



GAVI Alliance

Annual Progress Report **2014**

Submitted by
The Government of
Cuba

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **10/06/2015:**

Deadline for submissions: 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 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/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 for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this 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 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 this 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 this 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

There is no NVS or INS support this year.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in {2014}	Request for Approval of	Eligible For 2014 ISS reward
Health Systems Strengthening (HSS)	Yes	next tranche of HSS Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Cuba** 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).

The Government of **Cuba**

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 Investment and Foreign Collaboration (or delegated authority)	
Name	Dr. Roberto Morales Ojeda	Name	Lic. Ileana Núñez Mordoche
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
Dr Luis Gandul Salabarría	Project Coordinator / Punto Focal	7832-7303	luisgandul@infomed.sld.cu

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

Cuba is not reporting on fund utilisation in 2014 for Immunisation Services (ISS), Injection Safety (INS), nor New and Under-Used Vaccines (NVS) supports

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Luis Gandul Salabarría/Coordinator	MINSAP [Ministry of Public Health]		
Georgina Fonseca Bibesco/International Relations	MINSAP		
Ms. Gilda Toraño Peraza/Laboratory	IPK [Pedro Kourí Institute of Tropical Medicine]		
Dr Marlem Valcarcel/ Immunisation Programme.	MINSAP		
Dr Miguel Angel Galindo/Advisor, Immunisation Programme	MINSAP [Ministry of Public Health]		
Dr Mario Pichardo Diaz/Consultant	PAHO		

Mr. Justo Cardenas /Administrator	PAHO		
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HSCC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

[Redacted]

Comments from the Regional Working Group:

[Redacted]

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

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

3. Table of contents

This APR reports on Cuba'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 \(HSS\)](#)

- [8.1. Report on the use of HSS funds in 2014 and request of a new tranche](#)
- [8.2. Progress on HSS activities in the 2014 fiscal year](#)
- [8.3. General overview of targets achieved](#)
- [8.4. Programme implementation in 2014](#)
- [8.5. Planned HSS Activities for 2015](#)
- [8.6. Planned HSS Activities for 2016](#)
- [8.7. Revised indicators in case of reprogramming](#)
- [8.8. Other sources of funding for HSS](#)
- [8.9. Reporting on the HSS grant](#)
- [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 and maximum wastage values as shown in the **Wastage Rate Table** 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		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	NA	122,643		122,640		125400		124200		124000
Total infants' deaths	NA	514		496		551		534		533
Total surviving infants	NA	122,129		122,144		124849		123666		123467
Total pregnant women	NA	119,460		119,400		119350		119300		119220
Number of infants vaccinated/to be vaccinated		121,621		121,621		122352		121193		120998
BCG coverage[1]	0 %	99 %	0 %	99 %	0 %	98 %	0 %	98 %	0 %	98 %
Number of infants vaccinated/to be vaccinated		124,895		124,895		122352		121193		120998
OPV3 coverage[2]	0 %	102 %	0 %	102 %	0 %	98 %	0 %	98 %	0 %	98 %
Number of infants vaccinated/to be vaccinated[3]		128,860		128,860		122000		121000		120998
Number of infants vaccinated/to be vaccinated[3][4]		128,860		128,860		122000		121000		120998
DTP3 coverage[2]	0 %	106 %	0 %	105 %	0 %	98 %	0 %	98 %	0 %	98 %
Wastage [5] rate base year and planned thereafter (%) for DTP		0		0		0		0		0
Wastage [5] factor in base year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose Measles		128,831		128,830		125000		122000		121000
Measles coverage[2]	0 %	105 %	0 %	105 %	0 %	98 %	0 %	98 %	0 %	98 %
Pregnant women vaccinated with TT+		79,473		79,473		0		0		0
TT+ coverage[7]	0 %	67 %	0 %	67 %	0 %	98 %	0 %	98 %	0 %	98 %
Vit A Supplement to mothers within 6 weeks from delivery		0		0		0		0		0
Vit A Supplement to infants after 6 months	NA	0	NA	0	NA	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	100 %	0 %	100 %	0 %	0 %

[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 check that the tables for DTP3 are correctly filled out

[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

NB: 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 - 2016 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**

Cuba has maintained a constant birth rate since 2012, with approximately 125,500 live births on average, spelling out an oscillation between 11.8 and 11.2. The main reasons that have been studied relate to the country's socio-economic conditions and the inclusion of women in the activities of society, whether in productive, scientific or other fields.

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

Cuba has been reducing its infant mortality rate due to the improvement of social conditions, a higher educational level, the improvement of health infrastructure, training, etc.

- 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. Supporting documents for IPV must also be facilitated as attachments to the APR to justify ANY changes in targets.**

No

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

No

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	
		Children (male)	Children (female)

5.2.2. How have you been using the above data to address gender-related barrier to immunisation access?

5.2.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (e.g., 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/>)

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\$ = 1	Enter the rate only; Please do not enter local currency name
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditures by Category	Expenditure Year	Funding source						
		Country	GAVI	UNICEF	WHO	No	No	No
Traditional Vaccines*	12,962,050	12,890,300	0	71,750	0	0	0	0
New and underused Vaccines**	0	0	0	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	285,000	285,000	0	0	0	0	0	0
Cold chain equipment	1,000	1,000	0	0	0	0	0	0
Personnel	13,181,900	13,181,900	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	24,500	24,500	0	0	0	0	0	0
Campaign costs	0	0	0	0	0	0	0	0
No		0	0	0	0	0	0	0
Total Expenditures for Immunisation	26,454,450							
Total Government Health		26,382,700	0	71,750	0	0	0	0

Traditional Vaccines: BCG, DPT, OPV, 1st Measles dose (or combined MR, MMR), TT. Some countries will also include Hepatitis B and Hib in this line if these vaccines were introduced without Gavi support.

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014 **3**

Please attach the minutes (**Document 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](#)

No

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

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?

- To implement the strategy that guarantees the political priority of the Immunisation Programme.
- To carry out inter-agency coordination activities related to the immunisation programme.
- Meeting for annual formulation and management of the NPI action plan covering funding needs for vaccines, supplies, transport and staff on the local, municipal, provincial and national levels.
- Definition of the work objectives and indicators for the Immunisation Programme on all levels.
- Identification of vaccine, supplies and health staff needs to guarantee immunisation in municipalities with access problems.
- Introduction of new vaccines into the national programme on immunisations.

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	disposable	Government
Measles	disposable	Government
TT	disposable	Government
Vaccine containing DPT	disposable	Government
IPV		

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

No obstacles were found.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

In 2014, sharps disposal consisted of incineration and burial, in agreement with national policy.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Cuba is not reporting on ISS support fund utilisation in 2014

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

Cuba is not reporting on ISS support fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward is not applicable to Cuba in 2014

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

Cuba is not reporting on New and Under-used Vaccines Support (NVS) fund utilisation in 2015

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 DL

	(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?

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? ...)

- 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.

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.

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:

7.2.3. Adverse Event Following Immunization (AEFI)

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

Does your country conduct special studies around:

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

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)		
Remaining funds (carry over) from 2013 (B)		
Total funds available in 2014 (C=A+B)		
Total Expenditures in 2014 (D)		
Balance carried over to 2015 (E=C-D)		

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

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

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

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

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
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government		
Donor		
Other		
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
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	Funding source
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		

***Note:** Co-financing is not obligatory for IPV.

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.

Please attach:

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

If yes, provide details



7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Cuba does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Cuba is not available.

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

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

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

Error: Subreport could not be shown.

7.11. Calculation of requirements

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below).

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start-up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

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

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report.
- c. Latest Health Sector Review Report.
- d. Financial statement for the use of HSS funds in the 2014 calendar year.
- e. External audit report for HSS funds during the most recent fiscal year (if available).

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year.

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

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

8.1.1. Financial statement for the use of HSS funds in the **2014** calendar year.

Please complete [Table 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency.

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 8.1.3.a](#) and [Table 8.1.3.b](#).

8.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: US\$ **1 032 500**

These funds must be sufficient to implement the HSS grant up to December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budget (as per the originally approved HSS proposal)	0	0	0	0	0	602,000
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	1 249,047*
Total funds received from GAVI during the calendar year (A)	0	0	0	0	0	1 249,047*
Remaining funds (carry over) from the previous year (B)	0		0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	1 249,047
Total expenditure during the calendar year (D).	0	0	0	0	0	33 927.02
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	1 215 119.98
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	1,032 500

- The difference in the funds received is equal to the 7% that the PAHO Office deducts in concept of administration (PSC)

	2015	2016	2017	2018
Original annual budget (as per the originally approved HSS proposal)	655 141	626000	406500	0

Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from the previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D).	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	547 400		0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1 215 119.98	626000	406500	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as per the originally approved HSS proposal)	0	0	0	0	0	602,000
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	1,249,047
Total funds received from GAVI during the calendar year (A)	0	0	0	0	0	1,249,047
Remaining funds (carry over) from the previous year (B)	0	0	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	1,249,047
Total expenditure during the calendar year (D).	0	0	0	0	0	33,927.02
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	1,215,119.98
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	1,249,047

	2015	2016	2017	2018
Original annual budget (as per the originally approved HSS proposal)	655 141	626000	406500	0
Revised annual budgets (if revised by previous Annual Progress Reviews)		0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from the previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D).	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	547,400	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1,215,119.98	626,000	406,500	0

Report of Exchange Rate Fluctuation

Please indicate in the [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	0	0	0	0	1	1
Closing on 31 December	0	0	0	0	1	1

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year. (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January — April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? No

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

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is

very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Acquiring and distributing medical equipment and supplies to complete module and basic list	Acquiring and distributing medical equipment and supplies to complete module and basic list	100	PAHO. Cuba
Acquiring and installing complementary equipment connected to hydraulic, electric, calculation, computing and communications systems	Acquiring and installing complementary equipment connected to hydraulic, electric, calculation, computing and communications systems	100	PAHO. Cuba
Acquiring and installing equipment for vaccine storage and conservation	Acquiring and installing equipment for vaccine storage and conservation	100	PAHO. Cuba
Updating, reproducing and distributing organisation manuals on services	Updating, reproducing and distributing organisation manuals on services	50	PAHO. Cuba
Updating, reproducing and distributing maternal and child care guides (including immunisation protocols)	Updating, reproducing and distributing maternal and child care guides (including immunisation protocols)	70	PAHO. Cuba
Updating, reproducing and distributing health situation analysis guides			
Reproducing and distributing documentation on the National Programme on Immunisation (national schedule, forms and immunisation and vaccine records)	Reproducing and distributing documentation on the National Programme on Immunisation (national schedule, forms and immunisation and vaccine records)	50	PAHO. Cuba
Conducting Rapid Coverage Monitoring in areas with access problems			
Ensuring transport for the integrated supervision of medical centres with immunisation services by purchasing bicycles and vehicle spare parts.	Ensuring transport for the integrated supervision of medical centres with immunisation services by purchasing bicycles and vehicle spare parts.	100	PAHO. Cuba
Acquiring and distributing basic equipment and supplies	Acquiring and distributing basic equipment and supplies	100	PAHO. Cuba
Acquiring and distributing audio-visual and computing equipment	Acquiring and distributing audio-visual and computing equipment	100	PAHO. Cuba
Preparing, reproducing and distributing educational	Preparing, reproducing and distributing educational	100	PAHO. Cuba

materials on nutrition and communicable diseases, including vaccine-preventable diseases	materials on nutrition and communicable diseases, including vaccine-preventable diseases		
Conduct of a national workshop to update the organisation manual on services and the polyclinic indicators manual	Conduct of a national workshop to update the organisation manual on services and the polyclinic indicators manual	100	PAHO. Cuba
Conduct of regional workshops on implementing the manuals on service organisation, polyclinic indicators and health situation analysis			
Conduct of local workshops on implementing the training modules of the National Programme on Immunisation	Conduct of local workshops in implementing the modules	50	PAHO. Cuba
Conduct of regional workshops for training in laboratory diagnostics to strengthen VPD surveillance			
Updating, reproducing and distributing health surveillance guides and manuals			
Reproducing and distributing the statistical data forms throughout the health services network	Reproducing and distributing the statistical data forms throughout the health services network	50	PAHO. Cuba
Providing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis	providing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis	100	PAHO. Cuba
Providing the microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis	Providing the microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis	0	
Providing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras	Providing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras	0	
Providing participating laboratories with VPD surveillance media, supplies and reagents			
National Workshop to start up GAVI-supported activities	National Workshop to start up GAVI-supported activities	100	PAHO. Cuba
Regional workshops to start up GAVI-supported activities	Regional workshops to start up GAVI-supported activities	100	PAHO. Cuba
Administrative support (printers, toner, paper and other office supplies) for implementing units	Administrative support (printers, toner, paper and other office supplies) for implementing units	100	PAHO. Cuba

Monitoring visits to scheduled activities	.Monitoring visits to scheduled activities	100	PAHO. Cuba
Preparation of the Annual Progress Reports	Preparation of the Annual Progress Reports	100	PAHO. Cuba
Mid-term and final evaluation workshops			
Reproducing and distributing statistical data forms throughout the health services network			

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Acquiring and distributing medical equipment and supplies	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.2
Acquiring and installing related complementary equipment	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Acquiring and installing warehousing equipment	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Updating, reproducing and distributing organisation manuals	These are being distributed throughout the country, improving health staff capabilities and preparation, mainly in the centres with access problems
Updating, reproducing and distributing healthcare guides	These are being distributed throughout the country, improving health staff capabilities and preparation, mainly in the centres with access problems
Guaranteeing transport for integrated supervision	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Acquiring and distributing basic equipment and supplies	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Acquiring and distributing audio-visual and computing equipment	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Preparing, reproducing and distribution educational materials	4 works for dissemination and information were made, along with substantiating material for the activities carried out on the service network and in the places to be strengthened.
Conduct of national workshop for updating	This was conducted to satisfaction in the province of Cienfuegos, leaving a vital document on implementation currently, with the new updates and the 2015 public health transformation process, it should be reassessed.
Conduct of local workshops for implementation	2 workshops were conducted where the main immunisation programme activities for 2014 and 2015 were determined, in particular with regard to the change in polio vaccine administration.
Endowing the national reference laboratory with equipment	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Endowing the sentinel surveillance centres with new equipment	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
National Workshop to start up activities	National start-up workshop held in Havana in June 2014. Nationwide participation recorded on film, discussing main activities and challenges faced. This also enabled agreement with another agencies, such as UNICEF.
Regional workshops to start up activities	Three workshops were conducted in western, central and eastern areas. GAVI activities were updated, as well as the orientations in health services and their administrative structure. Immunisation services and medical assistance indicators were analysed.
Administrative support printers, toner, paper	The equipment projected for 2014 is in the process of delivery to the beneficiaries due to delays in purchases set forth in 8.2.1
Monitoring visits to scheduled activities	A visit to the eastern area of the country was conducted to view the real characteristics and needs of the units to strengthen on the primary care level in areas with access problems and in hospital

	laboratories.
Preparation of the Annual Progress Reports	The evaluation was conducted with PAHO and certain activities already reflected in the initial project were determined as unnecessary.
Reproducing and distributing Programme documentation	Immunisation cards and primary data forms for 20% of the Cuban population were distributed, to reduce bureaucracy in medical and nursing activities as well as facilitate opportunity and truth in information.

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

- **A significant percentage of the budget is generally allocated to purchases. Purchase processes in Cuba have always been somewhat complicated for several reasons: availability of suppliers (mainly related to the blockade), difficulties in payments due to the slow processes in confirming the arrival of a product at destination, which discourages suppliers from continuing to work with PAHO-Cuba, and the process of introducing merchandise in the country (EMED), which is very slow and which, in 2014, suspended operations for two months, paralysing the system, among other factors.**

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

Among the main objectives of the project is the improvement of teaching infrastructure and media in polyclinics, where the personnel working in this and other sectors are trained and the population is educated through several additional activities such as: the reproduction of materials and dissemination of forms, rules, procedures and algorithms for medical care and health surveillance. The workshops conducted have enabled the improved preparation and performance of personnel in health and other sectors in accordance with the health sector transformation policy.

8.3. General overview of targets achieved

Please complete Table 8.3 for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2014 Target | 2010 | 2011 | 2012 | 2013 | 2014 | Data Source | Explanation if any targets were not achieved |
|---|----------------|----------------------------------|--|-------------|------|------|------|------|------|----------------------------|--|
| | Baseline value | Baseline source/date | | | | | | | | | |
| 1.1a Percentage of remote health establishments fitted out | 631 | Register of Basic Resources/2012 | 1. Percentage of health areas intervened, with complete immunisation schedule equal or superior to 95% | 0 | | | | | 95 | Statistical report. MINSAP | |
| 1.1b Number of immunisation posts set up | 631 | Register of Basic Resources/2012 | 2a Percentage of satisfactory participant training evaluations at the end of recruitment workshops | 80 | | | | | 30 | | |
| 1.2a Percentage of health | 250 | Register of Basic | 2b Percentage of participant | 80 | | | | | 30 | | |

| | | | | | | | | | | | | |
|---|------|--|---|-----|--|--|--|--|--|-----|--|---------------------------|
| establishments with the set of organisation and healthcare manuals | | Resources/2012 | satisfaction in recruitment workshops | | | | | | | | | |
| 1.2b Percentage of out-patient centres with over 80% in the immunisation component evaluation of the Integrated Evaluation Guide for Medical Centres | 631 | Register of Basic Resources/2012 | 3a. Percentage of establishments meeting at least 80% of VPD surveillance indicators | 25 | | | | | | 0 | | Purchase process underway |
| 2.1 Percentage of training units fitted out | 250 | Register of Basic Resources/2012 | 3b. Percentage of laboratories applying diagnostic techniques for pneumococcus and Bordetella pertussis surveillance. | 25 | | | | | | 0 | | Purchase process underway |
| 2.2 Percentage of doctor-nurse family centres with educational materials on nutrition and communicable diseases, including vaccine-preventable diseases | 631 | surveys/2012 | 3c Number of laboratories with installed capacities for pneumococcus surveillance. | 25 | | | | | | 0 | | Purchase process underway |
| 2.3 Percentage of health professionals trained to render services in the selected fields | 1262 | Annual training records | 3d Number of laboratories with installed capacities for Bordetella pertussis surveillance. | 25 | | | | | | 0 | | purchase process underway |
| 3.1 Percentage of network establishments with guides, manuals and statistical data forms for surveillance | 883 | Register of Basic Resources/2012 | 4 Percentage of GAVI-supported activities completed at the end of the year. | 100 | | | | | | 70% | | 70% complete. |
| 3.2 Number of network laboratories fitted out for VPD surveillance. | 22 | Register of Basic Resources/2012 | No | 0 | | | | | | | | |
| 4.1 Percentage of GAVI-supported activities included in operations planning. | 6 | National, provincial and municipal operation plans | No | 0 | | | | | | | | |
| 4.2. Percentage of GAVI-supported monitoring and evaluation activities completed in accordance with prepared plan | 8 | GAVI-HSS activities plan | No | 0 | | | | | | | | |

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

It is needful to underscore that purchases began in June 2014, that not one year of work has elapsed, and that these are in the process of acquisition and tendering through the mechanisms established by the WHO for purchases, making it hard to establish improvement and comparison with respect to baselines and system components. Nevertheless, the activities planned are 70% complete, bearing in mind that the GAVI start-up workshops produce a significant amount of data helpful to the process of organising the sector and establishing good practices, in addition to the statistical forms that out-patient centres and polyclinics avail of and the population's acquisition of their immunisation cards. Field evaluation activities were conducted on needs, the designated evaluation guides for polyclinics and out-patient centres, the graphic evidence for the first activity and the evidence about the integrated service network and the sites to strengthen.

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

The problems, as we have repeatedly said, lie in the difficulties of purchase through the established mechanisms and the programme budget per year, which did not allow for combining 2 consecutive years.

Solutions:

- a new company for Cuban healthcare and imports was established under Health. Before this was the MINREX.
- this was authorised to request the national currency counterpart for 2 years.
- the working group and the evaluations were reorganised.

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

Documentary data is drawn up for the department of donations and the Ministry of Public Health project on a monthly basis.

Monthly working meetings with the technical group are scheduled, to comply with activities in the Plan as well as to evaluate indicators for objectives.

The indicators and completion of the activities established in the project are analysed in each regional workshop.

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

Our country has a single health system. All activities are linked to work processes proper to the healthcare levels. This has organisational units (Directorate of International Relations, Department of Donations and Projects, among others) which contribute data to the outcomes of the indicators achieved by the country. It works as an integrated service network in which each link is strengthened by the different international agencies, organisations and governments. Programmatic indicators are underscored in its evaluation reports, and the objectives to be achieved are the same as those used by the country for improving its management and raising the population's level of health.

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

As a policy of our health system, civil society (through the Federation of Cuban Women and the Committee for the Defence of the Revolution) is present at every project, immunisation indicator and surveillance analysis activity.

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

Funds are used through PAHO. Civil society participates free of charge as a national policy. Resources (material or financial) are not directly turned over. This only updates indicators and contributes in terms of education and promotion activities and by mobilising the community in the different group tasks (such as

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

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

The fund management is efficient. There are constraints in the purchase of resources, largely conducted through tender due to Cuba's lack of resources, constraints in import, and the effects of the economic blockade. These are the aspects influencing fund management.

8.5. Planned HSS Activities for 2015

Please use **Table 8.4** to provide information on progress of activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Planned activities for 2015

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2015 | Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | 2015 actual expenditure (as at April 2015) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2015 (if relevant) |
|---|---|---|--|--------------------------------|--|---------------------------------------|
| Acquiring and distributing medical equipment and supplies to complete module and basic list | Acquiring and distributing medical equipment and supplies to complete module and basic list | 146,500 | 146,500 | no | | |
| Endowing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras | | | | 0 | | |
| Endowing the microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | Endowing the microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | 50,000 | 50,000 | 0 | | |
| Endowing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | Endowing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | 100,000 | 100,000 | 0 | | |
| Reproducing and distributing the statistical data forms throughout the health services network | Reproducing and distributing the statistical data forms throughout the health services network | 50,000 | 50,000 | 0 | | |

| | | | | | | |
|---|---|--------|--------|---|--|--|
| Updating, reproducing and distributing health surveillance guides and manuals | Updating, reproducing and distributing health surveillance guides and manuals | 10,000 | 10,000 | 0 | | |
| Conduct of regional workshops for training in laboratory diagnostics to strengthen VPD surveillance | Conduct of regional workshops for training in laboratory diagnostics to strengthen VPD surveillance | 10,000 | 10,000 | 0 | | |
| Conduct of local workshops on implementing the training modules of the National Programme on Immunisation | Conduct of local workshops on implementing the training modules of the National Programme on Immunisation | 10,000 | 10,000 | 0 | | |
| Conduct of local workshops on the implementation of health situation and maternal and child care analysis guides | Conduct of local workshops on the implementation of health situation and maternal and child care analysis guides | 10,000 | 10,000 | 0 | | |
| Conduct of regional workshops on implementing the manuals on service organisation, polyclinic indicators and health situation analysis | Conduct of regional workshops on implementing the manuals on service organisation, polyclinic indicators and health situation analysis | 8,000 | 8,000 | 0 | | |
| Preparing, reproducing and distributing educational materials on nutrition and communicable diseases, including vaccine-preventable diseases | Preparing, reproducing and distributing educational materials on nutrition and communicable diseases, including vaccine-preventable diseases | 30,000 | 30,000 | 0 | | |
| Acquiring and distributing audio-visual and computing equipment | Acquiring and distributing audio-visual and computing equipment | 25,000 | 25,000 | 0 | | |
| Acquiring and distributing basic equipment and supplies | Acquiring and distributing basic equipment and supplies | 20,000 | 20,000 | 0 | | |
| Ensuring transport for the integrated supervision of medical centres with immunisation services by purchasing bicycles and vehicle spare parts. | Ensuring transport for the integrated supervision of medical centres with immunisation services by purchasing bicycles and vehicle spare parts. | 25,000 | 25,000 | 0 | | |
| Conducting Rapid Coverage | Conducting Rapid Coverage | 20,000 | 20,000 | 0 | | |

| | | | | | | |
|--|--|--------|--------|---|--|--|
| Monitoring in areas with access problems | Monitoring in areas with access problems | | | | | |
| Updating, reproducing and distributing health situation analysis guides | Updating, reproducing and distributing health situation analysis guides | 10,000 | 10,000 | 0 | | |
| Updating, reproducing and distributing maternal and child care guides (including immunisation protocols) | Updating, reproducing and distributing maternal and child care guides (including immunisation protocols) | 10,000 | 10,000 | 0 | | |
| Upgrading, reproducing and distributing organisation manuals on services | Upgrading, reproducing and distributing organisation manuals on services | 10,000 | 10,000 | 0 | | |
| Mid-term and final evaluation workshops | Mid-term and final evaluation workshops | 5,000 | 5,000 | 0 | | |
| Acquiring and installing equipment for vaccine storage and conservation | Acquiring and installing equipment for vaccine storage and conservation | 25,000 | 25,000 | 0 | | |
| Acquiring and installing complementary equipment connected to hydraulic, electric, calculation, computing and communications systems | Acquiring and installing complementary equipment connected to hydraulic, electric, calculation, computing and communications systems | 50,000 | 50,000 | 0 | | |
| National Workshop to start up GAVI-supported activities | | | | 0 | | |
| Regional workshops to start up GAVI-supported activities | | | | 0 | | |
| Administrative support (printers, toner, paper and other office supplies) for implementing units | Administrative support (printers, toner, paper and other office supplies) for implementing units | 20,000 | 20,000 | 0 | | |
| 1. Monitoring visits to scheduled activities | 1. Monitoring visits to scheduled activities | 10,000 | 10,000 | 0 | | |
| Reproducing and distributing documentation on the National Programme on Immunisation (national schedule, forms and immunisation and vaccine records) | Reproducing and distributing documentation on the National Programme on Immunisation (national schedule, forms and immunisation and vaccine records) | 10,000 | 10,000 | 0 | | |

| | | | | | | |
|--|--|---------|---------|---|--|---|
| Preparation of the Annual Progress Reports | Preparation of the Annual Progress Reports | 5,000 | 5,000 | 0 | | |
| Preparation of the Annual Progress Reports | Preparation of the Annual Progress Reports | 5,000 | 5,000 | 0 | | |
| Mid-term and final evaluation workshops | Mid-term and final evaluation workshops | 5,000 | 5,000 | 0 | | |
| | | 679,500 | 679,500 | | | 0 |

8.6. Planned HSS Activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 8.6: Planned HSS Activities for 2016

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2016 | Original budget for 2016
(as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2016 (if relevant) |
|--|--|--|--------------------------------|--|---------------------------------------|
| Acquiring and distributing medical equipment and supplies to complete module and basic list | Acquiring and distributing medical equipment and supplies to complete module and basic list | 162,500 | 0 | | |
| Conducting Rapid Coverage Monitoring in areas with access problems | Conducting Rapid Coverage Monitoring in areas with access problems | 25,000 | 0 | | |
| Reproducing and distributing documentation on the National Programme on Immunisation (national schedule, forms and immunisation and vaccine records) | Reproducing and distributing documentation on the National Programme on Immunisation (national schedule, forms and immunisation and vaccine records) | 5,000 | | | |
| Updating, reproducing and distributing health situation analysis guides | Updating, reproducing and distributing health situation analysis guides | 10,000 | 0 | | |
| Updating, reproducing and distributing maternal and child care guides (including immunisation protocols) | Updating, reproducing and distributing maternal and child care guides (including immunisation protocols) | 15,000 | 0 | | |
| Upgrading, reproducing and distributing organisation | Upgrading, reproducing and distributing organisation | 10,000 | 0 | | |

| | | | | | |
|---|--|--------|---|--|--|
| manuals on services | manuals on services | | | | |
| Acquiring and installing equipment for vaccine storage and conservation | Acquiring and installing equipment for vaccine storage and conservation | 30,000 | 0 | | |
| Acquiring and installing complementary equipment connected to hydraulic, electric, calculation, computing and communications systems | Acquiring and installing complementary equipment connected to hydraulic, electric, calculation, computing and communications systems | 50,000 | 0 | | |
| | | | 0 | | |
| Updating, reproducing and distributing health surveillance guides and manuals | Updating, reproducing and distributing health surveillance guides and manuals | 15,000 | 0 | | |
| Conduct of regional workshops for training in laboratory diagnostics to strengthen VPD surveillance | Conduct of regional workshops for training in laboratory diagnostics to strengthen VPD surveillance | 10,000 | 0 | | |
| Conduct of local workshops on implementing the training modules of the National Programme on Immunisation | Conduct of local workshops on implementing the training modules of the National Programme on Immunisation | 10,000 | 0 | | |
| Conduct of local workshops on the implementation of health situation and maternal and child care analysis guides | Conduct of local workshops on the implementation of health situation and maternal and child care analysis guides | 10,000 | 0 | | |
| Conduct of regional workshops on implementing the manuals on service organisation, polyclinic indicators and health situation analysis | Conduct of regional workshops on implementing the manuals on service organisation, polyclinic indicators and health situation analysis | 5,000 | 0 | | |
| Conduct of a national workshop to update the organisation manual on services and the polyclinic indicators manual | Conduct of a national workshop to update the organisation manual on services and the polyclinic indicators manual | 15,000 | 0 | | |
| Preparing, reproducing and distributing educational materials on | Preparing, reproducing and distributing educational materials on | 25,000 | 0 | | |

| | | | | | |
|--|---|---------|---|--|--|
| nutrition and communicable diseases, including vaccine-preventable diseases | nutrition and communicable diseases, including vaccine-preventable diseases | | | | |
| Acquiring and distributing audio-visual and computing equipment | Acquiring and distributing audio-visual and computing equipment | 25,000 | 0 | | |
| Acquiring and distributing basic equipment and supplies | Acquiring and distributing basic equipment and supplies | 20,000 | 0 | | |
| Ensuring transport for the integrated supervision of medical centres with immunisation services by purchasing bicycles and vehicle spare parts. | | | 0 | | |
| Endowing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | Endowing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | 100,000 | 0 | | |
| Endowing the microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | Endowing the microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | 10,000 | 0 | | |
| Endowing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras | Endowing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras | 25,000 | 0 | | |
| Reproducing and distributing the statistical data forms throughout the health services network | Reproducing and distributing the statistical data forms throughout the health services network | 25,000 | 0 | | |
| Endowing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | Endowing the national reference laboratory with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | 100,000 | 0 | | |
| Endowing the | Endowing the | 10,000 | 0 | | |

| | | | | | |
|--|--|---------|---|--|--|
| microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | microbiology laboratories of paediatric hospitals with the equipment necessary to strengthen surveillance of pneumococcus and Bordetella pertussis | | | | |
| Endowing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras | Endowing the pneumococcus sentinel surveillance centres with computer equipment and digital cameras | 25,000 | 0 | | |
| Endowing participating laboratories with VPD surveillance media, supplies and reagents | Endowing participating laboratories with VPD surveillance media, supplies and reagents | 100,000 | 0 | | |
| Training of Cuban experts in reference institutions in the Americas | Training of Cuban experts in reference institutions in the Americas | 10,000 | 0 | | |
| | | 847,500 | | | |

8.7. Revised indicators in case of reprogramming

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

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

| Donor | Amount US\$ | Duration of support | Type of activities funded |
|-------|-------------|---------------------|---------------------------|
| | | | |

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|---|--|------------------------------|
| Statistical Yearbook of the Ministry of Public Health
Project Report | direct consultation of the documents updated by the representatives of each organisation | |

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

Report preparation is bureaucratic and repetitive; the online mechanism does not allow the addition of more than what is asked for or authorised. Very tedious, not very instructive.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?1

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report

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

Cuba **has not received GAVI TYPE A CSO support**

Cuba 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

Cuba **has not received GAVI TYPE B CSO support**

Cuba 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

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 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 (interests, 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 US\$ 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

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|-----------------|
| | Local currency (CFA) | Value in US\$ * |
| Balance brought forward from 2013 (balance as of 31 December 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 US\$ | Actual in CFA | Actual in US\$ | Variance in CFA | Variance in US\$ |
| Salary expenditure | | | | | | |
| Wages & 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 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 (interests, 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 US\$ 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 HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

| Summary of income and expenditure – GAVI HSS | | |
|---|----------------------|-----------------|
| | Local currency (CFA) | Value in US\$ * |
| Balance brought forward from 2013 (balance as of 31 December 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 US\$ | Actual in CFA | Actual in US\$ | Variance in CFA | Variance in US\$ |
| Salary expenditure | | | | | | |
| Wages & 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 2010 2014 (interests, 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 and 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 US\$ 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 US\$ * |
| Balance brought forward from 2013 (balance as of 31 December 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 US\$ | Actual in CFA | Actual in US\$ | Variance in CFA | Variance in US\$ |
| Salary expenditure | | | | | | |
| Wages & 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 |  | signatures GAVI.docx
File desc:
Date/Time: 25/05/2015 10:06:28
Size: 1 MB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 |  | minister of finance.docx
File desc:
Date/Time: 27/05/2015 03:51:23
Size: 1 MB |
| 3 | Signatures of members of HSCC | 2.2 |  | ICC Members.docx
File desc:
Date/Time: 25/05/2015 01:40:34
Size: 181 KB |
| 4 | Minutes of ICC meeting in 2015 endorsing APR 2014 | 5.4 |  | File not uploaded |
| 5 | HSCC signatures page | 2.3 |  | Committee Members.pdf
File desc:
Date/Time: 25/05/2015 10:26:35
Size: 553 KB |
| 6 | Minutes of HSCC meeting in 2015 endorsing the APR 2014 | 8.9.3. |  | minutes 2015 GAVI.pdf
File desc:
Date/Time: 26/05/2015 11:38:55
Size: 745 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1. |  | File not uploaded |
| 8 | External audit report for ISS grant (Fiscal Year 2014) | 6.2.3. |  | File not uploaded |
| 9 | Post-introductory Evaluation Report | 7.2.1. |  | File not uploaded |

| | | | | |
|----|---|--------|---|---|
| | | | | |
| 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. | X | File not uploaded |
| 11 | External audit report for NVS introduction grant (Fiscal year 2014)) if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1. | X | File not uploaded |
| 12 | Report on VSSM evaluation | 7.5 | X | File not uploaded |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | X | File not uploaded |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | X | File not uploaded |
| 16 | Valid cMYP if requesting extension of support | 7.8 | X | File not uploaded |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 | X | File not uploaded |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 | X | File not uploaded |
| 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. |  | financial statement1.pdf
File desc:
Date/Time: 27/05/2015 05:20:46
Size: 2 MB |

| | | | | |
|----|---|--------|---|--|
| 20 | Financial statement for HSS grant (Fiscal year 2015) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 8.1.3. |  | WDC financial statement.pdf
File desc:
Date/Time: 27/05/2015 05:21:38
Size: 457 KB |
| 21 | External audit report for HSS grant (Fiscal Year 2014) | 8.1.3. |  | Havana.docx
File desc:
Date/Time: 27/05/2015 05:27:23
Size: 83 KB |
| 22 | HSS Health Sector review report | 8.9.3. |  | HSS reports. MINSAP.docx
File desc:
Date/Time: 27/05/2015 05:12:41
Size: 21 KB |
| 23 | Report for Mapping Exercise CSO Type A | 9.1.1. |  | File not uploaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2014) | 9.2.4. |  | File not uploaded |
| 25 | External audit report for CSO Type B (Fiscal year 2014) | 9.2.4. |  | File not uploaded |
| 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 Statements PAHO-GAVI.docx
File desc:
Date/Time: 27/05/2015 05:32:25
Size: 14 KB |
| 27 | Minutes_ Meeting_ Inter-agency Coordinating Committee_ change_of_vaccine_presentation | 7.7 |  | File not uploaded |
| 28 | Justification for changes in target population | 5.1 |  | File not uploaded |

| | | | | |
|--|----------------|--|---|-------------------|
| | Other Document | | X | File not uploaded |
|--|----------------|--|---|-------------------|

