GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Eritrea

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles, 10 dose(s) per vial, LYOPHILISED	Measles, 10 dose(s) per vial, LYOPHILISED	2016

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 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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 Eritrea hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Eritrea

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Amina NURHUSSIEN	**Name**	Berhane ABREHE
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Tedros YEHDEGO MESGHNA	EPI MANAGER	+291-1-201693 or 291-1-120297	tedrosye@moh.gov.er, yteddros@yahoo.com
Samuel GOITOM	HMIS STAFF	=291-1-122980	gsamgo@yahoo.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Mr. Berhane GEBRETENSSAE Director General	Director General of Health Service, MoH		
Dr. Berhana HAILE Director of Familiy Community Health	Director of Familiy & Community Health, MoH		

Mr. Tedros YEHDEGO EPI Manager	EPI Manager, MoH		
Dr.Goitom MEBRAHTU Director NCD	Director of Clinical Service		
Mr. Embaye ASFAHA Surviellance Office	Surveillance officer, WHO		
Dr. Sayed Ezatullah MAJEED Head YCSD	Chief YCSD, UNICEF		
Dr. Zighe ICUNOAMLAK EPI focal point	Child Health Specialist		
Mr. Zeggai BERAKI Surveillance Officer	Surviellance Officer, WHO		
Ms. Abeba HABTOM Pe- School Coordinator	head of Pre-school coordination, MoE		
Ms. Yehdega GEBREMESKEL Health Focla Person	National Union of Eritrea Women (NUEW)		
Mr. Tumezghi SENGAL PHC specilialist	Mesterhot PLC Consultancy		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Mr. Tewelde YOHANNES Unit head of Health Sytems	Ministry of Health		
Mr.Mengsteab GAIM Unit head continue education	Ministry of Health		
Dr.Berhane Debru Director of Research	Ministry of Health		
Dr.Eyob Tecle Director of PMU	Ministry of Health		
Mr.Habte Desebelle Admi & Finance head of PMU	Ministry of Health		
Mr.Tsehaye Tsegay Project Coordinator	Ministry of Health		
Mr.Tedros Yehdego EPI Manager	Ministry of Health		
Mr.Yemane Haile Director of Human Resources	Ministry of Health		
Mr.Amanuel Kifle HMIS head	Ministry of Health		
Mr.Samuel Goitom HMIS staff	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Eritrea is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Eritrea's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	108,459	108,459	111,387	111,387	114,395	114,395	117,483	117,483	120,655	120,655
Total infants' deaths	4,881	4,881	4,790	4,790	4,576	4,576	4,699	4,699	4,826	4,826
Total surviving infants	103578	103,578	106,597	106,597	109,819	109,819	112,784	112,784	115,829	115,829
Total pregnant women	108,459	108,459	11,138,711	111,387	114,395	114,395	117,483	117,483	160,874	160,874
Number of infants vaccinated (to be vaccinated) with BCG	86,767	85,460	94,679	94,679	97,236	97,236	105,735	105,735	108,590	108,590
BCG coverage	80 %	79 %	85 %	85 %	85 %	85 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	82,862	83,620	90,608	90,608	93,346	93,346	101,506	101,506	104,246	104,246
OPV3 coverage	80 %	81 %	85 %	85 %	85 %	85 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	85,970	88,103	93,805	93,805	96,641	96,641	104,889	104,889	107,721	107,721
Number of infants vaccinated (to be vaccinated) with DTP3	82,862	83,620	90,608	90,608	93,346	93,346	101,506	101,506	104,246	104,246
DTP3 coverage	118 %	81 %	77 %	85 %	85 %	85 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	124,014	88,620	87,859	87,859	96,641	96,641	104,889	104,889	107,721	107,721
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	122,010	83,620	82,253	82,253	93,346	93,346	101,506	101,506	104,246	104,246
DTP-HepB-Hib coverage	118 %	81 %	77 %	77 %	85 %	85 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	73,263	75,178	85,278	85,278	87,855	87,855	95,866	95,866	98,455	98,455
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	83,146	83,146	85,658	85,658	90,227	90,227	92,663	92,663
Measles coverage	71 %	0 %	78 %	78 %	80 %	78 %	85 %	80 %	85 %	80 %
Wastage[1] rate in base-year and planned thereafter (%)	0	50	50	50	0	0	0	0	0	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1	2	2	2	1	1	1	1	1	1
Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %
Pregnant women vaccinated with TT+	36,179	31,442	40,039	40,039	46,993	46,993	54,295	54,295	55,761	55,761
TT+ coverage	33 %	29 %	0 %	36 %	41 %	41 %	46 %	46 %	35 %	35 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	469,989	N/A	482,678	N/A	495,711	N/A	509,095	N/A	522,840
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	5 %	3 %	3 %	3 %	3 %	3 %	3 %	3 %	3 %

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Total births		123,913
Total infants' deaths		5,580
Total surviving infants		118,333
Total pregnant women		123,913
Number of infants vaccinated (to be vaccinated) with BCG	117,717	117,717
BCG coverage	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	113,008	113,008
OPV3 coverage	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	116,578	116,578
Number of infants vaccinated (to be vaccinated) with DTP3	113,008	113,008
DTP3 coverage	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
DTP-HepB-Hib coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	107,060	107,060
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	101,113	101,113
Measles coverage	90 %	85 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED	50.00 %	50.00 %
Pregnant women vaccinated with TT+	55,761	55,761
TT+ coverage	45 %	45 %
Vit A supplement to mothers within 6 weeks from delivery	0	0
Vit A supplement to infants after 6 months	N/A	536,957
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	3 %

*

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  No changes
- Justification for any changes in **surviving infants**

  No changes
- Justification for any changes in **targets by vaccine**

  No changes
- Justification for any changes in **wastage by vaccine**

  No changes

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

1. In 2011routine administrative immunization coverage of Penta 3 and Measles was 81% and 73% respectively. There was an increase in immunization coverage in both penta 3 and measles as compared to 2010 routine coverage. Even though the changes in birth cohort estimate may affect the coverage there was an increase in the absolute number of fully immunized number of children <1yr old in 2011 as compared to last year.

Major activities conducted in 2011:

1. Comphresensive EPI Program Review conducted in October 2011.

2. Finilization and endorcement of EPI cMYP 2012- 2016.

3. Cold Chain assessments and Inventory at national level in all health facilities providing immunization services. Available and Required Net positive storage capacity for vaccines specified and replacement plan for those obsolute CC equipments has developed 2012- 2015.

4. Capacity building of the health workers: (568 health workers trained on vaccine and cold chain management , 193 Middle Level Managers (MLM) trained on Data Quality Self Assessment (DQS) and 31 Zonal Management Team (ZMT) members trained on Computerized Stock Management Tool (SMT) of vaccines and other EPI logistics.

5. Introduction of Computerized Stock Management Tool (SMT) of vaccines and other EPI logistics in three zobas.

6. Implementation of three rounds of Sutainable Out reach Services (SOS) in hard to reach and low performing **11** Districts.

7. Installation of new Walk In Cold Room (WICR) with 7,143 lts net positive storage capacity at national level.

Challenges faced:

1. Transport and fuel shortages to conduct routine out reach services in some districts.

2. Increased number of vaccine defualters in Northern Red Sea Zone (Semenawi Keih Bahri) and Anseba zones dure to poor access and hard to reach areas to immunization service in some districts.

These problems were addressed by:

a. Community mobilization, vaccine defaulters tracing and vaccination during African Vaccination Week (AVW) in April 2011 and Child Health and Nutrition Week (CHNW) in November 2011.

b. Implementation of the Sustainable Out reach Service (SOS) in hard to reach and low performing districts.

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

Penta 3 immunization coverage has increased as compared to last year's (2011) Immunization coverage, but according our plan; by the end 2011 we were expecting to have 85% Penta 3 immunization coverage at national level.

1. High vaccine defaulters due to poor access to immunization service and hard to reach districts in Northern Red Sea Zone (Semenawi Keih Bahri) and Anseba Zones.

2. Budget short-fall for the implementation of Sustainable Out reach Services (SOS) in some hard to reach districts.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

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

There is no gender related barriers to immunization services in our country. Female and male children have equal access to immunization service.

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**

What action have you taken to achieve this goal?

There is no geneder related barriers in our situation and no need to have sex aggregated data for immunization service.

5.4. Data assessments

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

Routine administrative immunization coverage of Penta 3 in 2010 was 58%

Routine administrative immunization coverage of Penta 3 in 2011 was 81%.

WHO & UNICEF joint estimated immunization coverage of penta 3 in 2010 was 99%. (WHO & UNICEF Joint estimate 2010)

Eritrea Population Health Survey (EPHS 2010) crude coverage of penta 3 was 93%. (EPHS 2010)

Routine administrative coverage is always lower as compared to the results of the EPI coverage survey and assessments. This is becuase of that census is not done by the national statics office of the state of Eritrea and the population size of the zobas is an estimated number projected from 2000, with 3% growth rate provided by Statistics Office. The routine administrative coverage is always affected by the unrealble deneminator and does not indicate the actual immuniztion coverage available.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

Eritrea Population Health Survey (EPHS) was conducted in the first quarter of 2010 at national level by the Central Statistics Office of the State of Eritrea.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

1. Data Quality Self Assessment (DQS) training was provided for the Middle Level Managers (MLM) at Provicial (Zoba) Level. The standard generic DQS tool was developed to Zonal specifc standard questionnaire and introduced at district level to improve quality data reporting , utilization of data at different levels for service improvement and decision making.

2. Data Harmonization meeting at national level. Staffs from EPI, Health Management Information System (HMIS), WHO and UNICEF EPI focal points participate in the meeting.

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

1. Refreshement training and supportive supervision on Data Quality Self assessment at zoba and district level.

2. Data Harmonization meeting at national level in a quarterly bases.

3. EPI Coverage survey in the 4th quarter of 2012 **or** 1st quarter of 2013

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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$ = 15	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	GAVI	UNICEF	WHO
Traditional Vaccines*	360,090	0	0	180,045	0	0	180,045	0
New and underused Vaccines**	2,407,600	356,720	1,025,440	0	0	1,025,440	0	0
Injection supplies (both AD syringes and syringes other than ADs)	664,048	13,450	261,800	63,499	0	261,800	63,499	0
Cold Chain equipment	214,244	0	0	107,122	0	0	107,122	0
Personnel	240,646	18,000	0	76,323	35,000	0	76,323	35,000
Other routine recurrent costs	199,190	29,250	4,970	80,000	0	4,970	80,000	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	147,000	27,000	0	0	60,000	0	0	60,000
Monitoring and evaluation		0	0	53,823	0	0	53,823	0
Total Expenditures for Immunisation	4,232,818							
Total Government Health		444,420	1,292,210	560,812	95,000	1,292,210	560,812	95,000

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

There were no difference between available funding and expenditures for the reporting year. Action of 2011 was part of EPI cMYP 2007- 2011 which was updated and costed in October 2010 in Botswana. At this time the 2007-2011 cMPY is terminated. New EPI 2012-2016 cMYP which is part of the Health Sector Stratic Plan (HSSP)of the Ministry of Health (2012-2016) is developed.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Funds were requested and expected to have from WHO for the implementation of Sustainable Out reach Services (SOS) in hard to reach and low performing districts, but the funds were not released as requested. But in other activities no funding gaps were available during the implementation of the plan of 2011.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

There is no government funds allocated for the procurement of traditional vaccines, but apon arrival of the vaccines, over head reccurent costs for storage and delivering of the vaccines is covered by the goverment. According the recommondations which were provided in the EPI program review of 2011, the Gov. of Eritrea have made a plan to allocate funds for the procurement of traditional vaccines next coming years.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	256,045	271,760
New and underused Vaccines**	451,000	2,508,392
Injection supplies (both AD syringes and syringes other than ADs)	114,731	126,561
Injection supply with syringes other than ADs	28,300	22,900
Cold Chain equipment	432,145	314,289
Personnel	139,847	144,045
Other routine recurrent costs	197,695	100,625
Supplemental Immunisation Activities	535,699	0
Total Expenditures for Immunisation	2,155,462	3,488,572

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Funds that were budgeted for all traditional, new and underused vaccines and injection safety materials for 2012 are secured and most of them are already procured and arrived to the country and the rest are on progress. The Gov. of Eritrea has made bilateral agreements with Gov. of Japan (JICA) and developed one project for EPI equipments. Funds for the procurement of cold chain equipments are expecting to arrive by the end 2012. Other routine recurrent costs for the implementation of sustainable out reach servcies in hard to reach and low performing districts are not yet secured that could have an impact in the routine immunization coverage.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?
	No

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

1.To conduct cross border coordination meeting and plan synchronized SNIDS with Sudan.

2. Finilize the EPI Communication Strategy and develope work plan integrated with cMYP 2012-2016.

3. Introduction of new vaccines in 2012-2013

4. To conduct the EPI coverage survey by by the end of 2012 to know the actual administrative coverage.

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

If Yes, which ones?

List CSO member organisations:
National Union of Eritrean Women (NUEW)
National Union of Eritrean Youth and Student (NUEYS)

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. Measles Follow-up Campaign for children 9-47 months age in 2012; to achieve 95% immunizaation coverage.

2. Introduction of Measles 2nd dose into routine immunization program in July 2012 to scale up from measles control to measles elimination phase.

3. Capacity building of health workers and Middle Level Managers (MLM) on Vaccine and cold chain management at zoba level to have at least two trained health workers at each health facility.

4. EPI Coverage Survey

5. Introduction of Rota Virus Vaccine in to routine immunization program.

6. Procurement of cold chain equipments to replace the obsolute Cold Chain Equipments.

7. Finilization and endorcement of the EPI Communication strategey and Implementation plan.

8. Conduct Effective Vaccine Management Assessment (EVMA) by the end of 2012.

9. Conduct Sustainable Out reach Services (SOS) and SNIDS in hard to reach and low performing districts.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	Auto Disable (AD) Syringe of 0.05ml	UNICEF
Measles	AAuto Disable (AD) Syringe of 0.5ml	UNICEF
TT	Auto Disable (AD) Syringe of 0.5ml	UNICEF
DTP-containing vaccine	Auto Disable (AD) Syringe of 0.5ml	GAVI & Gov.
Reconstitution syringe of BCG	AD syringe 2ml	UNICEF
reconstitution syringe of Measles	AD syring 5ml	UNICEF

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)

The country have injection safety policy. The number of incinarators we have are limited and allocated in the Referral Hospitals and some Community Hospitals. Most of the injection materials are disposed in pit hole by burning or burried it. Since we are using pentavalent vaccine of one dose vial liquid formulation the amount of wastes to be disposed will increase that triggers for further planning of disposale.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

All health facilities providing immunization service follow the guidelines and policy of sharp management of the country. Most health facilites were using a pit hole for collecting and burning the safety boxes with sharps. Some Community Hospitals and Referral Hospitals were using incinarators. in line with the introduction of new vaccines and underused pentavalent fully liqduid formulation of one dose vial we have a paln to introduce a number of incinarators into service incollaboration with other programs in the Ministry.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	4,970	74,548
Total funds available in 2011 *(C=A+B)*	4,970	74,548
Total Expenditures in 2011 *(D)*	4,970	74,548
Balance carried over to 2012 *(E=C-D)*	0	0

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

ISS funds are included in the National Health Sector Plan and budget. The ISS funds are allocated to the work plan activities along with other budgets and managed accordingly. From our past exprience GAVI ISS fund is trasnsferred by the name of UNICEF through City Bank in New York to the Ministry of Health Account. During the transfer of the budget to Ministry of Health Account It was not easy to sort out wherther it is UNICEF provided fund or GAVI. In order to be inposition for follow up and utilization of the fund on time,
we reccommonded that when ever the ISS fund is transfered to the Ministry of Health Account it is more preferable to write a letters to the Ministry of Health with the copy to the EPI Manager especifically.

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

ISS funds are transferred to the Gov. Account and reflect in the budget of the Ministry of Health in every fiscal year.The ISS budget is available and managed within the project budget which has a seperate register book that shows in and out of the budget with its balance . The ISS funds are allocated to different activities by the EPI Manager according the work plan of the year and transfer to zobas for their implementation. These budget allocation and trafered to zobas is also informed to the Minister Office and Director General of Health Service and Family and Community Health Division. Debfiefing is also made to ICC during the meeting and the ICC members also know the over all movement and utilization of the budget and understands what activites are acomblished with allocated budget. After utilization of ISS fund in the zoba, each zoba liquidates and submites activity report to the Chief Accountant of the project and EPI Manager.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Most of the budget provided from GAVI as ISS fund is used to conduct out reach immunization services for communities who have poor access to the health facilities. Some of the funds also also used on capacity building of the health workers on vaccine and cold chain managements and monitoring and supervison of the EPI program.

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			81477	83620
2	Number of **additional** infants that are reported to be vaccinated with DTP3				2143
3	Calculating	$20	per additional child vaccinated with DTP3		42860
4	**Rounded-up estimate of expected reward**				43000

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

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

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		246,560	0
Measles		0	0

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

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

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

  246,560 doses of pentavalent vaccine from GAVI was arrived to the Nationa vaccine Store in August 2011. On the same month, 98,000 doses of Pentavalent vaccine is also procured by the co-financed budget from the Gov. in collaboration with donors. By the end of April 2012 Penta vaccine stock at national level was 266,350 doses of vaccine in which that we expect it to cover the vaccine requirement upto the 4th quarter of 2012 and we recommond to have the allocated amount of penta vaccine by the end of 2012. Arrival time to the national store in Dec. 2012.

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

  Computerized stock management of vaccines has introduced at national level and in other three zobas. Vaccine arrival to the national vaccine store was as scheaduled and vaccine delivery to the zobas was in quarterly base .The schedule of vaccine delivery is arranged depending the amount vaccine carried fore ward from last year and remaining stock at the end of the quarter.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

No stock-out

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

No stock-out

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	No new vaccine introduced in 2011	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The proposal for the introduction of new vaccine was approved in 2011. The introduction and implementation schedule is for 2012 and it is on the progress to introduce MCV2 in July 1st 2012.

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

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

The country has not yet conducted PIE in the past two years. MCV2 will be introduced in July 2012; and we had a plan to carry out PIE by the end of 2013.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

Is the country sharing its vaccine safety data with other countries? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	4,970	74,548
Total funds available in 2011 (C=A+B)	4,970	74,548
Total Expenditures in 2011 (D)	4,970	74,548
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

The were no introduction of new vaccine in 2011 and there were no GAVI new Vaccine Introduction Grant in 2011

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

No introduction of new vaccine in 2011

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

In 2012 100,000 USD Grant fund for introduction MCV2 is provided to Eritrea. This budget will be utilized in 2012-2013 in the the introduction of the new vaccine on capacity building of the health workers, community mobilization, updating of EPI reporting tools and conducting out reach services for communities that have poor access to immunization,.....etc.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	274,400	98,000

1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Gov. of Eritrea	
Donor	JICA	
Other	-	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	13,450	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		All ready co-financed by Gov in lumb sums in 2011.
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Introduction of MCV2 will be done in July 1st 2012. an external consultant is requested to WHO country office that could provide us technical assistance during and after the introduction of measles second dose into routine immunizatioin program.	

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

The country is not in defualt.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2009**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
No National Logistician	Assigning or recruitment of National Logistician	Implemented
No Computerized Stock Management of vaccines	Introduction of computerize SMT	Introduced at National and Zoba level
long lasting (>15yrs) in service of the cold room	Replacement of the cold room	New Cold Room 7,143lt Net storage capacity intalla
Not planned delivery of vaccines to lower level	Planned delivery of vaccines to lower level	Delivery of vaccines arranged in a quarterly base
Non-standard Cold Chain equipment in the system	Replace all	Replacement plan developed and most of them repla
Cold chain Inventory not done	Carry-out cold chain inventory	CC assessment and inventory done
Carrying-out next EVMA after two years	Plan and carry-out next vaccine management Assessm	Not done but planned for 2013
Aoutomatic switch for the zobal cold rooms	Install automattic transfer switch from Generators	Procured and installed automatic transfer switche
No autonomous transport means for Central EPI	Provide autonomous transport	No done. Transport is managed in pull sytem.
No bandling system of vaccine and injection materi	Bundling of vaccines and injection	Partially implemented for some vaccines.

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Eritrea does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Eritrea 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 2012

Renewal of multi-year vaccines support for Eritrea is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	103,578	106,597	109,819	112,784	115,829	548,607
	Number of children to be vaccinated with the first dose	Table 4	#	88,620	87,859	96,641	104,889	107,721	485,730
	Number of children to be vaccinated with the third dose	Table 4	#	83,620	82,253	93,346	101,506	104,246	464,971
	Immunisation coverage with the third dose	Table 4	%	80.73 %	77.16 %	85.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	376,450					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 91,000	282,300	304,900	308,300
Number of AD syringes	#	292,600	329,500	356,500	361,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	3,250	3,675	3,975	4,025
Total value to be co-financed by GAVI	$	- 215,500	620,500	660,500	650,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 8,600	29,200	32,100	33,400
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	0	62,500	67,500	68,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	88,620	87,859	7,597	80,262
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	265,860	263,577	22,791	240,786
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	279,153	276,756	23,931	252,825
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	376,450			
I	**Total vaccine doses needed**	*F + G – H*		- 99,694	- 8,620	- 91,074
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		292,571	0	292,571
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		3,248	0	3,248
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		- 217,532	- 18,809	- 198,723
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		13,605	0	13,605
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		19	0	19
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		- 13,051	- 1,128	- 11,923
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		1,363	0	1,363
T	**Total fund needed**	*(N+O+P+Q+R+S)*		- 215,596	0	- 215,596
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		- 19,938		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	96,641	9,041	87,600	104,889	9,966	94,923
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	289,923	27,122	262,801	314,667	29,896	284,771
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	304,420	28,478	275,942	330,401	31,390	299,011
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	6,916	647	6,269	6,496	618	5,878
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	311,336	29,125	282,211	336,897	32,008	304,889
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	329,492	0	329,492	356,491	0	356,491
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	3,658	0	3,658	3,958	0	3,958
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	627,965	58,744	569,221	669,078	63,567	605,511
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	627,965	0	15,322	669,078	0	16,577
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	22	0	22	23	0	23
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	37,678	3,525	34,153	40,145	3,814	36,331
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,535	0	1,535	1,660	0	1,660
T	Total fund needed	*(N+O+P+Q+R+S)*	682,522	62,268	620,254	727,483	67,380	660,103
U	Total country co-financing	*I x country co-financing per dose (cc)*	62,268			67,380		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	107,721	10,515	97,206
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	323,163	31,544	291,619
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	339,322	33,122	306,200
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,231	218	2,013
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	341,553	33,339	308,214
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	361,188	0	361,188
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	4,010	0	4,010
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	660,222	64,445	595,777
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	16,796	0	16,796
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	24	0	24
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	39,614	3,867	35,747
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,682	0	1,682
T	Total fund needed	*(N+O+P+Q+R+S)*	718,338	68,311	650,027
U	Total country co-financing	*I x country co-financing per dose (cc)*	68,311		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.76 %		

Table 7.11.1: Specifications for Measles, 10 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	103,578	106,597	109,819	112,784	115,829	666,940
	Number of children to be vaccinated with the first dose	Table 4	#	75,178	85,278	87,855	95,866	98,455	549,692
	Number of children to be vaccinated with the second dose	Table 4	#	0	83,146	85,658	90,227	92,663	452,807
	Immunisation coverage with the second dose	Table 4	%	0.00 %	78.00 %	78.00 %	80.00 %	80.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	2.00	2.00	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	22,500					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.24	0.24	0.24	0.24	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.00	0.00	0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	14.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Table 7.11.1: Specifications for Measles, 10 dose(s) per vial, LYOPHILISED

ID		Source		2016	TOTAL
	Number of surviving infants	Table 4	#	118,333	666,940
	Number of children to be vaccinated with the first dose	Table 4	#	107,060	549,692
	Number of children to be vaccinated with the second dose	Table 4	#	101,113	452,807
	Immunisation coverage with the second dose	Table 4	%	85.45 %	
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	
	Number of doses per vial	Parameter	#	10	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	Yes	
	Safety boxes required	Parameter	#	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$	0.24	
cc	**Country co-financing per dose**	Co-financing table	$	0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$	0	
cs	**Safety box price per unit**	Table 7.10.1	$	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%	14.00 %	
fd	**Freight cost as % of devices value**	Parameter	%	10.00 %	

Co-financing tables for Measles, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per Proposal 2011			0.00	0.00	0.00
Your co-financing			0.00	0.00	0.00

	2016
Minimum co-financing	0.00
Recommended co-financing as per Proposal 2011	0.00
Your co-financing	0.00

2016
0.00
0.00
0.00

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

		2012	2013	2014	2015
Number of vaccine doses	#	185,400	85,700	91,400	93,300
Number of AD syringes	#	138,500	95,100	101,500	103,600
Number of re-constitution syringes	#	20,600	9,600	10,200	10,400
Number of safety boxes	#	1,775	1,175	1,250	1,275
Total value to be co-financed by GAVI	$	58,500	29,000	30,500	31,500

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

		2016
Number of vaccine doses	#	103,300
Number of AD syringes	#	114,600
Number of re-constitution syringes	#	11,500
Number of safety boxes	#	1,400
Total value to be co-financed by GAVI	$	34,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	0	0	0	0

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

		2016
Number of vaccine doses	#	0
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country	$	0

Table 7.11.4: Calculation of requirements for Measles, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	83,146	0	83,146
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	0	83,146	0	83,146
E	**Estimated vaccine wastage factor**	*Table 4*	2.00	2.00		
F	**Number of doses needed including wastage**	*D X E*	0	166,292	0	166,292
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		41,573	0	41,573
H	**Stock on 1 January 2012**	*Table 7.11.1*	22,500			
I	**Total vaccine doses needed**	*F + G – H*		185,365	0	185,365
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		138,439	0	138,439
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		20,576	0	20,576
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		1,766	0	1,766
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		44,859	0	44,859
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		6,438	0	6,438
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		77	0	77
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		11	0	11
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		6,281	0	6,281
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		653	0	653
T	**Total fund needed**	*(N+O+P+Q+R+S)*		58,319	0	58,319
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

Table 7.11.4: Calculation of requirements for Measles, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	85,658	0	85,658	90,227	0	90,227
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	85,658	0	85,658	90,227	0	90,227
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	85,658	0	85,658	90,227	0	90,227
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	1,143	0	1,143
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	85,658	0	85,658	91,370	0	91,370
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	95,081	0	95,081	101,421	0	101,421
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	9,509	0	9,509	10,143	0	10,143
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,161	0	1,161	1,239	0	1,239
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	20,730	0	20,730	22,112	0	22,112
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	20,730	0	4,422	22,112	0	4,717
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	36	0	36	38	0	38
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	7	0	7	8	0	8
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	2,903	0	2,903	3,096	0	3,096
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	447	0	447	477	0	477
T	Total fund needed	*(N+O+P+Q+R+S)*	28,545	0	28,545	30,448	0	30,448
U	Total country co-financing	*I x country co-financing per dose (cc)*	0			0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %			0.00 %		

Table 7.11.4: Calculation of requirements for Measles, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	92,663	0	92,663	101,113	0	101,113
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	92,663	0	92,663	101,113	0	101,113
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	92,663	0	92,663	101,113	0	101,113
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	609	0	609	2,113	0	2,113
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	93,272	0	93,272	103,226	0	103,226
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	103,532	0	103,532	114,581	0	114,581
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	10,354	0	10,354	11,459	0	11,459
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,265	0	1,265	1,400	0	1,400
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	22,572	0	22,572	24,981	0	24,981
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,815	0	4,815	5,329	0	5,329
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	39	0	39	43	0	43
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	8	0	8	9	0	9
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	3,161	0	3,161	3,498	0	3,498
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	487	0	487	539	0	539
T	Total fund needed	*(N+O+P+Q+R+S)*	31,082	0	31,082	34,399	0	34,399
U	Total country co-financing	*I x country co-financing per dose (cc)*	0			0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %			0.00 %		

8. Injection Safety Support (INS)

Eritrea is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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 activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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

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

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

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

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

If yes, please indicate the amount of funding requested: **704580** US$

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	664135	684055	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	
Total funds received from GAVI during the calendar year (*A*)	0	0	0	664135	694250	
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	
Total Funds available during the calendar year (*C=A+B*)	0	0	0	664000	975043	
Total expenditure during the calendar year (*D*)	0	0	0	383206	308957	
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	280794	666086	
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	2656270	3609185	704580

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	9962025	10260825	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	
Total funds received from GAVI during the calendar year (*A*)	0	0	0	9962025	10413750	

Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	
Total Funds available during the calendar year (*C=A+B*)	0	0	0	9962025	4211900	
Total expenditure during the calendar year (*D*)	0	0	0	5748100	14625650	
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	4211899	4634362	
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	4213925	9991288	10568700

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	15	15	15
Closing on 31 December	0	0	0	15	15	15

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

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

Based on GAVI's approval to the financial request by the HSCC, funds will directly be transferred to the country, at National Bank of Eritrea and transferred to grant account opened at the Bank for foreign currency and commercial bank of Eritrea for local currency.

In line to the agreed upon proposal, PMU/MoH HQ responsible for disbursement and reporting at national level and Zonal PMU also responsible for disbursement at Zonal level, financial and technical reports submitted to PMU/MoH HQ.

The HSCC shall make sure that funds released are solely used for the program purposes and consistent with the terms of the agreement.Funds will be released to country upon an official request signed by the person or persons authorized by the Principal Recipient (PR).

External Audit report for 2011 -2012 will be done on June.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1.2:	Disseminate the National Health Policy Document at all levels, including the diplomatic corps	100	Minister office
Activity 1.3	Finalize formulation of the National Health Sector Development Plan	100	Minister office
Activity 2.1	Strengthen existing central and zonal training institutions to produce middle level health professionals	75	R and HRD
Activity 2.2	Upgrade the technical capacity of training schools	75	R and HRD
Activity 2.3	Support central and zonal training institutions	75	R and HRD
Activity 2.7	Develop health workers transfer policy	70	R and HRD
Activity 2.8	Develop health workers transfer policy implementation guidelines	70	R and HRD
Activity 2.9	Provide recreational amenities for health workers working in 10 selected remote health facilities	75	R and HRD

Activity 2.10	Introduce reward package system to best performing individual health workers and teams at national and Zonal levels	50	R and HRD
Activity 3.2	Train health management committees in 3 zobas (regions) and 29 sub-zobas (districts) on their roles and responsibilities	75	CSMU
Activity 3.4	Train village health committees at 350 kebabis	75	CSMU
Activity 3.5	Provide one week training to 120 ZHMT members.		CSMU
Activity 4.1	Provide one week training to senior and middle level health managers in RBM skill - 1	50	CSMU
Activity 4.2	Provide one week training to senior and middle level health managers in RMB skills - 2		CSMU
Activity 4.4	Support the production of quarterly HMIS bulletin	50	HMIS
Activity 4.5	Support the dissemination of quarterly HMIS bulletin		HMIS
Activity 4.6	Procure ICT equipment for computerisation of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services]	50	HMIS
Activity 4.7	Train Health Workers in ICT and Computerised data management skills relevant for operating computerised HMIS		HMIS
Activity 4.8	Scale up district health systems assessment from the already piloted two zobas to cover the remaining four zobas		HMIS/CSMU
Activity 5.1	Provide water supply in selected health facilities	50	MSD
Activity 5.2	Supply photovoltaic solar power and cold chain systems to selected facilities	60	PMU
Activity 5.4	Construct incinerators in 10 health facilities	50	MSD
Activity 5.5	Construct placenta pits in 10 health facilities	50	MSD
Activity 5.6	Upgrade 3 health centres to the level of community hospitals (district hospitals)	50	MSD
Activity 5.7	Construct accommodation for health workers in selected 3 remote health Facilities	50	MSD
Activity 6.1	Carry out community health education and promotion on Environmental Health / WES in all zobas	60	EHU
Activity 6.2	Carry out household based water quality control in all the six Zobas during both rainy and dry seasons	60	EHU
Activity 6.3	Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas	60	EHU
Activity 6.4	Conduct integrated outreach services		EHU

Activity 6.5	Develop the Referral and Emergency Policy and Implementation Framework	100	EHU
Activity 6.6	Improve referral system through training in triage and emergency management, including referral of patients /clients (using the Emergency & Referral manual)	70	MSD
Activity 6.7	Procure standard equipment and supplies for referral & emergency service provision at selected health facilities	50	MSD
Activity 6.8	Carry out regular integrated supportive supervisions	50	MSD
Activity 6.9	Train health workers in early detection and response to outbreak of vaccine preventable diseases	50	EPI
Activity 6.10	Train communities (VHTs, HFMCs & Teachers) in early detection and response to outbreak of vaccine preventable diseases	50	IDSR
Activity 5.3	Conduct training for cold chain technicians in six zobas	50	MSD

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Activity 1.2:	dissemination done
Activity 1.3	the process finalized
Activity 2.1	By combing activity 2.1 and activity 2.3 Strengthening the training centers schools in Asmara, Mendefera, Gindae, and Barentu that train nurses, technicians, and associate nurses with books, stationeries, teaching materials and computers with accessories, networking etc the technical specification given to the suppliers the procurement and shipment is going process .
Activity 2.2	
Activity 2.3	By combing activity 2.1 and activity 2.3 Strengthening the training centers schools in Asmara, Mendefera, Gindae, and Barentu that train nurses, technicians, and associate nurses with books, stationeries, teaching materials and computers with accessories, networking etc the technical specification given to the suppliers the procurement and shipment is going process .
Activity 2.7	The transfer policy was draft but not yet finalized and payment not done
Activity 2.8	The transfer policy was draft but not yet finalized and payment not done
Activity 2.9	Procurement is in going process (After we received the materials payment will be done)
Activity 2.10	The money to be spent in 2010 and 2011 for this activity was too small for the intended purposes. Hence the need for rescheduling it to 2012 by combined other budget .
Activity 3.2	The money to be spent in 2010 and 2011 for this activity was too small for the intended purposes. Hence the need for rescheduling it to 2012 by combined other budget.
Activity 3.4	Guidelines with regards to the functionality of the committees distributed and actual formation of these committees and training on progress
Activity 3.5	Training scheduled to be conducted in third quarter of 2012
Activity 4.1	This is on going process with collaboration with other units in the division of medical services
Activity 4.2	This is scheduled to be conducted for the last quarter of 2012

Activity 4.4	The Printing procedure is ongoing process
Activity 4.5	After we received the materials from the printing press distribution will be follow.
Activity 4.6	Procurement of ICT equipment is in going process (After we received the materials payment will be done)
Activity 4.7	training will be done after procurement finalized
Activity 4.8	Planned to be done in the third quarter of 2012
Activity 5.1	The money was too small to effectively met objectives 5.1, and 5.6, given the current inflation level and scarcity of building materials in the country. So communication is in progress on how to best utilize this money in an integrated fashion with NRS zoba officials
Activity 5.2	Procurement of Photovoltaic solar power sets on going process
Activity 5.3	ongoing activities
Activity 5.4	conducted as planned
Activity 5.5	This is scheduled to be conducted for the last quarter of 2012
Activity 5.6	Not yet implemented Same as for 5.1
Activity 5.7	conducted as planned
Activity 6.1	ongoing activities
Activity 6.2	ongoing activities
Activity 6.3	ongoing activities
Activity 6.4	This is scheduled to be conducted for the last quarter of 2012
Activity 6.5	This was one of the successful activities performed in this second year of implementation period
Activity 6.6	ongoing activities
Activity 6.7	ongoing activities
Activity 6.8	ongoing activities
Activity 6.9	ongoing activities
Activity 6.10	ongoing activities

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

it is stated on the above activities.

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

The money to be spent in 2010 and 2011 for this activity was too small for the intended purposes. Hence the need for rescheduling it to 2012 by combined other budget .

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

According to the approved project plan most our targets are going to be 100% achieved by the end of the fourth year of implementation and we have only been in the second year.This entails that it is probably too early to see or achieve real impacts on health services programs. Besides that, the over all budget of the project budget is too small to bring about substantive impacts when not utilized in complementary

with funds like the GOE budgetary support or the Global Fund grants. This in turn makes it difficult to identify impacts attributable to GAVI HSS funds.Nevertheless the following major health systems strengthening activities have been accomplished with GAVI and funds from other sources during the 2011implementation year:

- Strengthening sub-systems especially the referral system and emergency services delivery system has been achieved. These include the following

- A preliminary assessment to determine the effectiveness of the existing referral system was carried out

- A process of development of a user friendly guidelines is on progress based on information obtained from the assessment and tailored to addressing weaknesses and enhancing strengths as suggested in the assessment document

- Guidelines for management of common medical emergencies both at hospital and health center level was also developed

- A district health systems assessment (DHS) was also done in two of the six zobas in this year's implementation period. This is a continuation or a scale up of a previously made DHS assessment in two other zobas in 2006. With now have a data base of the functionality and availability of the required organizational structure at district level in four of the six zobas of the country. This assessment was done with the help of a health sytem expert consultant and GAVI funds were effectively used for that purpose.

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

There is no problem at all in utilizing GAVI HSS funds. But as stated above the funds is too small to be utilized alone to bring about major program accomplishments.This issue was addressed by using GAVI HSS funds to complement government and other partners' budgets and there seem to be no outstanding problem that needs to be solved in future.

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

At headquarters level we have a focal person who coordinates all HSS activities. Additional all concerned met on monthly and regular basis to see how things are going and to mitigate any problems if and when they occur. Financial trans actions are regulated and guided by the PMU, and we try to align implementation of activities with disbursement of funds. We are also required to do a regular progress reports tothe Minster office.

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

The Ministry of Health Established the Monitoring and Evaluation Division to provide leadership for the monitoring and evaluation activities in he health sector. The M&E Division was established under the Department of Policy, Planning and Evaluation.

In addition the M&E Division the Ministry of Health developed the Health Management Information System (HMIS) in 1997 and selected disease and health service indicators through the participation of health workers and concerned partners and stakeholders. The HMIS collect complete information on preventive, promotive , curative, and rehabilitative health service including diagnostic and blood services.

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

Our UN partners mainly the WHO and UNICEF on the one hand and government institutions mainly the ministry of Local Government and the Ministry of Finance on the other, were the principal stakeholders involved in the implementation process of the project.

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

Civil society organizations like the women and youth unions were also active participants. In short the implementation process was as participatory as was the development process of the proposal.

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

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

- **Mechanism for coordinating GAVI HSS with other system activities and programs**
- DG Health Services – Chair,
- Continuous coordination and inter-component networking support; linking up all project components to ensure harmony of implementation.
- Joint planning meetings among the TWG and the relevant units within the MOH as well as partners,
- The TWG will also identify technical support needs. It will provide continuous monthly debriefing to the Minister of Health
- Quarterly monitoring and evaluation reports
- Quarterly Financial management and audit reports
- Quarterly monitoring and planning meetings on both technical and financial issues to assess progress towards the targets,
- Annual M&E and financial reports
- Annual review and planning meetings based on the annual M&E and financial reports
- To ensure effective integration, annually, all GAVI HSS project activities will be reflected in the Operational Plan of each implementing partner.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Actvity 2.1	Activity 2.1: Strengthen existing central and zonal training institutions to produce middle level health professionals	40500				

Actvity 2.2	Activity 2.2: Upgrade the technical capacity of training school tutors / instructors, by training them in areas of identified skill deficits through: distance education, post graduate and other relevant courses	29000				
Actvity 2.3	Activity 2.3: Support central and zonal training institutions with requisite teaching materials that includes audio visual materials, books, computers etc	32000				
Actvity 2.9	Activity 2.9: Provide recreational amenities for health workers working in 10 selected remote health facilities	10600				
Actvity 2.10	Activity 2.10: Introduce reward package system to best performing individual health workers and teams at national and Zonal levels	4900				
Actvity 3.4	Activity 3.4: Train village health committees in 350 kebabis on their roles and Responsibilities	10500				
Actvity 4.1	Activity 4.1: Provide one week training to senior and middle level health managers in RBM skills- 1:	10000				

Actvity 4.2	Activity 4.2: Provide one week training to senior and middle level health managers in RBM skills-2:	7000				
Actvity 4.4	Activity 4.4: Support the production of quarterly HMIS bulletin	5000				
Actvity 4.5	Activity 4.5: Support the dissemination of quarterly HMIS bulletin	1500				
Actvity 4.6	Activity 4.6: Procure ICT equipment for computerizatio n of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services]	30000				
Actvity 4.7	Activity 4.7: Train Health Workers in ICT and Computerized data management skills relevant for operating computerized HMIS	4000				
Actvity 5.1	Activity 5.1: Provide water supply in selected health facilities	30000				
Actvity 5.2	Activity 5.2: Supply photo voltaic solar power and cold chain system to selected health facilities	45000				
Actvity 5.4	Activity 5.4: Construct incinerators in 10 health facilities	20000				
Actvity 5.5	Activity 5.5: Construct placenta pits in 10 health facilities	10000				

Actvity 5.6	Activity 5.6: Upgrade 3 health centers to the level of community hospitals (district hospitals)	31000				
Actvity 5.7	Activity 5.7: Construct accommodation for health workers in selected 3 remote health Facilities	49580				
Actvity 6.1	Activity 6.1: Carry out community health education and promotion on Environmental Health / WES in all zobas	9000				
Actvity 6.2	Activity 6.2: Carry out household based water quality control in all the six Zobas during both rainy and dry seasons	6000				
Actvity 6.3	Activity 6.3: Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas	9000				
Actvity 6.4	Activity 6.4: Conduct integrated outreach services	11000				
Actvity 6.6	Activity 6.6: Improve referral system through training in triage and emergency management, including referral of patients /clients (using the Emergency & Referral manual)	15000				

Actvity 6.7	Activity 6.7: Procure standard equipment and supplies for referral & emergency service provision at selected health facilities	55000				
Actvity 6.8	Activity 6.8: Carry out regular integrated supportive supervisions	5000				
Actvity 6.9	Activity 6.9: Train health workers in early detection and response to outbreak of vaccine preventable diseases	15000				
Actvity 6.10	Activity 6.10: Train communities (VHTs, HFMCs & Teachers) in early detection and response to outbreak of vaccine preventable diseases	7000				
		502580	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Activity2.1	Activity 2.1: Strengthen existing central and zonal training institutions to produce middle level health professionals	40500			

Activity2.2	Activity 2.2: Upgrade the technical capacity of training school tutors / instructors, by training them in areas of identified skill deficits through: distance education, post graduate and other relevant courses	29000			
Activity2.3	Activity 2.3: Support central and zonal training institutions with requisite teaching materials that includes audio visual materials, books, computers etc	18000			
Activity2.9	Activity 2.9: Provide recreational amenities for health workers working in 10 selected remote health facilities	10600			
Activity3.5	Activity 3.5: Provide one week training to 120 health management team members in 3 zobas on research, district health systems management, data management and community entry and participation.	7000			
Activity4.1	Activity 4.1: Provide one week training to senior and middle level health managers in RBM skills- 1:	8000			
Activity4.2	Activity 4.2: Provide one week training to senior and middle level health managers in RBM skills-2:	7000			

Activity4.4	Activity 4.4: Support the production of quarterly HMIS bulletin	5000			
Activity4.5	Activity 4.5: Support the dissemination of quarterly HMIS bulletin	1500			
Activity4.6	Activity 4.6: Procure ICT equipment for computerisation of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services]	40000			
Activity4.7	Activity 4.7: Train Health Workers in ICT and Computerised data management skills relevant for operating computerised HMIS	3000			
Activity5.1	Activity 5.1: Provide water supply in selected health facilities	45000			
Activity5.4	Activity 5.4: Construct incinerators in 10 health facilities	27000			
Activity5.6	Activity 5.6: Upgrade 3 health centres to the level of community hospitals (district hospitals)	35715			
Activity5.7	Activity 5.7: Construct accommodation for health workers in selected 3 remote health Facilities	62000			
Activity6.1	Activity 6.1: Carry out community health education and promotion on Environmental Health / WES in all zobas	9000			

Activity6.2	Activity 6.2: Carry out household based water quality control in all the six Zobas during both rainy and dry seasons	6000			
Activity6.3	Activity 6.3: Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas	9000			
Activity6.4	Activity 6.4: Conduct integrated outreach services	11000			
Activity6.7	Activity 6.4: Conduct integrated outreach services	86000			
Activity6.8	Activity 6.8: Carry out regular integrated supportive supervisions	6000			
Activity6.9	Activity 6.9: Train health workers in early detection and response to outbreak of vaccine preventable diseases	15000			
Activity5.5	Activity 5.5: Construct placenta pits in 10 health facilities	10500			
Activity2.10	Activity 2.10: Introduce reward package system to best performing individual health workers and teams at national and Zonal levels	4900			
		496715			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

No revised indicators

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
No donor for HSS support			

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
PMU/MoH and the respective HSS department(MDS/ CSMU/ Rand HRD/EHU/IDSR etc...		

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

It is good to send all the report as an attachments rather than writing the report online on the web.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 3

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Minister of Health.doc File desc: File description... Date/time: 5/16/2012 4:24:04 AM Size: 414720
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Minister of Finance.doc File desc: File description... Date/time: 5/16/2012 4:28:13 AM Size: 417792
3	Signatures of members of ICC	2.2	✓	ICC Memebers Signatures.doc File desc: File description... Date/time: 5/16/2012 4:31:12 AM Size: 322048
4	Signatures of members of HSCC	2.3	✗	1.PDF File desc: File description... Date/time: 5/12/2012 2:22:58 AM Size: 149117
5	Minutes of ICC meetings in 2011	2.2	✓	ICC Meeting 2011.doc File desc: File description... Date/time: 5/21/2012 10:18:48 AM Size: 59904
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	ICC Meeting 2012 endorcing APR & GAVI Support.doc File desc: File description... Date/time: 5/18/2012 8:26:03 AM Size: 50688
7	Minutes of HSCC meetings in 2011	2.3	✗	PMU-Samiiiiiiiiiiiiiiiiiiiiii.PDF File desc: File description... Date/time: 5/18/2012 1:48:15 PM Size: 437476
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	3.PDF File desc: File description... Date/time: 5/18/2012 1:49:07 PM Size: 204724
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	GAVI Report of 2011 May 16 2012.xlsx File desc: File description... Date/time: 5/18/2012 1:43:15 PM Size: 52393
10	new cMYP APR 2011	7.7	✓	ERI cMYP 2012 2016 March 2012 Final.pdf File desc: File description... Date/time: 5/16/2012 10:35:00 AM

				Size: 464621
11	new cMYP costing tool APR 2011	7.8	✓	cMYP Costing Tool Vs. 2.5 Final.xls File desc: File description... Date/time: 5/16/2012 10:46:46 AM Size: 3509760
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	ISS Financial Statments 2011.doc File desc: File description... Date/time: 5/16/2012 10:50:23 AM Size: 338944
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement For NVS introduction .docx File desc: File description... Date/time: 5/22/2012 8:22:04 AM Size: 11227
15	EVSM/VMA/EVM report APR 2011	7.5	✓	ERI VMA Oct 2009 - Draft report 2.pdf File desc: File description... Date/time: 5/16/2012 10:57:24 AM Size: 853958
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	VMA out come & Improvement Plan.doc File desc: File description... Date/time: 5/18/2012 8:02:30 AM Size: 67584
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	VMA Recommondations & Implementatios Status.doc File desc: File description... Date/time: 5/18/2012 8:03:24 AM Size: 45568
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Audit Report.PDF File desc: File description... Date/time: 5/22/2012 8:26:16 AM Size: 1182945
20	Post Introduction Evaluation Report	7.2.2	✓	Post Introduction Evaluation Report .docx File desc: File description... Date/time: 5/22/2012 8:22:55 AM Size: 11178
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	ICC Meeting 2012 endorcing APR & GAVI Support.doc File desc: File description... Date/time: 5/18/2012 8:27:13 AM Size: 50688
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	Audit Report.PDF File desc: File description... Date/time: 5/22/2012 8:24:21 AM

				Size: 1182945
23	HSS Health Sector review report	9.9.3	✕	Microsoft Word - Final MOH Annual Health Service Report 2010.pdf File desc: File description... Date/time: 5/22/2012 8:29:01 AM Size: 2332331