



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Ethiopia

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 02.06.2011 09:45:52

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any 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 Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	Pneumococcal (PCV10), 2 doses/vial, Liquid	Pneumococcal (PCV10), 2 doses/vial, Liquid	2014

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

HSS	2010
CSO	2011

2. Signatures

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

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

By signing this page, the Government of Ethiopia 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 Ethiopia

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr Tedros Adhanom	Name	Mr. Sofian Ahmed
Date		Date	
Signature		Signature	

This report has been compiled by

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Neghist Tesfaye	Urban Health Promotion Disease Prevention Directorate Director	+251913539697	netesfaye@yahoo.com	
Dr Teklay Kidane	EPI officer	+251911735848	teklay8desta@yahoo.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Kesetebrhan Admasu /State Minister	Ministry of Health			
Ms Roman Tesfaye/ Policy Plan and Finance General directorate director	Ministry of Health			
Dr.Neghist Tesfaye/ Urban Health Promotion and Disease Prevention General directorate director	Ministry of Health			
Dr. Tizita Hailue/Pastoralist Health Promotion and Disease Prevention General directorate director	Ministry of Health			
Ms. Mihret Hiluf/ Agrarian Health Promotion and Disease Prevention General directorate director	Ministry of Health			
Dr. Fatoumata Nafo-Traore/ WHO Representative	WHO/Ethiopia			
Mr. Ted Chaiban /UNICEF Representative	UNICEF/Ethiopia			
Ms Meri Sinnitt	USAID/Ethiopia			
Mr Nahusenay Araya, Rotary International	Rotary International			
Dr.Filimona Bisrat	CORE Group			

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

All comments will be treated confidentially

Comments from Partners:

ICC comments:

-There is need for validation of coverage figures through the planned EPI coverage survey in 2011.

-More dialogue is needed with the Central Statistics Authority for better estimation of projected population with some zones.

Comments from the Regional Working Group:

None

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Tedros Adhanom Gebreyesus/ Minister of Health	Ministry of Health			
Ms. Roman Tesfay/ Director General Policy Plan and Finance GD	Ministry of Health			
Dr. Feng Zhao/ Health Specialist World Bank/ HPN co-chair	World Bank			
Mr. Eshete Yilma/ JCCC member	USAID			
Dr. Sofonias Getachew	WHO			
Dr. Muna Abdulah	UNFPA			
Ms Alison Forder	DFID			
Ms Martha Romero	Spanish Agency for cooperation			
Dr. Luwei Pearson	UNICEF			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Abdlbar Kelil	Ministry of Health			

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Tedros Adhanom Gebreyesus/ Minister of Health	Ministry of Health			
Ms. Roman Tesfay/ Director General Policy Plan and Finance GD	Ministry of Health			
Dr. Feng Zhao/ Health Specialist World Bank/ HPN co-chair	World Bank			
Mr. Eshete Yilma/ JCCC member	USAID			
Dr. Sofonias Getachew	WHO			
Dr. Muna Abdulah	UNFPA			
Ms Alison Forder	DFID			
Ms Martha Romero	Spanish Agency for cooperation			
Dr. Luwei Pearson	UNICEF			

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

3. Table of Contents

This APR reports on Ethiopia's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

Main

Cover Page

GAVI Alliance Grant Terms and Conditions

1. Application Specification

1.1. NVS & INS

1.2. Other types of support

2. Signatures

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

2.2. ICC Signatures Page

2.3. HSCC Signatures Page

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

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

5.1. Updated baseline and annual targets

5.2. Immunisation achievements in 2010

5.3. Data assessments

5.4. Overall Expenditures and Financing for Immunisation

Table 2a: Overall Expenditure and Financing for Immunisation

Table 2b: Overall Budgeted Expenditures for Immunisation

5.5. Inter-Agency Coordinating Committee (ICC)

5.6. Priority actions in 2011 to 2012

5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

6.2. Management of ISS Funds

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

6.4. Request for ISS reward

Table 3: Calculation of expected ISS reward

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

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

Table 4: Received vaccine doses

7.2. Introduction of a New Vaccine in 2010

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

- 7.5. Change of vaccine presentation
- 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011
- 7.7. Request for continued support for vaccines for 2012 vaccination programme
- 7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost
 - Table 6.1:** UNICEF prices
 - Table 6.2:** Freight costs
- 7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Table 7.1.4: Calculation of requirements

Table 7.2.1: Specifications for Pneumococcal (PCV10), 2 doses/vial, Liquid

Co-financing tables for Pneumococcal (PCV10), 2 doses/vial, Liquid

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Table 7.2.4: Calculation of requirements

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. Civil Society Programme (CSO)

11. Comments

12. Annexes

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	2,937,839	3,010,715	3,085,983	3,163,133	3,242,211	3,323,266
Total infants' deaths	235,479	241,119	247,147	253,326	259,659	266,150
Total surviving infants	2,702,360	2,769,596	2,838,836	2,909,807	2,982,552	3,057,116
Total pregnant women	2,937,839	3,010,715	3,085,983	3,163,133	3,242,211	3,323,266
# of infants vaccinated (to be vaccinated) with BCG	2,035,412	2,799,965	2,993,404	3,131,502	3,209,789	3,290,034
BCG coverage (%) *	69%	93%	97%	99%	99%	99%
# of infants vaccinated (to be vaccinated) with OPV3	2,320,177	2,437,244	2,611,729	2,764,316	2,863,250	2,934,831
OPV3 coverage (%) **	86%	88%	92%	95%	96%	96%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	2,431,050	2,575,724	2,753,671	2,880,708	2,952,726	3,026,545
# of infants vaccinated (to be vaccinated) with DTP3 ***	2,320,177	2,437,244	2,611,729	2,764,316	2,863,250	2,934,831
DTP3 coverage (%) **	86%	88%	92%	95%	96%	96%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	2,431,050	2,575,724	2,753,671	2,880,708	2,952,726	3,026,545
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	2,320,177	2,437,244	2,611,729	2,764,316	2,863,250	2,934,831
3 rd dose coverage (%) **	86%	88%	92%	95%	96%	96%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal		2,575,724	2,753,671	2,880,708	2,952,726	3,026,545
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal		2,437,244	2,611,729	2,764,316	2,863,250	2,934,831
Pneumococcal coverage (%) **	0%	88%	92%	95%	96%	96%
Wastage ^[1] rate in base-year and planned thereafter (%)		10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter		1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	2,193,833	2,271,069	2,441,399	2,589,727	2,684,297	2,751,404
Measles coverage (%) **	81%	82%	86%	89%	90%	90%
Pregnant women vaccinated with TT+		2,559,108	2,684,805	2,846,820	2,917,990	2,990,940
TT+ coverage (%) ****	0%	85%	87%	90%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months		2,271,069	2,441,399	2,589,727	2,684,297	2,751,404
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	5%	5%	5%	4%	3%	3%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

No change

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

No change

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

The targets are as per the new cMYP and the Penta drop out decreases over the years from 5% to 3% as shown in table 1. This is because, the penta one coverage was high from the beginning and in the revised cMYP the coverage for penta3 was increased and as a result the drop out rate decreased.

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

No change

5.2. Immunisation achievements in 2010

5.2.1.

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

The achievements for 2010 are close to the target for 2010. 86% of the target population was reached with three doses of DPT-HepB-Hib vaccine.

The key activities conducted include:

A) Planning:

- District-based national planning where EPI micro plans are prepared for each district.
- Updating of the EPI cMYP 2011-2015.
- EPI vaccine and logistics forecasting, follow up of procurement, distribution to regions and monitoring of stocks.

B) Capacity building activities:

- Immunization In Practice training was conducted targeting health workers and health extension workers in several zones
- EPI Mid Level Managers Training
- Data Quality Self Assessment trainings

C) Advocacy and social mobilization for EPI

- High level advocacy activities for polio eradication were conducted: "KICK POLIO OUT OF AFRICA" and "END POLIO NOW" activities officiated by His Excellency the President of Ethiopia and partners in collaboration with Rotary International
- A knowledge, attitudes and practices (KAP) survey on routine immunization was conducted caretakers and health workers, with a focus on measles
- Key messages on routine immunization and supplemental immunization were developed and disseminated on national media
- Advocacy meetings were held by the central level with regional and zonal health departments in target areas with poor routine EPI performance

D) Preparations for introduction of Pneumococcal vaccine

- Establishment of a National Coordinating Committee and sub working groups (Logistics, Communication and Training)
- Drafting of a plan of action

E) Special efforts to reach unimmunized children

- A guideline on Enhanced Routine Immunization Activities (ERIA) was developed in consultation with selected regions
- Special focus and support was provided to plan and implement ERIA in 14 zones with large numbers of unimmunized children and four emerging regions aimed at improving coverage
- aD

F) Monitoring and evaluation:

- Data verification assessments were conducted in ERIA zones with large increases in coverage
- Feedback on performance was sent to all regions

G) Supplemental Immunization activities

- 2 rounds of polio SIAs were held in 4 regions in response to a circulating vaccine derived polio virus outbreak in June and August 2010
- An integrated follow up measles and polio SIA was conducted in 7 regions during which measles and polio vaccines and vitamin A, deworming tablets and nutritional screening were provided.
- Maternal and Neonatal Tetanus elimination vaccination activities were conducted targeting women of child bearing age in selected high risk zones.

The Challenges experienced in 2010 were:

1. Delay in receiving routine EPI reports from regions on performance. With the new HMIS, reports come quarterly and no reports on BCG, TT, and OPV vaccination are provided. In addition, Protection At Birth (PAB) not reported by some regions
2. Data quality problems of routine reports
3. Delay in vaccine procurement for vaccines procured by the Government
4. Competing priorities at national and regional level such as elections, response to outbreaks, etc, which affected timely implementation of some activities

Activities done to address the challenges:

- Feedback given to regions on data quality issues
- WHO Field Officers requested to follow up submission of Routine EPI reports
- Vaccine Procurement was initiated ahead of time and funds transferred for more than one year vaccine supply to UNICEF

5.2.2.

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

Targets were almost achieved for Penta3 and Measles coverage: the planned target coverage was 87% and 82% and the achievements were 86% and 81% respectively. For BCG however, the planned coverage was 90% for 2010 and the achievement 69%. This is mainly because of missed opportunities. Health workers tend to give BCG vaccination on specific days to minimize vaccine wastage. In addition, majority of women in rural areas prefer to give birth at home with traditional birth attendants, which creates further missed opportunities for BCG vaccination at birth.

5.2.3.

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

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

N/A

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

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

N/A

5.2.4.

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

A post measles SIAs coverage survey was conducted in 2010 where routine immunization coverage in 12-23 months old was assessed by gender and there was no difference in EPI service utilization by gender.

5.3. Data assessments

5.3.1.

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

The final report of the survey is not yet available.

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

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

A Data quality Self Assessment was conducted in 2010 in two regions(Oromyia and SNNPR). Enhanced Routine Immunization (ERIA) data verification assessments were conducted in selected zones in November 2010.

5.3.3.

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

A National Data quality Self Assessment was conducted in 2008. Activities undertaken to improve the administrative data systems since then include:
- Data Quality Self Assessment training given to all WHO Surveillance Officers and Regional EPI and IDSR Focal Persons in 2009
- Each WHO Surveillance Officer is expected to conduct DQS in one district per month
- Feedback on routine EPI data is given twice per year for all regions
- Feedback is given to zones and regions with specific data quality problems.

5.3.4.

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

The above activities, capacity building on data quality self assessment, data quality monitoring systems and feedback to regions on performance will continue.

The Ministry of Health plans to review the HMIS and reporting will be changed from a quarterly to monthly basis.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 16.7	Enter the rate only; no local currency name
---------------------------	---------------	---

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	4,610,238	1,041,110		3,569,127					
New Vaccines	15,833,400		15,833,400						
Injection supplies with AD syringes	1,586,281	9,273	803,897	773,111					
Injection supply with syringes other than ADs	25,210	20,346		4,864					
Cold Chain equipment	2,391,339	1,750,000		641,339					
Personnel	585,366	219,484		365,882					
Other operational costs	7,480,913	4,247,598	1,437,126	1,534,531	261,658				
Supplemental Immunisation Activities	13,254,810	2,250,000		6,160,447	4,844,363				
Surveillance of VPD	2,789,177				2,789,177				
Total Expenditures for Immunisation	48,556,734								
Total Government Health		9,537,811	18,074,423	13,049,301	7,895,198				

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	4,622,683	4,847,500	
New Vaccines	126,651,652	119,304,519	
Injection supplies with AD syringes	1,980,637	2,077,753	
Injection supply with syringes other than ADs	3,303	3,465	
Cold Chain equipment	130,000		
Personnel	639,281	652,067	
Other operational costs	13,068,804	13,432,238	
Supplemental Immunisation Activities	17,537,195	745,140	
Total Expenditures for Immunisation	164,633,555	141,062,682	

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

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

The trend in immunization expenditure shows increasing trend and the expenditure was very similar to what was planned for 2010 in the cMYP(2010-2014).

Given the current level of expenditure and with the assumption that partners will continue supporting the immunization program, and with planned continued rigorous resource mobilization by the government, future funding gaps will be manageable and the program will be sustainable. The government is looking into more sustainable mechanisms of funding. All regions are expected to include a budget line for kerosene in their annual budgets beginning the new Ethiopian Fiscal Year that commences in July 2011. A planned increase in regional level budgets for social services such as health in the coming fiscal year is expected to be utilized for kerosene costs through advocacy by the central Ministry of Health.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 6

Please attach the minutes (Document number 3) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

A concern was raised by the ICC on the accuracy of the denominator projections for some zones and the need for future dialogue with the central statistics authority.

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

If Yes, which ones?

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

List CSO member organisations:	Actions
CRDA/COREGROUP	

5.6. Priority actions in 2011 to 2012

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

Main objectives:

-To increase access and equity to immunization services to 92% nationally and 80% of districts to achieve at least 80% DPT-HepB-Hib3 coverage by the end of 2012.

-To eradicate polio, eliminate maternal and neonatal tetanus by 2011 and achieve measles pre-elimination status by 2012.

-To ensure data quality for routine immunization

-To introduce Pneumococcal and Rota vaccines in to the national EPI program in 2011 and 2012 respectively

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes	Government	
Measles	AD syringes	Government	
TT	AD syringes	Government	
DTP-containing vaccine	AD syringes	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? (Please report in box below)

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

No problem encountered

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

In health posts, sharps are collected into safety boxes and burned and buried in pits and in Health centers incineration is used for disposal.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 2,755,147
Balance carried over to 2011	US\$ 411,911

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

A) Central level

GAVI ISS Funds were used at central level for:

- Supportive supervision to regional/ zonal level
- Implementation of Enhanced Routine Immunization Activities in selected zones to improve coverage

B) Regional level

Most of the funds were used at peripheral level mainly for the following activities:

- Kerosene procurement for refrigerators
- Allowances for health workers for outreach immunization
- Review meetings
- Supportive supervision
- Fuel for transportation

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? **Yes**

If Yes, please complete Part A below.

If No, please complete Part B below.

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

GAVI FMA has been conducted recently however, the report is not yet ready.

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

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

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

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

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 4) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

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

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

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

Table 3: Calculation of expected ISS reward

		2008	2010
		A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify	2,173,426	2,320,177
2	Number of additional infants that are reported to be vaccinated with DTP3		146,751
3	Calculating \$20 per additional child vaccinated with DTP3		2,935,020
4	Rounded-up estimate of expected reward		2,935,500

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

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

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	5,227,800	5,462,200	2,449,900	
Pneumococcal				

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

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

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

No problem encountered. The reason for the difference between [A] and [B] is due to the fact that there were two shipments of penta vaccine carried forward from 2009.

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

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced	N/A		
Phased introduction		Date of introduction	

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

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

7.2.3.

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

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

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

If Yes, how much? US\$

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

7.2.5.

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in [Annex 1.](#)) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2nd Awarded Vaccine Pneumococcal (PCV10), 2 doses/vial, Liquid		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2 nd Awarded Vaccine Pneumococcal (PCV10), 2 doses/vial, Liquid		
3 rd Awarded Vaccine		

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the last Vaccine Management Assessment (VMA) conducted? 30.07.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 5)

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

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

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

-Upgrading of cold rooms at National level to expand cold chain storage space
-Procurement and distribution of refrigerators to health posts.
-Printing and distribution of standardized temperature monitoring chart to reach to the health facility level.
-Reinitiating stock management using SMT at national and regions levels.
-Effective vaccine management training to cold store managers on vaccine management: stock management, importance of correct use and handling of diluents, vaccine wastage monitoring, contingency plan development, reception and distribution plan development, vaccine forecasting conducted

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.12.2011

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

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

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

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

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

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

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

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

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

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#):

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	2,769,596	2,838,836	2,909,807	2,982,552	3,057,116		14,557,907
Number of children to be vaccinated with the third dose	Table 1	#	2,437,244	2,611,729	2,764,316	2,863,250	2,934,831		13,611,370
Immunisation coverage with the third dose	Table 1	#	88%	92%	95%	96%	96%		
Number of children to be vaccinated with the first dose	Table 1	#	2,575,724	2,753,671	2,880,708	2,952,726	3,026,545		14,189,374
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$		0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

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

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		8,143,000	8,431,800	8,495,800	8,625,200	33,695,800
Number of AD syringes	#		8,615,200	8,918,500	8,984,000	9,120,800	35,638,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		95,650	99,000	99,725	101,250	395,625

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$		21,387,000	20,836,000	18,444,000	17,118,500	77,785,500	

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		671,300	742,600	862,100	966,600	3,242,600	
Number of AD syringes	#		710,200	785,400	911,700	1,022,200	3,429,500	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		7,900	8,725	10,125	11,350	38,100	
Total value to be co-financed by the country	\$		1,763,000	1,835,000	1,872,000	1,918,500	7,388,500	

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		7.61%			8.09%			9.21%			10.08%			
B	Number of children to be vaccinated with the first dose	Table 1	2,575,724	2,753,671	209,692	2,543,979	2,880,708	233,150	2,647,558	2,952,726	272,020	2,680,706	3,026,545	304,994	2,721,551
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	7,727,172	8,261,013	629,076	7,631,937	8,642,124	699,448	7,942,676	8,858,178	816,060	8,042,118	9,079,635	914,980	8,164,655
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	8,113,531	8,674,064	660,530	8,013,534	9,074,231	734,420	8,339,811	9,301,087	856,863	8,444,224	9,533,617	960,729	8,572,888
G	Vaccines buffer stock	(F - F of previous year) * 0.25		140,134	10,672	129,462	100,042	8,097	91,945	56,714	5,225	51,489	58,133	5,859	52,274
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		8,814,198	671,201	8,142,997	9,174,273	742,517	8,431,756	9,357,801	862,088	8,495,713	9,591,750	966,587	8,625,163
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		9,325,274	710,119	8,615,155	9,703,805	785,374	8,918,431	9,895,531	911,626	8,983,905	10,142,923	1,022,131	9,120,792
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		103,511	7,883	95,628	107,713	8,718	98,995	109,841	10,120	99,721	112,587	11,346	101,241
N	Cost of vaccines	I x g		21,771,	1,657,8	20,1	21,284,	1,722,6	19,5	18,996,	1,750,0	17,2	17,744,	1,788,18	15,956

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed		070	66	13,204	314	39	61,675	337	38	46,299	738	6	,552
O	Cost of AD syringes needed	K x ca	494,240	37,637	456,603	514,302	41,625	472,677	524,464	48,317	476,147	537,575	54,173	483,402
P	Cost of reconstitution syringes needed	L x cr	0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs	66,248	5,045	61,203	68,937	5,580	63,357	70,299	6,477	63,822	72,056	7,262	64,794
R	Freight cost for vaccines needed	N x fv	761,988	58,026	703,962	744,951	60,293	684,658	664,872	61,252	603,620	621,066	62,587	558,479
S	Freight cost for devices needed	(O+P+Q) x fd	56,049	4,269	51,780	58,324	4,721	53,603	59,477	5,480	53,997	60,964	6,144	54,820
T	Total fund needed	(N+O+P+Q+R+S)	23,149,595	1,762,840	21,386,755	22,670,828	1,834,855	20,835,973	20,315,449	1,871,561	18,443,888	19,036,399	1,918,350	17,118,049
U	Total country co-financing	I 3 cc	1,762,840			1,834,855			1,871,561			1,918,350		
V	Country co-financing % of GAVI supported proportion	U / T	7.61%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Pneumococcal (PCV10), 2 doses/vial, Liquid

	Instructions	2011	2012	2013	2014	TOTAL
--	--------------	------	------	------	------	-------

	Instructions		2011	2012	2013	2014			TOTAL
Number of Surviving infants	Table 1	#	2,769,596	2,838,836	2,909,807	2,982,552			11,500,791
Number of children to be vaccinated with the third dose	Table 1	#	2,437,244	2,611,729	2,764,316	2,863,250			10,676,539
Immunisation coverage with the third dose	Table 1	#	88%	92%	95%	96%			
Number of children to be vaccinated with the first dose	Table 1	#	2,575,724	2,753,671	2,880,708	2,952,726			11,162,829
Number of doses per child		#	3	3	3	3			
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11			
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	2	2	2	2			
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Reconstitution syringes required	Select YES or NO	#	No	No	No	No			
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500	3.500			
Country co-financing per dose		\$	0.20	0.20	0.20	0.20			
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053			
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000			
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640			
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%			
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%			

Co-financing tables for Pneumococcal (PCV10), 2 doses/vial, Liquid

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

	2011	2012	2013	2014	
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement		
			2011	2012	2013	2014	TOTAL
Required supply item							
Number of vaccine doses	#		8,819,800	9,180,100	9,363,700		27,363,600
Number of AD syringes	#		8,835,200	9,191,100	9,370,000		27,396,300
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		98,075	102,025	104,025		304,125
Total value to be co-financed by GAVI	\$		32,997,000	34,344,500	35,031,500		102,373,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement		
			2011	2012	2013	2014	TOTAL
Required supply item							
Number of vaccine doses	#		498,200	518,500	528,900		1,545,600
Number of AD syringes	#		499,000	519,100	529,300		1,547,400
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		5,550	5,775	5,875		17,200
Total value to be co-financed by the country	\$		1,864,000	1,940,000	1,979,000		5,783,000

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV10), 2 doses/vial, Liquid

	Formula	2011	2012			2013			2014			Total	Gov.	GAVI
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI			
A	Country Co-finance		5.35%			5.35%			5.35%					
B	Number of children to be vaccinated with	Table 1	2,575,724	2,753,671	147,207	2,606,464	2,880,708	154,000	2,726,708	2,952,726	157,851	2,794,875		

	Formula	2011	2012			2013			2014					
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	the first dose													
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3			
D	Number of doses needed	B x C	7,727,172	8,261,013	441,621	7,819,392	8,642,124	461,999	8,180,125	8,858,178	473,553	8,384,625		
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11		
F	Number of doses needed including wastage	D x E	8,577,161	9,169,725	490,199	8,679,526	9,592,758	512,819	9,079,939	9,832,578	525,644	9,306,934		
G	Vaccines buffer stock	(F – F of previous year) * 0.25		148,141	7,920	140,221	105,759	5,654	100,105	59,955	3,206	56,749		
H	Stock on 1 January 2011			0	0	0								
I	Total vaccine doses needed	F + G - H		9,317,866	498,118	8,819,748	9,698,517	518,472	9,180,045	9,892,533	528,849	9,363,684		
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2		
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		9,334,161	498,990	8,835,171	9,710,151	519,094	9,191,057	9,899,128	529,202	9,369,926		
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0		
M	Total of safety	(K + L)		103,610	5,539	98,0	107,783	5,762	102,	109,881	5,875	104,		

		Formula	2011	2012			2013			2014					
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	boxes (+ 10% of extra need) needed	/100 * 1.11				71			021			006			
N	Cost of vaccines needed	I x g		32,612,531	1,743,413	30,869,118	33,944,810	1,814,652	32,130,158	34,623,866	1,850,971	32,772,895			
O	Cost of AD syringes needed	K x ca		494,711	26,447	468,264	514,639	27,513	487,126	524,654	28,048	496,606			
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0			
Q	Cost of safety boxes needed	M x cs		66,311	3,545	62,766	68,982	3,688	65,294	70,324	3,760	66,564			
R	Freight cost for vaccines needed	N x fv		1,630,627	87,171	1,543,456	1,697,241	90,733	1,606,508	1,731,194	92,549	1,638,645			
S	Freight cost for devices needed	(O+P+Q) x fd		56,103	3,000	53,103	58,363	3,121	55,242	59,498	3,181	56,317			
T	Total fund needed	(N+O+P+Q+R+S)		34,860,283	1,863,574	32,996,709	36,284,035	1,939,704	34,344,331	37,009,536	1,978,507	35,031,029			
U	Total country co-financing	I 3 cc		1,863,574			1,939,704			1,978,507					
V	Country co-financing % of GAVI supported proportion	U / T		5.35%			5.35%			5.35%					

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

The CSO form is available at this address: [CSO section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

Annex 2

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		6	Yes
Signatures of members of ICC		2	Yes
Signatures of members of HSCC		7	Yes
Minutes of ICC meetings in 2010		3	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010		Missing	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		13	Yes
Financial Statement for ISS grant in 2010		4	Yes
Financial Statement for CSO Type B grant in 2010		9	Yes
Financial Statement for HSS grant in 2010		8	Yes
EVSM/VMA/EVM report		11	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) *	File name: C:\Documents and Settings\teklayk\Desktop\In box\GAVI APR 2010\APR signitures\GAVI APR MoH signiture.pdf		
	File Desc:	Date/Time: 16.05.2011 05:17:58 Size: 734 KB		
2	File Type: Signatures of members of ICC *	File name: C:\Documents and Settings\teklayk\Desktop\GAVI APR 2010\APR signitures\ICC signiture-APR.pdf		
	File Desc:	Date/Time: 12.05.2011 07:01:42 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		583 KB		
3	File Type: Minutes of ICC meetings in 2010 *	File name: C:\Documents and Settings\teklayk\Desktop\GAVI APR 2010\ICC\All icc Minutes\Minutes of the ICC 2010.zip Date/Time: 12.05.2011 07:04:03 Size: 81 KB		
4	File Type: Financial Statement for ISS grant in 2010 *	File name: C:\Documents and Settings\teklayk\Desktop\04 Financial statement GAVI 2010.pdf Date/Time: 18.04.2011 16:24:49 Size: 342 KB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 *	File name: C:\Documents and Settings\teklayk\Desktop\GAVI APR 2010\APR signitures\main icc meeting endorsing APR.pdf Date/Time: 12.05.2011 07:09:36 Size: 971 KB		
6	File Type: Signature of Minister of Finance (or delegated authority) *	File name: C:\Documents and Settings\teklayk\Desktop\In box\GAVI APR 2010\APR signitures\GAVI APR MoF signature.pdf Date/Time: 16.05.2011 05:18:50 Size: 734 KB		
7	File Type: Signatures of members of HSCC *	File name: CSO Signature Page.pdf Date/Time: 01.06.2011 03:44:19 Size: 183 KB		
8	File Type: Financial Statement for HSS grant in 2010 *	File name: Financials Statements 2010-2011.pdf Date/Time: 01.06.2011 03:47:24 Size: 250 KB		
9	File Type: Financial Statement for CSO Type B grant in 2010 *	File name: GAVI-CSO-scan.pdf Date/Time: 01.06.2011 03:51:24 Size: 1 MB		
10	File Type: other File Desc: APR CSO Section	File name: GAVI-CSO type A&B APR.docx Date/Time: 02.06.2011 09:45:25 Size: 1 MB		
11	File Type: EVSM/VMA/EVM report File Desc:	File name: VMA- Ethiopia final report Sept. 2009.docx Date/Time: 17.06.2011 05:21:38 Size: 267 KB		
12	File Type: other File Desc: e-mail from EPI Manager on	File name: RE Urgent - Ethiopia 2010 APR.txt Date/Time: 20.06.2011 05:28:34		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	HSS requirements	Size: 4 KB		
13	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Minutes.pdf <hr/> Date/Time: 05.07.2011 08:31:47 Size: 1 MB		
14	File Type: other File Desc: HSS APR May 2011	File name: HSS APR May 2011.doc <hr/> Date/Time: 18.07.2011 12:00:13 Size: 550 KB		