	21,518
Total pregnant women	34,353	24,688	25,350	26,033	27,501	28,251
# of infants vaccinated (to be vaccinated) with BCG	15,769	19,468	20,643	21,198	21,773	22,365
BCG coverage (%) *	77%	92%	95%	95%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	15,360	17,021	17,875	18,969	19,483	20,014
OPV3 coverage (%) **	82%	88%	90%	93%	93%	93%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	15,316	17,408	18,471	19,377	19,902	20,444
# of infants vaccinated (to be vaccinated) with DTP3 ***	13,889	17,021	17,875	18,969	19,483	20,014
DTP3 coverage (%) **	74%	88%	90%	93%	93%	93%
Wastage ^[1] rate in base-year and planned thereafter (%)	10%	5%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.05	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	15,316	17,408	18,471	19,377	19,902	20,444
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	13,889	17,021	17,875	18,969	19,483	20,014
3 rd dose coverage (%) **	74%	88%	90%	93%	93%	93%
Wastage ^[1] rate in base-year and planned thereafter (%)	10%	5%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.05	1.11	1.11	1.11	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	13,657	16,441	17,279	18,357	19,483	20,013
Measles coverage (%) **	72%	85%	87%	90%	93%	93%
Pregnant women vaccinated with TT+	12,962	14,813	17,238	18,483	20,076	21,189
TT+ coverage (%) ****	38%	60%	68%	71%	73%	75%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	32,700	79,228	83,439	62,122	96,808	101,703
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	9%	2%	3%	2%	2%	2%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section **Baseline and Annual Targets_Baseline and Annual Targets** before you continue.

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

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

Provide justification for any changes in **births**

NA

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

NA

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

NA

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

We hope to change the format of the DTP-HepB-Hib by changing from 1-dose vials to 10-dose vials in 2012. The wastage rate will then also change; instead of 5%, it will be 10%.

5.2. Immunisation achievements in 2010

5.2.1.

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

The planned coverage rate for the pentavalent was 85%, but we reached only 73.7%. This was the result of two inventory disruptions at the beginning and in the middle of the year. These were caused by the destruction of a batch of flocculated vaccines, and by the fact that employees were busy preparing the vaccination campaigns that were carried out in 2010. A measles and H1N1 vaccination campaign were carried out on the three islands. A vaccination coverage study was completed just after the vaccination campaign, and it made it possible to also do a routine vaccination coverage study for children between 12 and 24 months. The national vaccination guide and the cMYP for 2011-2014 were prepared and approved in 2010. Outreach strategy activities were also carried out to attempt to catch up on vaccination coverage with support from the WHO, Unicef and GAVI funds.

5.2.2.

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

The lack of human resources and the lack of vaccines over a long period (January-April 2010 and July 2010) caused our failure to reach the target of 85%. In addition, many of our refrigerators were out of order in the 9 health facilities and the ones that we expected with JICA funding did not arrive on time in 2010. We also lacked vehicles.

5.2.3.

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

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

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

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

All boys and girls are vaccinated without regard to their gender. Studies on vaccination coverage were carried out in 2007 and 2010, and the ratio that was calculated showed no discrimination between the two sexes in terms of early childhood vaccinations.

5.2.4.

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

N/A

5.3. Data assessments

5.3.1.

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

N/A

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

5.3.2.

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

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

5.3.3.

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

The data collection tool (EP monthly activity report sheet) has been improved so that we can include the maximum amount of information on vaccination coverage, wastage rates, disease surveillance, vaccination of pregnant women and women of childbearing age and those who have already completed their vaccinations. The data compilation matrix at the regional and national levels (electronic version) has been reviewed and improved using this information,

in order to allow for processing and analysis of data coming from outlying areas, using a system that protects certain cells in order to avoid data entry errors. Finally, during training supervision at the national and district levels, a data audit is always performed. This compares data sent to the national level electronically with the existing paper copies of data at the district levels.

5.3.4.

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

The data collection tool has been installed in all of the districts that have a computer system, in order to facilitate data collection at the end of the month and in order to avoid data not being sent due to lack of a collection tool. The districts send their data to the regional level every month, and at the same time they get their vaccine supplies. The national level has provided the EPI coordinators on Anjouan and Moheli with an Internet connection so that they can improve the time frame for sending data to the national level. As the national level is on the third island, it is not hard for us to collect data from that island.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 349	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name CARITAS	Donor name AIFO	Donor name	
Traditional Vaccines*	51,302			22,434					
New Vaccines	192,734	18,124	174,310						
Injection supplies with AD syringes	26,640	300	3,906						
Injection supply with syringes other than ADs									
Cold Chain equipment				2,409					
Personnel	43,133	29,233		4,721	2,491	6,000	3,000		
Other operational costs	17,391		5,931	55,864	6,739				
Supplemental Immunisation Activities	134,054	43,806			34,384				
Total Expenditures for Immunisation	465,254								
Total Government Health		91,463	184,147	85,428	43,614	6,000	3,000		

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	33,799	37,566	
New Vaccines	216,079	228,272	
Injection supplies with AD syringes	21,976	22,491	
Injection supply with syringes other than ADs			
Cold Chain equipment	23,609	47,404	
Personnel	28,860	29,437	
Other operational costs	21,474	22,232	
Supplemental Immunisation Activities		167,527	
Total Expenditures for Immunisation	345,797	554,929	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

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

List the key concerns or recommendations, if any, made by the ICC on sections **Updated baseline and annual targets_Updated baseline and annual targets** to **Overall Expenditures and Financing for Immunisation_Overall Expenditures and Financing for Immunisation**

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

If Yes, which ones?

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

List CSO member organisations:	Actions
Comoros Red Crescent	

5.6. Priority actions in 2011 to 2012

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

The NHDP (National Health Development Plan) goals for 2010-2014 related to the EPI are related to the cMYP:

The overall goals for child survival are:

- Reduce the infant and child mortality rate from 71 to 50 per thousand live births by 2014
- Reduce the neonatal mortality rate from 33 to 15 per thousand live births by 2014

The specific goal related to the EPI is: Increase vaccination coverage to 90% and maintain it there for all antigens and all districts by 2014

Actions to be implemented are:

- prepare and implement a national EPI policy including injection safety, the cold chain and management of the EPI;
- ensure availability of vaccines and vaccination supplies for the routine program and for campaigns;
- ensure an active search for hidden people at all levels;
- develop a plan to rehabilitate and maintain the cold chain equipment (solar-powered refrigerators)
- provide districts with microplans that include budgets and are updated
- implement the RED (Reach Every District) approach using microplans
- train employees and EMSP students in MLM
- provide parasite treatment and micronutrients

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD 0,05ml	UNICEF	
Measles	AD 0,5ml	UNICEF	
TT	AD 0,5ml	UNICEF	
DTP-containing vaccine	AD 0,5ml	Co-financing by GAVI and the Comoros Government	

Does the country have an injection safety policy/plan? No

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

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

A new strategic plan for injection safety was supposed to be prepared in 2010 with support from the WHO and UNICEF, but for scheduling reasons, this did not occur. .

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

All vaccination services use safety boxes to collect the AD syringes that they use. 9 health centers out of 17 have a de Monfort incinerator. Only 3 are in working order; 2 need to be repaired and 4 have no operators. There is a pre-fabricated incinerator at the National El Maarouf Hospital which is available for neighboring districts to incinerate their sharps waste. Some District Health Centers burn their waste in the open or they collect it and send it to be incinerated in districts that have working incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 26,737
Balance carried over to 2011	US\$ 19,165

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

Maintenance and general expenses : payment of telephone and Internet bills : 690,533 KMF

Equipment for National EPI Office: purchase of photocopier, video projector, digital camera, external modem, printer/scanner: 1,293,500 KMF

Installation of Internet connections on Anjouan and Moheli_ 115,750 KMF

Vehicles: repair of certain district health center vehicles to support the outreach strategy and the EPI NC_ 243,250 KMF

Contribution to the approval session for the national EPI guide- 299,375 KMF

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.

If No, please complete Part B below.

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

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

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

Although the ISS funds are managed by the Ministry of Health in collaboration with the members of the ICC, they are not included in the national health sector budget.

The signature panel is composed of 4 people:

-the National Health Director

-the Director General of the Autonomous National Pharmacy of the Comoros

-the Comoros Red Crescent Health Coordinator

-the WHO representative

The commercial bank account requires three signatures after the pro forma invoices used by the EPI

National Office are submitted. The EPI National Office keeps the EPI checkbook records, in cooperation with the island Directorates of Health and the districts chief physicians. This must be in compliance with the action plan approved by the ICC.

Supporting documents are kept at the EPI office.

Before checks are signed, there is a procedure whereby the check signers verify the supporting documents.

The funds are used directly from the GAVI-Comoros account.

A financial report is submitted to the members of the ICC at the beginning of each year, as is an annual work plan prepared by the EPI National Office. This includes the activities to be funded by partners and the GAVI Fund.

Is GAVI s ISS support reported on the national health sector budget? No

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

Annex 1 Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 6) (Terms of reference for this financial statement are attached in

). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your 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).

6.4. Request for ISS reward

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

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

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

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

Table 3: Calculation of expected ISS reward

			2000	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			13,889
2	Number of additional infants that are reported to be vaccinated with DTP3			
3	Calculating	\$20	per additional child vaccinated with DTP3	

		2000	2010
		A	B
4	Rounded-up estimate of expected reward		

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

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

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	58,800	78,710	0	

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

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

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

At the beginning of the year, we received 6,550 doses of flocculated vaccines ; these were leftovers from 2009 which were carried over to the beginning of 2010. Thus it became necessary to send a larger number of vaccines in the middle of the year in order to catch up on the children who had not been vaccinated during the period when the vaccines were out of stock (January-March 2010) and additionally to avoid additional stock disruptions.

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

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 4 months

Please describe the reason and impact of stock-out

At the beginning of 2010, we had flocculated vaccines that we had to remove from the vaccination locations (2,116 doses). This caused a two-month stock-out which lasted until February when we received even more flocculated vaccines (6,550 doses). This extended the stock-out until April, 2010. It wasn't until the beginning of April 2010 that we received good quality vaccines, but we had another stock-out in July since a larger than expected number of the new vaccines were used, due to the backlog of children who had not been vaccinated since the beginning of 2010. All of these factors prevented us from reaching our stated goal of 85% vaccination coverage.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

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

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

7.2.3.

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

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

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

If Yes, how much? US\$

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

7.2.5.

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

Annex 2 Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in

.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid	18,424	3,900
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. The Union of the Comoros cannot disburse the total co-financing amount at once, because we have a quarterly budget cycle. This sometimes requires us to pay for vaccine purchases in installments so that we do not have any delays.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid	9	
2 nd Awarded Vaccine		
3 rd Awarded Vaccine		

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

Is GAVI's new vaccine support reported on the national health sector budget? No

7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? 17.11.2008

When was the last Vaccine Management Assessment (VMA) conducted? 17.11.2008

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N 7)

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

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

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

Among the recommendations from the EVM completed in 2008 and aside from those that have already been in effect since 2009, the primary activities carried out in 2010 are :

- Developing and posting an action plan to be used in the event of cold chain problems in each district
- Carrying out and enhancing training supervision in all EPI entities
- Using computerized management in the Moheli Directorate General of Health and standardizing manual information management in the vaccination locations
- Post the list of vaccines and management indicators on the refrigerator so that they are more visible
- Use standard purchase orders at all levels

When is the next Effective Vaccine Management (EVM) Assessment planned? 13.06.2012

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

After studying the criteria for the new presentation which is now available, the Union of the Comoros has opted to use the pentavalent DTP-HepB-Hib vaccine in 10-dose liquid form instead of 1-dose.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 5) that has endorsed the requested change.

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

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for DTP-HepB-Hib vaccine for the years 2012 to 2014. At the same time it commits itself to co-finance the procurement of DTP-HepB-Hib vaccine in accordance with the minimum GAVI co-financing levels as summarised in section **Calculation of requirements_Calculation of requirements**.

The multi-year extension of DTP-HepB-Hib vaccine support is in line with the new cMYP for the years 2012 to 2014 which is attached to this APR (Document No 8).

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

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

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

Confirm here below that your request for 2012 vaccines support is as per section **Calculation of requirements_Calculation of requirements**: Yes

If you dont confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Auto-disable syringe	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, liquid	2	1.600				
DTP-HepB, 10 doses/vial, liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, freeze-dried	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/vial, freeze-dried	1	3.400				
measles, 10 doses/vial, freeze-dried	10	0.240	0.240	0.240	0.240	0.240
pneumococcus (PCV10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
pneumococcus (PCV13), 1 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
Reconstitution syringe-pentavalent	0	0.032	0.032	0.032	0.032	0.032
Reconstitution syringe-yellow fever	0	0.038	0.038	0.038	0.038	0.038
Rotavirus for 2-dose program	1	7.500	6.000	5.000	4.000	3.600
Rotavirus for 3-dose program	1	5.500	4.000	3.333	2.667	2.400
Safety box	0	0.640	0.640	0.640	0.640	0.640
Yellow fever, 5 doses/vial, freeze-dried	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10 doses/vial, freeze-dried	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200000 \$		250000 \$		2000000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	19,342	19,862	20,397	20,950	21,518		102,069
Number of children to be vaccinated with the third dose	Table 1	#	17,021	17,875	18,969	19,483	20,014		93,362
Immunisation coverage with the third dose	Table 1	#	88%	90%	93%	93%	93%		
Number of children to be vaccinated with the first dose	Table 1	#	17,408	18,471	19,377	19,902	20,444		95,602
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.11	1.11	1.11	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		24,950					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	15.00%	15.00%	15.00%	15.00%	15.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB, 10 doses/vial, Liquid

Co-financing group	Faible revenu
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	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		35,600	60,600	61,200	62,300	219,700
Number of AD syringes	#		33,300	60,600	61,200	62,400	217,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		375	675	700	700	2,450

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	52,224	55,413	3,819	51,594	58,131	4,253	53,878	59,706	4,975	54,731	61,332	5,592	55,740
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
F	Number of doses needed including wastage	D x E	54,836	61,509	4,239	57,270	64,526	4,721	59,805	66,274	5,522	60,752	68,079	6,208	61,871
G	Vaccines buffer stock	(F - F of previous year) * 0.25		1,669	116	1,553	755	56	699	437	37	400	452	42	410
H	Stock on 1 January 2011			24,950	1,720	23,230									
I	Total vaccine doses needed	F + G - H		38,228	2,635	35,593	65,281	4,776	60,505	66,711	5,558	61,153	68,531	6,249	62,282
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		35,667	2,458	33,209	65,364	4,782	60,582	66,759	5,562	61,197	68,581	6,253	62,328
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		396	28	368	726	54	672	742	62	680	762	70	692
N	Cost of vaccines needed	I x g		94,424	6,508	87,916	151,452	11,079	140,373	135,424	11,283	124,141	126,783	11,560	115,223
O	Cost of AD	K x ca		1,891	131	1,76	3,465	254	3,21	3,539	295	3,24	3,635	332	3,303

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	syringes needed					0			1			4			
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		254	18	236	465	35	430	475	40	435	488	45	443
R	Freight cost for vaccines needed	N x fv		14,164	977	13,187	22,718	1,662	21,056	20,314	1,693	18,621	19,018	1,734	17,284
S	Freight cost for devices needed	(O+P+Q) x fd		215	15	200	393	29	364	402	34	368	413	38	375
T	Total fund needed	(N+O+P+Q+R+S)		110,948	7,646	103,302	178,493	13,057	165,436	160,154	13,343	146,811	150,337	13,707	136,630
U	Total country co-financing	I 3 cc		7,646			13,057			13,343			13,707		
V	Country co-financing % of GAVI supported proportion	U / T		6.89%			7.32%			8.33%			9.12%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

In 2012, the EPI is planning to prepare for submitting an ISS and HSS support proposal. As for the transition from the 1-dose pentavalent to the 10-dose pentavalent, the ICC has agreed for this to happen, but it has reservations about the increase in the wastage rate which could double. The EPI must build its capacities so that this rate remains lower than 10% in order to be sure that the 10-dose formula will end up being less costly than the single-dose formula. The dollar exchange rate used here is that of December 30, 2010 (\$1=349 KMF). As for the data production systems, it should be noted that the Ministry of Health, in collaboration with its partners, is in the process of improving the National Health Information System in order to guarantee better data coordination. The health information service was established in 2010 as the Department of Health Information and Statistics, with improved Human Resources and adequate equipment to continue producing high-quality data. An integrated Communications plan is also being discussed, in order to give programs a better chance of reaching their goals. An audit of GAVI funds is currently ongoing and you will be receiving the report in the future. UNICEF funds used to purchase traditional vaccines total 51,302 USD but in the donor column for that line, we were not able to insert the correct number.

12. Annexes

Annex 3

TERMS OF REFERENCE:

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

Annex 4

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 5

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

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

MINIMUM REQUIREMENTS FOR CSO Type B FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3, 9	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		6	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		7	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		8	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: On the first page, next to the signature of the Minister of Finance	File name: Signatures des Ministres.pdf Date/Time: 13.05.2011 06:37:46 Size: 1 MB		
2	File Type: Signature of Minister of Finance (or delegated authority) *	File name: Signatures des		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc: On the first page, next to the signature of the Minister of Health	Ministres.pdf Date/Time: 13.05.2011 06:37:46 Size: 1 MB		
3	File Type: Signatures of members of ICC * File Desc:	File name: Signature des CCIA.pdf Date/Time: 20.05.2011 01:22:27 Size: 887 KB		
4	File Type: Minutes of ICC meetings in 2010 * File Desc: The 3 sets of minutes are attached to this	File name: Procs verbal des reunions du CCIA 2010.doc Date/Time: 11.05.2011 09:16:31 Size: 54 KB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Procs verbal de la 2 reunion du CCIA 2011.doc Date/Time: 27.05.2011 05:41:51 Size: 40 KB		
6	File Type: Financial Statement for ISS grant in 2010 * File Desc: On the first page are the expenses incurred in the context of introducing the Hib vaccine with the funding received in 2008. Activities are ongoing and supporting documents are attached here. ISS is on the 2 nd and 3 rd page.	File name: Etats financiers GAVI 2010.pdf Date/Time: 27.05.2011 05:41:51 Size: 3 MB		
7	File Type: EVSM/VMA/EVM report File Desc:	File name: Rapport-EGV.doc Date/Time: 11.05.2011 09:21:47 Size: 583 KB		
8	File Type: new cMYP starting 2012 File Desc: This plan covers 2011-2014	File name: PEV PPAC COMORES 2011-2014 FINAL.doc Date/Time: 11.05.2011 09:24:33 Size: 1 MB		
9	File Type: Signatures of members of ICC *	File name: Liste de prsence		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc: Attendee list for the ICC members at the approval meeting for the 2010 APR	CCIA PEV.pdf Date/Time: 24.05.2011 08:34:10 Size: 912 KB		

~ End ~