



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Eritrea

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 3:44:48 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **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	H.E. Minister Amina Nurhussien	Name	H.E. Minister Behane Habtemariam
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Mr. Tedros Yehdego Mesghna	EPI Manager	291-1-125367	ytedrosm@yahoo.com, tedrosmy@gmail.com
Mr. Embaye Asfaha	WHO Surveillance Officer	291-1-114167	AsfahaE@er.afro.who.int

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
Dr. Andeberhan Tesfazion A/Director General Public Health	Ministry of Health		
Dr. Berhana Haile Director of Family and Community Health Division	Ministry of Health		

Mr. Tedros Yehdego EPI Manager	Ministry of Health		
Mr. Embaye Asfaha Surveillance Officer WHO	WHO		
Mr. Zeggay Beraki Surveillance Officer WHO	WHO		
Dr. Zighe Icunoamlak Child Health Specialist UNICEF	WHO		
Ms. Abeba Habtom Pre-School Coordinator	Ministry of Education		
Mr. Tsuneo TSurusaki Resident officer of JICA	Japan International Cooperation (JICA)		
Ms. Yehdega Gebremeskel Health Focal Person	National Union of Eritrean Women		
Mr. Tumesghi Sengal PHC Specialist	Mesterhot PLC Consultancy		

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

All comments will be treated confidentially

Comments from Partners:

No comments

Comments from the Regional Working Group:

No comments

2.3. HSCC signatures page

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

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
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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 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	111,387	111,387	114,395	114,395	117,483	117,483	120,655	120,655	123,913	123,913
Total infants' deaths	4,790	4,790	4,576	4,576	4,699	4,699	4,826	4,826	5,580	5,580
Total surviving infants	106597	106,597	109,819	109,819	112,784	112,784	115,829	115,829	118,333	118,333
Total pregnant women	111,387	111,387	114,395	114,395	117,483	117,483	160,874	160,874	123,913	123,913
Number of infants vaccinated (to be vaccinated) with BCG	94,679	82,009	97,236	97,236	105,735	105,735	108,590	108,590	117,717	117,717
BCG coverage	85 %	74 %	85 %	85 %	90 %	90 %	90 %	90 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	90,608	85,059	93,346	93,346	101,506	101,506	104,246	104,246	113,008	113,008
OPV3 coverage	85 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	93,805	86,632	96,641	96,641	104,889	104,889	107,721	107,721	116,578	116,578
Number of infants vaccinated (to be vaccinated) with DTP3	90,608	85,059	93,346	93,346	101,506	101,506	104,246	104,246	113,008	113,008
DTP3 coverage	85 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	87,859	86,632	72,481	96,641	104,889	104,889	107,721	107,721		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	87,859	85,059	72,481	93,346	101,506	101,506	104,246	104,246		
DTP-HepB-Hib coverage	77 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	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	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	41,573	81,600	85,658	87,855	95,866	95,866	98,455	98,455	107,060	107,060
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	83,146	40,300	85,658	80,000	90,227	90,227	92,663	92,663	101,113	101,113

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Measles coverage	78 %	38 %	78 %	73 %	80 %	80 %	80 %	80 %	85 %	85 %
Wastage[1] rate in base-year and planned thereafter (%) {0}	1	50	1	50	0	50	0	50	0	50
Wastage[1] factor in base-year and planned thereafter (%)	2	2	2	2	1	2	1	2	1	2
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	40,039	26,827	46,993	46,993	54,295	54,295	55,761	55,761	55,761	55,761
TT+ coverage	36 %	24 %	41 %	41 %	46 %	46 %	35 %	35 %	45 %	45 %
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	482,678	0	495,711	495,711	509,095	509,095	522,840	522,840	536,957	536,957
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	2 %	3 %	3 %	3 %	3 %	3 %	3 %	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): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

No change was made for birth cohort as compared with previous year.

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

No change was made for surviving infants as compared with previous year.

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

No change was made on targets from the previous year.

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

No change was made for wastage rate, it is the same as previous year (5%)

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Routine administrative immunization coverage of Penta 3 & Measles was 80% & 76% respectively. As compared with last year, Penta 3 immunization coverage has decreased by 1% and Measles immunization coverage increased by 3% from last year coverage (2012). Targets were not achieved as planned, because:
1. Outreach services were not carried out in routine base in some districts because of transport and fuel shortages. 2. There were limitation of funds and financial support for operational activities.

Major activities conducted in 2012

1. Introduction of second dose of measles (MCV2) into routine immunization program at national level for children at the age of 18 months.
2. Participation in updating work shop of cMYP in South African and updating of cMYP 2012-2016 and developing of annual work plan for 2013 done.
3. Effective Vaccine Management Assessment (EVMA) conducted and improvement plan developed.
4. Submission of Rota virus vaccine proposal for introduction of the vaccine into routine immunization program in the 4th quarter of 2013.
5. Three rounds of Sustainable Outreach Services (SOS) were carried out in low performing and poor accessible districts.
6. Developing four years (2013-2016) of procurement and replacement plan of cold chain equipment jointly with JICA. First phase shipment and delivery of CC equipment is expected to be in August 2013.
7. A total of 622 health workers were participated on vaccine and cold chain management, Middle Level Managers Training (MLM) and Immunization In Practice Modular Training (IIP) of the EPI program.

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

According to the work plan and objectives of 2012, Penta 3 immunization coverage for <1yr old were expected to be 85%. But it was not achieved because of the following reasons:

1. In some districts there were transport and fuel shortage to conduct regular outreach services.
2. Immunization Service Support (ISS) were not available for the last 6 years from GAVI which was help full to strengthen routine immunization outreach services.
3. There were delay of transfer and limitation of funds from our partners for routine immunization activities in the first quarter of 2012.

Using the opportunity of African Vaccination Week (AVW) and Child Health and Nutrition Week (CHNW), vaccine defaulter tracing activities were carried out bi-annual at national level that supported the routine immunization service. Using the WHO emergency funds, three rounds of SOS were conducted in selected districts with poor access to routine vaccination services.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
EPI Coverage Survey	Dec. 2009	83.7%	82.6%
EPI Coverage Survey	April, 2013	93.4%	92.3%

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

In the two consecutive EPI coverage surveys, there were no so much difference in immunization coverage of Penta 3 among girls and boys. Actually, we don't have gender inequality in accessing and utilizing of the immunization service. Both male and female have equal opportunity to immunization in all ethnic groups in our country.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

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

Community mobilization activities in immunization campaign during consecutive round of Polio NIDS (1996-2005) and measles Follow-up Campaign every three years (2003- 2006) were having an impact on the community awareness raising associated with gender related barriers. In fact at this time mothers, are on the first line to bring their children to immunization service to have vaccination for their children. They are more familiar and well aware to immunization as compared to their partners.

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 for 2012 was 81% at national level.
 Eritrean Population Health Survey (EPHS) for 2010 result of Peta 3 coverage was 93% at national level.
 EPI Coverage survey for 2009 result of Penta 3 coverage was 95% at national level.
 EPI Coverage Survey for 2013 result of Penta 3 coverage was 98%at national level (Draft)
 WHO & UNICEF Estimate National immunization coverage of 2011 was 99% at national level.

Based on the above information, there is differences in routine administrative report and survey and assessment results of Penta 3 & Measles coverage. This differences with low health facility based administrative coverage may be attributed to a denominator problem and the differences in other assessment could also because of the methodologies used in coverage estimation.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

EPI Coverage Survey in April 2013 was conduct. It is under analysis and report writing and not yet finalized.

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

1. Vaccine defaulters tracing by checking child health card during African Vaccination Week and Child Health and Nutrition week bi-annually.
2. Training of Middle Level Managers (MLM) on Data Quality Self Assessment (DQS) and conducting data quality self assessment every quarter at district level.
3. Assigning of EPI Focal persons in each health facility which follows the immunization service and reports and summthe service provided.

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. Data harmonization meeting at national and sub nation level
2. Capacity building and supervision for the EPI focal persons at service level.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 15	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	188,055	0	0	188,055	0	0	0	0
New and underused Vaccines**	404,441	29,887	374,554	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	91,468	12,450	11,018	68,000	0	0	0	0
Cold Chain equipment	60,000	0	0	60,000	0	0	0	0
Personnel	489,685	18,540	100,000	175,768	195,377	0	0	0
Other routine recurrent costs	65,000	35,000	0	30,000	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	79,100	32,500	0	0	46,600	0	0	0

EPI Coverage Survey		15,000	0	15,000	35,000	0	0	0
Total Expenditures for Immunisation	1,377,749							
Total Government Health		143,377	485,572	536,823	276,977	0	0	0

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

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

Government fund for traditional vaccines is not yet stated. In operational activities of outreach services and vaccination campaigns, the government makes fuel subsidy 0.75USD per liter. In 2011, The Government of the state of Eritrea has developed a Health Sector Strategic Development Plan (HSSDP) of five years (2012-2016). The total budget line for the cost of vaccines, operational activities and cold chain equipments of EPI program is included in the plan. If any gaps of procurement of vaccines and other EPI logistics occurred the government is on a position to cover it.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
GAVI Financial Management Assessment (FMA) not yet done.	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

No, GAVI Financial Management Assessment (FMA) done.

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

The plan was supposed to be initiated by GAVI. But locally Financial Management Assessment is carried out annual by internal Audit.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

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

Recommendation of the ICC members is attached in section 13 of APR. there were no recommendation from the ICC members on base line and annual target since we didn't made any changes.

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

If **Yes**, which ones?

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

5.8. Priority actions in 2013 to 2014

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

1. Introduction of Rota virus vaccine in to routine immunization program at national level.
2. EPI Coverage Survey in the second quarter of 2013.
3. Polio NIDS in the 4th quarter of 2013.
4. EPI Review meeting at national level in the 3rd quarter of 2013.
5. Cross boarder meeting with Sudan on synchronized polio eradication initiative and intensify surveillance activities. (August 2013)
6. Vaccine defaulters tracing and community mobilization activities during African vaccination and child health and nutrition week.
7. implementation of 4 rounds of Sustainable Outreach Service (SOS) in hard to reach and low performing districts annually.
8. Procurement and replacement of obsolete cold chain equipments in service.
9. Implementation of improvement plan of Effective Vaccine Management Assessment (EVMA) recommendations of 2013.
10. Capacity building of EPI focal persons and Middle Level Managers on vaccine and cold chain managements.
11. Conduct joint monitoring an supervision activities biannual at national level and sub national level.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Auto Disable (AD) syringes 0.05 ml	UNICEF
Measles	Auto Disable (AD) syringes 0.5 ml	UNICEF, GAVI,
TT	Auto Disable (DA) syringes 0.5 ml	UNICEF
DTP-containing vaccine	Auto Disable (AD) syringes 0.5 ml	GAVI, Gov.
Reconstitution syringes for BCG	Auto disable syringes 1 ml	UNICEF
Reconstitution syringes for measles	Syringes of 5 ml	UNICEF, GAVI

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

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

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

There is no reported obstacles of injection safety implementation problem.

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

In every vaccination site or immunization session, safety boxes are used to collect the sharps. Then safety boxes are collected and burned in incinerators or burned or buried in pot hole. At this time almost all the hospitals, community hospitals and health centers are using incinerators. Health stations, Places were most of the vaccination activities carried out are using pit hole to collect and burn the sharps used. Burning and burring sharps is not recommended because they are not performed properly.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Eritrea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Eritrea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	158,160	146,200	0	No
Measles	104,000	104,000	0	No

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

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

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

In 2011 98,000 doses of Penta vaccine were procured through JICA and the Government in addition to the GAVI funded Penta vaccines and there were over stock of vaccine. In order to balance the stock, the requested amount of vaccines for 2012 were decreased by 50% (146,200 doses) and for 2013, 75% of the total required amount of Penta doses which is going to arrive on Sept. 2013. There is no discarded Penta vaccines because of expire date and VVM status. Since we are using fully liquid formulation of one dose vial there is no wastage of Penta vaccine. There were no stock out of Penta vaccines at all levels in 2012.

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

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

WHO Stock Management Tool (SMT) is used to controll the vaccine stock balance and vaccine status on storage and delivery. This soft ware is also installed at provisional level. Vaccine delivery is from national to sub national is in quarterly base referring the to the SMT and vaccine shipment from abroad to national level is biannual to keep status of the storage capacity requirement & shelf life time.

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

There were no stock out of vaccine at any level.

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Introduction of fully liquid formulation of one dose vial of DPT-HepB-Hib in 2010

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	Yes	28/06/2012
Nationwide introduction	Yes	28/06/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The introduction of the second dose of measles was planned in July 2012 and it was introduced as planned using the introduction plan matrix.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 1914**

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

PIE was not conducted in the past two years.

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**

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

Sentinel surveillance sites of Rota Virus (RV) and Pediatric Bacterial Meningitis (PBM) are available and functional in Pediatric National referral hospital, but surveillance study is not yet done.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	100,000	1,500,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	100,000	1,500,000
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	100,000	1,500,000

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

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

7.3.2. Programmatic Reporting

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

Introduction plan of second dose of measles had been developed. Training of the Zonal Management Team, health facility heads and EPI focal persons were also carried out at sub nation level with technical support of the EPI staffs from national conducted. Community sensitization activities at districts level, launching ceremony, TV and Radio sport advertisement were carried out for community mobilization and awareness raising. Notice and official letters were sent to local government and sub zoba administrators about the introduction of the second dose of measles.

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

There were no problems encountered in the introduction plan.

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

There is no remaining balance to be carried forward for 2013 and 2014 .

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	32,000	12,100
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	DPT-HepB-Hib,	
Donor	DPT-HepB-Hib & Measles	
Other	No	

Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,203	12,300
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	January	Government
Awarded Vaccine #2: Measles second dose, 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		
We are working jointly with our partners (WHO GAVI, JICA and UNICEF) on immunization program. when ever we need technical, financial and logistic support, we have been discussing with our partners and the government to resolve the problems and fill the gaps. The fund for field operational activities on out reach service is limited and we have problems in addressing children with immunization in low accessible and nomadic life style population and we need to have technical and financial support on these areas. On co-financing of traditional and underused vaccines, the government is supported to put his contribution in a regular annual base and we are discussing this issue with higher officials of the government.		

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 Government is on track on co-financing payments.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **January 2013**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

No

When is the next Effective Vaccine Management (EVM) assessment planned? **January 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

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

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

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

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	106,597	109,819	112,784	115,829	445,029
	Number of children to be vaccinated with the first dose	Table 4	#	86,632	96,641	104,889	107,721	395,883
	Number of children to be vaccinated with the third dose	Table 4	#	85,059	93,346	101,506	104,246	384,157
	Immunisation coverage with the third dose	Table 4	%	79.79 %	85.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	267,500				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	267,500				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

Vaccine Stock on 31st December 2012 and carried forward for 2013 for Pentavalent vaccine was 267,500 doses. There were differences

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

Co-financing group	Low
--------------------	-----

	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	283,600	305,900	309,300
Number of AD syringes	#	330,600	356,500	361,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	3,675	3,975	4,025
Total value to be co-financed by GAVI	\$	632,000	681,500	673,000

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

		2013	2014	2015
Number of vaccine doses	#	28,900	31,200	32,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	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	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	9.23 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	86,632	96,641	8,923	87,718
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	259,896	289,923	26,767	263,156
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	$D \times E$	272,891	304,420	28,106	276,314
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		7,883	728	7,155
H Stock on 1 January 2013	Table 7.11.1	267,500			
I Total vaccine doses needed	$F + G - H$		312,353	28,838	283,515
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		330,565	0	330,565
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		3,670	0	3,670
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		635,951	58,714	577,237
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		15,372	0	15,372
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		2,129	0	2,129
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		40,701	3,758	36,943
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		694,153	62,472	631,681
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		62,471		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.23 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	104,889	9,684	95,205	107,721	10,196	97,525
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	314,667	29,052	285,615	323,163	30,587	292,576
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	330,401	30,504	299,897	339,322	32,117	307,205
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	6,496	600	5,896	2,231	212	2,019
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	336,947	31,109	305,838	341,603	32,332	309,271
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	356,491	0	356,491	361,188	0	361,188
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	3,958	0	3,958	4,010	0	4,010
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	686,025	63,337	622,688	678,424	64,212	614,212
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	686,025	0	16,577	678,424	0	16,796
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	2,296	0	2,296	2,326	0	2,326
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	43,906	4,054	39,852	43,420	4,110	39,310
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	748,804	67,390	681,414	740,966	68,321	672,645
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	67,390			68,321		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	106,597	109,819	112,784	115,829	118,333	563,362
	Number of children to be vaccinated with the first dose	Table 4	#	81,600	87,855	95,866	98,455	107,060	470,836
	Number of children to be vaccinated with the second dose	Table 4	#	40,300	80,000	90,227	92,663	101,113	404,303
	Immunisation coverage with the second dose	Table 4	%	37.81 %	72.85 %	80.00 %	80.00 %	85.45 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	2.00	2.00	2.00	2.00	2.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	186,100					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	186,100					
	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	\$		0.27	0.29	0.30	0.32	
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	\$		0.5800	0.5800	0.5800	0.5800	
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 %	

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

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

Vaccine stock on 31 st December 2012 and carried forward for 2013 for measles vaccine was 86,100 doses. There a differnces.

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

Co-financing group	Low
--------------------	-----

	2012	2013	2014	2015	2016
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per APR 2011			0.00	0.00	0.00
Your co-financing	0.00	0.00	0.00	0.00	0.00

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

		2013	2014	2015	2016
Number of vaccine doses	#	180,000	185,700	186,700	206,600
Number of AD syringes	#	110,900	105,900	104,300	117,000
Number of re-constitution syringes	#	20,000	20,700	20,800	23,000
Number of safety boxes	#	1,475	1,425	1,400	1,575
Total value to be co-financed by GAVI	\$	63,500	68,000	70,500	84,000

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

		2013	2014	2015	2016
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 ^[1]	\$	0	0	0	0

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

	Formula	2012	2013		
		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	40,300	80,000	0	80,000
C Number of doses per child	Vaccine parameter (schedule)	1	1		
D Number of doses needed	$B \times C$	40,300	80,000	0	80,000
E Estimated vaccine wastage factor	Table 4	2.00	2.00		
F Number of doses needed including wastage	$D \times E$	80,600	160,000	0	160,000
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		19,850	0	19,850
H Stock on 1 January 2013	Table 7.11.1	186,100			
I Total vaccine doses needed	$F + G - H$		179,950	0	179,950
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		110,834	0	110,834
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		19,975	0	19,975
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,452	0	1,452
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		49,127	0	49,127
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		5,154	0	5,154
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		740	0	740
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		843	0	843
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		6,878	0	6,878
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		674	0	674
T Total fund needed	$(N+O+P+Q+R+S)$		63,416	0	63,416
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %		

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

	Formula	2014			2015			
		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	<i>Table 5.2.1</i>	90,227	0	90,227	92,663	0	92,663
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	1			1		
D	Number of doses needed	$B \times C$	90,227	0	90,227	92,663	0	92,663
E	Estimated vaccine wastage factor	<i>Table 4</i>	2.00			2.00		
F	Number of doses needed including wastage	$D \times E$	180,454	0	180,454	185,326	0	185,326
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	5,114	0	5,114	1,218	0	1,218
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	185,668	0	185,668	186,644	0	186,644
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	105,829	0	105,829	104,208	0	104,208
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	20,610	0	20,610	20,718	0	20,718
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,404	0	1,404	1,387	0	1,387
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	53,102	0	53,102	55,247	0	55,247
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	53,102	0	4,922	55,247	0	4,846
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	763	0	763	767	0	767
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	815	0	815	805	0	805
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	7,435	0	7,435	7,735	0	7,735
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	650	0	650	642	0	642
T	Total fund needed	$(N+O+P+Q+R+S)$	67,687	0	67,687	70,042	0	70,042
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	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 second dose, 10 dose(s) per vial, LYOPHILISED (part 3)

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	101,113	0	101,113
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	101,113	0	101,113
E	Estimated vaccine wastage factor	Table 4	2.00		
F	Number of doses needed including wastage	$D \times E$	202,226	0	202,226
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	4,225	0	4,225
H	Stock on 1 January 2013	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	206,551	0	206,551
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	116,926	0	116,926
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	22,928	0	22,928
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,553	0	1,553
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	66,510	0	66,510
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	5,438	0	5,438
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	849	0	849
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	901	0	901
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	9,312	0	9,312
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	719	0	719
T	Total fund needed	$(N+O+P+Q+R+S)$	83,729	0	83,729
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

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

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

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

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

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

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

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

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

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

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

9.1.1. Report on the use of HSS funds in 2012

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

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

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

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

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

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

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

Table 9.1.3a (US)\$

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

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

Table 9.1.3b (Local currency)

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

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

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

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

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

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

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

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

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

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?

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

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

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

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

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.

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

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.

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

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

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

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

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

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

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

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.

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

Please attach:

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

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

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

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

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

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

ISS funds from GAVI were supporting the routine immunization program to carry out in regular base to increase immunization coverage especially y in less accessible areas. but four years, Eritrea didn't the get the grant fund for routine operational activities of the EPI program.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure



Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature of the Minister.doc File desc: Date/time: 5/14/2013 10:03:17 AM Size: 414208
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature of the Minister.doc File desc: Date/time: 5/14/2013 10:04:45 AM Size: 414208
3	Signatures of members of ICC	2.2		Signatures of the ICC members.doc File desc: Date/time: 5/14/2013 10:06:19 AM Size: 331264
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		ICC Meeting 2013 endorsing APR 2012.doc File desc: Date/time: 5/15/2013 2:23:31 AM Size: 35328
5	Signatures of members of HSCC	2.3		HSS signature page.jpg File desc: Date/time: 5/23/2013 9:27:42 AM Size: 470605
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Minutes of HSS meeting April 2013 001.jpg File desc: Date/time: 5/23/2013 5:59:13 AM Size: 584065
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Financial Statement 2012 (GAVI Fund).doc File desc: Date/time: 5/15/2013 2:24:42 AM Size: 310272
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Introduction Grant.doc File desc: Date/time: 5/15/2013 2:38:56 AM Size: 22016
9	Post Introduction Evaluation Report	7.2.2		ISS Post evaluation report.doc File desc: Date/time: 5/15/2013 2:32:51 AM Size: 22016
				Financial Statement 2012 (GAVI Fund).doc

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Date/time: 5/14/2013 8:13:16 AM Size: 310272
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Introduction Grant.doc File desc: Date/time: 5/15/2013 2:35:44 AM Size: 22016
12	Latest EVSM/VMA/EVM report	7.5	✓	ERI_EVM Report.pdf File desc: Date/time: 5/11/2013 5:48:23 AM Size: 2834321
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	ERI_EVM_2012_Improvement_Plan_Final.xls File desc: Date/time: 5/11/2013 5:50:36 AM Size: 239616
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVMA 2013 Implementation Status.doc File desc: Date/time: 5/11/2013 5:51:45 AM Size: 115200
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Introduction Grant.doc File desc: Date/time: 5/15/2013 2:37:46 AM Size: 22016
17	Valid cMYP if requesting extension of support	7.8	✗	ERI cMYP 2012 2016.pdf File desc: Date/time: 5/11/2013 6:08:05 AM Size: 464621
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Tool_Vs 2.5_En.xls File desc: Date/time: 5/11/2013 6:05:42 AM Size: 3506688
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	HSS Section 9 of APR.doc File desc: Date/time: 5/15/2013 2:41:24 AM Size: 22016

20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	HSS Section 9 of APR.doc File desc: Date/time: 5/15/2013 2:42:48 AM Size: 22016
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	HSS Section 9 of APR.doc File desc: Date/time: 5/15/2013 2:44:28 AM Size: 22016
22	HSS Health Sector review report	9.9.3	X	HSS Section 9 of APR.doc File desc: Date/time: 5/15/2013 2:46:29 AM Size: 22016
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	HSS Section 9 of APR.doc File desc: Date/time: 5/15/2013 2:49:32 AM Size: 22016