GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Democratic People's Republic of Korea

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **22/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 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: **2013**

Requesting for support year: **2015**

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	2014

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015	

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant Yes	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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 Democratic People's Republic of Korea 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 Democratic People's Republic of Korea

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	Dr. KIM Hyong Hun	**Name**	Ms SIN Pong Ryol
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr. Zobaidul Haque KHAN	Medical Officer, Communicable Disease Surveillance, WHO	00-850-2-3817913	khanzo@who.int
Dr. Kamrul ISLAM	Chief of Health	00-850-2-3817150 (Ext-120)	kislam@unicef.org

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 KIM Hyong Hun, Vice Minister	Ministry Of Public Health		
Dr PAK Myong Su, National EPI Manager	Ministry Of Public Health		

Dr PAK Jong Min, Director, Department of External Affairs	Ministry Of Public Health		
Ms KIM Bok Sil, Director, Department of Finance	Ministry Of Public Health		
Dr SOK Yong Guk, Vice Director	Ministry Of Public Health		
Dr KIM Yong Man, Vice Director, Department of Prevention & Treatment	Ministry Of Public Health		
Dr KIM Jong Hwan, National EPI Manager	Ministry Of Public Health		
Dr KIM Chol Su, Director, Central Hygiene & Anti Epidemic Institute	Ministry Of Public Health		
Mr RI Yong Nam,Director, Department of External Finance	Ministry of Finance		
Dr Stephan Paul Jost, WHO Representative	WHO, DPR Korea		
Ms Desiree JONGSMA, UNICEF Representative	UNICEF, DPR Korea		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), DPR Korea , 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
Dr KIM Hyong Hun, Vice Minister	Ministry Of Public Health		
Dr PAK Myong Su, National EPI Manager	Ministry Of Public Health		
Dr PAK Jong Min, Director, Department of External Affairs	Ministry Of Public Health		
Ms KIM Bok Sil, Director, Department of Finance	Ministry Of Public Health		
Dr SOK Yong Guk, Vice Director	Ministry Of Public Health		
Dr KIM Yong Man, Vice Director, Department of Prevention & Treatment	Ministry Of Public Health		
Dr KIM Jong Hwan, National EPI Manager	Ministry Of Public Health		
Dr KIM Chol Su, Director, Central Hygiene & Anti Epidemic Institute	Ministry Of Public Health		
Mr RI Yong Nam,Director, Department of External Finance	Ministry of Finance		
Dr Stephan Paul Jost, WHO Representative	WHO, DPR Korea		
Ms Desiree JONGSMA, UNICEF Representative	UNICEF, DPR Korea		

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)

Democratic People's Republic of Korea is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Democratic People's Republic of Korea's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

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)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	358,276	350,797	360,211	360,211	362,156	362,156
Total infants' deaths	6,915	4,397	6,952	6,952	6,990	6,990
Total surviving infants	351361	346,400	353,259	353,259	355,166	355,166
Total pregnant women	362,934	354,626	364,893	364,893	366,864	366,864
Number of infants vaccinated (to be vaccinated) with BCG	351,110	339,780	353,007	353,007	354,913	354,913
BCG coverage	98 %	97 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	347,847	343,069	349,726	349,726	351,614	351,614
OPV3 coverage	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	339,063	324,249	342,661	342,661	344,511	344,511
Number of infants vaccinated (to be vaccinated) with DTP3	337,306	322,633	339,129	339,129	344,511	344,511
DTP3 coverage	96 %	93 %	96 %	96 %	97 %	97 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	3	15	1	1	1	1
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.03	1.18	1.01	1.01	1.01	1.01
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	339,063	324,249	349,726	349,726	344,511	344,511
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	339,063	322,633	349,726	349,726	344,511	344,511
DTP-HepB-Hib coverage	96 %	93 %	99 %	99 %	97 %	97 %
Wastage*[1]* rate in base-year and planned thereafter (%)	3	5	1	1	1	1
Wastage*[1]* factor in base-year and planned thereafter (%)	1.03	1.05	1.01	1.01	1.01	1.01
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		343,153		0		
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		340,342		0		

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Measles coverage	0 %	98 %	0 %	0 %	0 %	0 %
Wastage*[1]* rate in base-year and planned thereafter (%) *{0}*		30		0		
Wastage*[1]* factor in base-year and planned thereafter (%)		1.43		1	1	1
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	40.00 %	40.00 %	40.00 %	40.00 %	40.00 %	40.00 %
Pregnant women vaccinated with TT+	355,675	346,382	358,325	358,325	360,260	360,260
TT+ coverage	98 %	98 %	98 %	98 %	98 %	98 %
Vit A supplement to mothers within 6 weeks from delivery	355,675	0	358,325	358,325	360,260	360,260
Vit A supplement to infants after 6 months	175,505	1,525,760	176,276	176,276	177,405	177,405
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	0 %	1 %	1 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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**

  The number of total birth reported in APR for 2013 is consistent with WHO/UNICEF Joint Reporting Form for 2013, while the numbers in table 4: Baseline and Annual Targets for 2014-2015 are consistent with comprehensive multi-year plan (cMYP).

  It should however be noted that, JRF 2013 may be updated after receiving final report from Central Bureau of Statistics (CBS),which is expected soon. GAVI will be informed of any change in the JRF data,as soon as it is available.

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

  No change, the number of total surviving infants reported in APR- 2013 remains consistent with WHO/UNICEF JRF for 2013.

- 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.**

  As already mentioned above the figure used in APR 2013 remain consistent with WHO/UNICEF JRF for 2013, while the numbers for 2014-2015 in table 4 baseline and Annual Targets are consistent with cMYP.

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

  No Change

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

Acheivments in 2013:

A. Bottleneck analysis workshop:

The “Bottlenecks Analysis Workshop on Immunization” was organized on 17-18 September 2013 with the participation of five provinces where coverage is less than national average (88%). This workshop provided an excellent opportunity to identify and analyze the barriers leading to low coverage in those provinces in the DPRK. The analysis was done against the six key determinants of effective coverage including Supply, human Resource, Accessibility, Initial use, Continuity and Quality/Impact. The following recommendations/next steps emerged from the Bottleneck analysis workshop:

- Conduct provincial level workshops in each of the five provinces to develop county-specific micro-plans to address the identified bottlenecks.

- The Provincial Directors of Public Health to develop detailed plans of action for their respective

province to overcome the identified bottlenecks.

B: Submission of GAVI HSS II proposal:

The Expanded Program on Immunization (EPI) is one of the most successful public health programs in DPRK, and the country has been able to achieve high vaccination coverage since 2007. UNICEF & WHO support played a vital role in this regard. The performance has created a trust between donors and the country EPI program. UNICEF and WHO facilitated MOPH in preparation of the proposal for GAVI HSS II, 2014-18. This will support not only the immunization program but will strengthen the overall Health System in the country.

C: Development of MLM training module:

With the goal to provide uniform training to mid-level managers on immunization, in 2013, Mid-Level Managers (MLM) training modules were developed based on WHO Global MLM Training Modules. The MLM training module is ready for use in 2014.

D: AEFI Surveillance

Surveillance Guideline on Adverse Events Following Immunization (AEFI) was developed in 2012; in 2013, Recording and Reporting Forms were developed and printed and AEFI training for health service providers was completed.

Other key results in 2013:

- More than 98% coverage of all antigens achieved and sustained in 2013 for children under one except DTP-HepB-Hib which is 93%.
- 98% pregnant woman received two doses of TT vaccine.
- Procured required vaccines, vaccination devices and cold chain equipment (130 solar refrigerators) including refrigerated trucks as per government request as well as printing of recording and reporting forms to sustain high EPI coverage.

Major challenges in 2013:

1. One of the major bottlenecks was the lack of cold chain facility at the RI levels where most of the vaccination takes place. Solar refrigerators are critical for immunization program at the county and lower level. With limited funds only 130 solar refrigerators were procured in 2013 for RI hospitals and installed, yet, funding is the main challenge in equipping all Ri hospital with solar refrigerators.

2. Gaps in Reporting system: There were some problems in ensuring timeliness and accuracy in collecting and reporting of routine immunization data from 209 counties due to lack of e-reporting system. Development of software for e-reporting system, procurement & installation of necessary equipment, and hands-on training for data management are implemented currently. However, e-reporting system extension up to county level will be a major challenge.

3. Frequent Staff turn-over: the frequent turn-over of immunization service providers further complicated by non-availability of alternate trained staff led to difficulties in collecting and reporting. This issue was raised in several meetings and MOPH will take appropriate action. In addition, as a capacity building measure adoption, development, printing of MLM training modules and pilot

trainings are planned to fill capacity gaps.

4. Updating knowledge: the introduction of new vaccines and rapidly updating techniques/approaches needs constant and regular updating of knowledge and skills of all relevant staff to ensure immunization safety and quality program implementation. Therefore, it is of utmost importance to ensure that exchange visit, appropriate training and dissemination of new technical information should be further improved.

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

Not Applicable

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? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

DPRK is a socialist country where everybody has the equal access to all health services. Thus both males and females have the equal access to immunization service for the entire country which was clearly showed in 2008 independent EPI coverage evaluation survey report.

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? **Yes**

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/)

Not applicable as stated above.

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)

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

Strengthening of information system is a priority area of focus and therefore information system of EPI in the country is planned to be computerized at all levels. In this regards computers were procured and administrative database was established at central and provincial levels. Administrative data system at provincial and some urban district levels were upgraded by computer in support of ISS reward fund in the country. Moreover, with introduction of new vaccine like penta in 2012, routine reporting books, forms and child immunization card have been revised, printed, and distributed.
Further, to strengthen data management system, e-Reporting System has been developed in 2013, installation of which will be complete by 2014 to ensure collection, collation, analysis and data flow through electronic system for EPI and surveillance data for vaccine preventable diseases.

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.

EPI reporting form will be revisited in 2014 considering IPV introduction and any new vaccines in near future through UNICEF support. Nationwide computerization of information system of EPI will be continued in a phased manner in the country till 2015 and beyond to ensure timely availability of quality data.

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$ = 97.4	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	1,213,339	0	0	1,213,339	0	0	0	0
New and underused Vaccines**	2,500,000	234,500	2,265,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	280,449	0	71,500	208,949	0	0	0	0
Cold Chain equipment	154,137	0	154,137	0	0	0	0	0
Personnel	1,769,894	1,769,894	0	0	0	0	0	0
Other routine recurrent costs	1,300,500	400,500	0	0	900,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	7,218,319							
Total Government Health		2,404,894	2,491,137	1,422,288	900,000	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 2014 and 2015

DPRK remains under UN sanctions and require international support for life saving health interventions including vaccines. So, all routine vaccines and devices will be procured with financial support from UNICEF for 2014 and 2015. WHO will continue to support efforts of the government to strengthen capacity for production of quality vaccines.

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?

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

Not Applicable

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

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 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

During the reporting year, four ICC/HSCC meetings were conducted and following key issues were discussed and recommendations made for future implementation:

- Global immunization week campaign observed with tetravalent vaccine for children aged 2-5 yrs in April 2013.
  - GAVI Partnership Framework Agreement discussed and signed by the Government before the deadline.
  - Discussion for the preparation of new HSS-2 proposal and finally endorsed by the ICC members.
  - Review of HSS funds and reprogramming of activities in 2013-2014.
  - Discussion on vaccine forecast with special focus on replacing TT vaccine with Td for the pregnant women.
  - Discussion on EVM “Improvement Plan” implementation status and set up of 30 DTR system.
  - Overall implementation status of EPI and future plan.

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

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

- Introduction of IPV and submission of GAVI proposal to ensure IPV for the country till 2018.
- Set Up 30 Days Temperature Recording system throughout the country.
- Conduct nationwide EPI Coverage survey through UNICEF support.
- Achieve and sustain high (>95%) immunization coverage.
- Implementation of the recommendations of bottleneck analysis workshop conducted in September 2013.
- Strengthen capacity of EPI mid-level managers through training.
- Improve supportive supervision and monitoring through provision of motor-cycles for county and bicycles for Ri level staff.
- Implement “Improvement plan of EVM” for primary and subnational levels.
- Phased introduction of electronic reporting system from province to national level with training on data management.
- Assure immunization safety by strengthening AEFI surveillance system.
- Strengthen NRA, NCL and support plan for local vaccine production.
- Develop, print and distribute IEC materials for strengthening VPD surveillance capacity.

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	BCG AD Syringe,0.05 ml and RUP, 2.0 ml	UNICEF
Measles	AD-Syringe, 0.5 ml and RUP 5.0 ml	UNICEF
TT	AD-Syringe, 0.5 ml	UNICEF
DTP-containing vaccine	AD-Syringe, 0.5 ml	GAVI & MOPH
HepatitisB (Birth dose)	AD-Syringe, 0.5 ml	UNICEF

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

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

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

No problem encountered in the reporting period.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

At the national and provincial levels sharps waste are disposed through incineration but burial/open burning methods at county/district levels. No problem encountered in the reporting period.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Democratic People's Republic of Korea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Democratic People's Republic of Korea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Democratic People's Republic of Korea is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	1,172,150	1,104,700	0	No
Measles		0	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? ...)

  No major problem encountered with regards to Penta vaccine. This small difference of 67,450 doses (1,172,150-1,104,700) arrived in early 2014.

- 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.

  Country prefer 1 dose vial.

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.

NA

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Phased introduction	Not selected	
Nationwide introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Not selected	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2015**

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))

NA

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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

Does the country have an institutional development plan for vaccine safety? **No**

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? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

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? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

NA

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0

Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

Not Applicable

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

NA

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

NA

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	234,500	109,650
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	Entire amount from Government sources	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
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 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	Government

Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED		0
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Country is planning to mobilize funds from other sources/donors for supporting co-financing in introducing any new vaccines in future (pneumococcus and Rota). Technical assistance has been sought from local WHO and UNICEF offices.	

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/

NA

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? **July 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) 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

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Democratic People's Republic of Korea does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Democratic People's Republic of Korea 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 2014

If 2014 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 2015 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year:

The country hereby request for an extension of GAVI support for

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**

vaccines: for the years 2015 to .At the same time it commits itself to co-finance the procurement of

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**

vaccine support is in line with the new cMYP for the years 2015 to which is attached to this APR (Document N °**16**). The new costing tool is also attached.(Document N°**17**)

The country ICC has endorsed this request for extended support of

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	351,361	353,259	355,166	1,059,786
	Number of children to be vaccinated with the first dose	Table 4	#	339,063	349,726	344,511	1,033,300
	Number of children to be vaccinated with the third dose	Table 4	#	339,063	349,726	344,511	1,033,300
	Immunisation coverage with the third dose	Table 4	%	96.50 %	99.00 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.03	1.01	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	34,458			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	34,458			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	967,100	699,000
Number of AD syringes	#	1,167,300	839,600

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	12,850	9,250
Total value to be co-financed by GAVI	$	2,033,500	1,487,500

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

		2014	2015
Number of vaccine doses	#	104,700	74,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	214,500	155,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	339,063	349,726	34,150	315,576
B 1	Number of children to be vaccinated with the third dose	*Table 4*	339,063	349,726	34,150	315,576
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,017,189	1,049,178	102,449	946,729
E	Estimated vaccine wastage factor	*Table 4*	1.03	1.01		
F	Number of doses needed including wastage	*D X E*		1,059,670	103,474	956,196
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		11,996	1,172	10,824
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H 1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H 2	Reported stock on January 1st	*Table 7.11.1*	0	34,458		
H 3	Shipment plan	*UNICEF shipment report*		1,687,000		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,071,700	104,648	967,052
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		1,167,292	0	1,167,292
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		12,841	0	12,841
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		2,063,023	201,448	1,861,575
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		52,529	0	52,529
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		65	0	65
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		132,034	12,893	119,141
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		2,247,651	214,340	2,033,311
U	Total country co-financing	*I x country co-financing per dose (cc)*		214,340		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	344,511	33,227	311,284
B1	Number of children to be vaccinated with the third dose	*Table 4*	344,511	33,227	311,284
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,033,533	99,679	933,854
E	Estimated vaccine wastage factor	*Table 4*	1.01		
F	Number of doses needed including wastage	*D X E*	1,043,869	100,676	943,193
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	- 5,866	- 565	- 5,301
H	Stock to be deducted	*H1 - F of previous year x 0.375*	264,413	25,502	238,911
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	661,788	63,826	597,962
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	773,600	74,610	698,990
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	839,580	0	839,580
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	9,236	0	9,236
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,507,747	145,414	1,362,333
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	37,782	0	37,782
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	47	0	47
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	96,496	9,307	87,189
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,642,072	154,720	1,487,352
U	Total country co-financing	*I x country co-financing per dose (cc)*	154,720		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of

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

ID		Source		2013	2014	TOTAL
	Number of surviving infants	Table 4	#	351,361	353,259	704,620
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	0
	Number of children to be vaccinated with the second dose	Table 4	#			0
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	43,508		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	43,508		
	Number of doses per vial	Parameter	#		10	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		Yes	
	Safety boxes required	Parameter	#		Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		0.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

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

Co-financing group	Low

	2013	2014
Minimum co-financing		
Your co-financing		

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

		2014
Number of vaccine doses	#	- 43,500
Number of AD syringes	#	- 47,800
Number of re-constitution syringes	#	- 4,700
Number of safety boxes	#	- 575
Total value to be co-financed by GAVI	$	- 13,000

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

		2014
Number of vaccine doses	#	0
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	0

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*		0	0	0
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H 2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		- 43,500	0	- 43,500
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		- 47,858	0	- 47,858
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		- 4,785	0	- 4,785
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		- 579	0	- 579
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		- 10,657	0	- 10,657
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		- 2,153	0	- 2,153
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		- 19	0	- 19
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		- 2	0	- 2
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		- 217	0	- 217
T	**Total fund needed**	*(N+O+P+Q+R+S)*		- 13,048	0	- 13,048
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

Table 7.11.4: Calculation of requirements for (part 2)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 4*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B x C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*((D - D of previous year) x) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x)*
H	**Stock to be deducted**	*H2 of previous year - x F of previous year*
H 2	**Reported stock on January 1st**	*Table 7.11.1*
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

It is anticipated that the present HSS Grant will be completed by 31 December 2014.

End of Grant Assessment was not included in the original plan; however, as expressed in GAVI IRC comments on APR 2012, End of Grant Assessment is included in 2014 plan and is scheduled to be organized in October 2014.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

CSOs not included in present HSS Grant implementation

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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 2015.

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)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	1307650	1026900	1025850	549150		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	450450	1307650	1026900	1025850	549150	
Total funds received from GAVI during the calendar year (*A*)	1758500	0	402600	0	813381	837019
Remaining funds (carry over) from previous year (*B*)	0	1758500	1540131	1421383	627806	368205
Total Funds available during the calendar year (*C=A+B*)	1758500	1758500	1942731	1421383	1441187	1205224
Total expenditure during the calendar year (*D*)	0	218369	521348	773031	1148587	611548
Balance carried forward to next calendar year (*E=C-D*)	1758500	1540131	1421383	627806	365923	593676
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2014	2015	2016	2017
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*)	548500			
Remaining funds (carry over) from previous year (*B*)	593676			
Total Funds available during the calendar year (*C=A+B*)	1142176			
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]		0		

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
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]						

	2014	2015	2016	2017
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	2008	2009	2010	2011	2012	2013
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 2014 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.

- HSS funds are managed by WHO and UNICEF and project activities are implemented by Ministry of Public Health using standard WHO implementation modalities as per the agreement signed between WHO and the GAVI and that between UNICEF and GAVI.

UNICEF part of the HSS funds directly transferred from GAVI to UNICEF for the procurement of cold chain equipment and transportation means for EPI programme. Ministry of public Health (MoPH) submits their request (list of CC equipment and transport) through UNICEF-DPRK and all procurement done by UNICEF-Copenhagen based on government request.
No HSS funds are included in national health sector plan and budget currently. However in 'Medium Term Strtegic Plan for Development of Health Sector in DPR Korea, 2010-2015', GAVI funds are considered as finances available to the country.
There have been delays in initial approval of the HSS funds and then in mechanisms for transferring the funds. Following these, the funds were made available to WHO Country Office at much later date which has adversely affected the implementation pace and accordingly resulted in deferment of activities and timeline, which is true for 2013 as well.
The funds are utilized per standard WHO norms and standards where by MOPH submits the proposal for each of the approved activity in the work-plan. These proposals are reviewed technically and for compliance to agreed costs between WHO and MOPH and then approved at WHO country office and processed through WHO online Global Management System according to type of expenditure such as Agreement of Performance of Work (APW), Direct Financial Cooperation (DFC) or Procurement for S&E.
The funds are transferred to Ministry of Public Health Bank account for both national and sub-national activities. Internal transfer to sub-national level is managed by Ministry of Finance departments.
MoPH submits an approved financial statement of expenditure (SOE) along with Technical Report of all the activities per WHO standard reporting template which is scrutinized, reviewed and verified by WHO staff and processed online for balance payment since payments are usually made in installments and linked to deliverables.
Following the grant agreement between WHO and GAVI and subsequent establishment of award, the funds have been provided to MoPH for activities without delays.
WHO received the third and 4th tranches with considerable delay for clarification of some issues and 5th tranche was expected in late 2013; however, was available in 2014 only.
Budget items are approved as per original plan; however, to bring the whole HSS plan in line with GAVI requirement, some activities are being reprogrammed to bring about alignment with immunization strengthening. Any such reprogramming is discussed and approved at the HSCC meeting.
Although no activities were planned under original proposal, due to delayed disbursements of the funds from GAVI, as described above, 5th tranche is available only in 2014.New activity proposals are therefore included in the present APR for implementation in 2014, with endorsement from HSCC. These activities are mostly deferred from 2013.
There was no end of grant evaluation planned in original proposal; now as per recommendation by previous IRC, this activity is planned for October 2014.
In relation to prevailing geopolitical situation, there has been difficulty in local transaction due to closure of existing banking channels for operations of UN agencies in the country, including that of UNICEF and WHO, in 2013 and lateral so in 2014, which has led to substantial problems in carrying out some of the in-country activities like training in due schedule, resulting in retarded pace of implementation of some of the activities.

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 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1. Health Management System Review and Management	1.1 TA for assisting MoPH to conduct evaluation of GAVI HSS supported activities and preparation of new round proposal	100	Draft Proposal for New round of HSS support from GAVI prepared
1. Health Management System Review and Management	1.2. Development of assessment tool; field survey and data for evaluation analysis	100	Activity Report
1. Health Management System Review and Management	1.3. Sharing of the findings of the evaluation/ refresher training	100	Activity Report
2. Capacity building for health management system	2.1. Strengthening capacity of health managers in EPI management at all levels through usage of MLM training module	30	MLM Training Module
2. Capacity building for health management system	2.2. International training for health managers in immunization programme	67	Activity Report
2. Capacity building for health management system	2.3. International public health short courses/ linkages	0	Activity proposal being processed; to be completed in May 2014
2. Capacity building for health management system	2.4 Refresher training on immunization for household doctors	80	Activity Report
2. Capacity building for health management system	2.5. Capacity building of EPI Data Management through establishment of e-Reporting system	80	Activity Report
2. Capacity building for health management system	2.6. Procurement of equipments for facilitating immunization trainings	0	Activity proposal being processed; to be completed in June 2014
3. Service delivery support	3.1. Field epidemiology training programme	100	Activity Report
3. Service delivery support	3.2. Support to AEFI surveillance	100	Activity Report; Draft AEFI Surveillance Guideline
3. Service delivery support	3.3. Training on epidemiologic methods and surveillance on VPDs and other diseases in IDSP for health workers	100	Activity Report
3. Service delivery support	3.4 Support for strengthening lab capacities at National, provincial and county levels, targeting all vaccine preventable disease detection, with special emphasis on viral hepatitis and also on ARI and Diarrhea in childhood.	100	Activity Report
3. Service delivery support	3.5. Training on IDSP and routine immunization data management for health managers at all levels	0	Activity pending, related to completion of updating data management system
3. Service delivery support	3.6 IEC Material development and dissemination	100	Activity Report

4. Monitoring and evaluation, health sector coordination	4.1 Support planning, implementation and supervision activities by GAVI cell at MoPH	30	
4. Monitoring and evaluation, health sector coordination	4.2. Support for EPI review	0	
4. Monitoring and evaluation, health sector coordination	4.3. Organizing quarterly review meetings	100	Activity Report
4. Monitoring and evaluation, health sector coordination	4.4 Supervisory visits by WHO Country team	30	Activity to be continued

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**
1.1 TA for assisting MoPH to conduct evaluation of	Activity completed, follow up support through SEARO consultant and through WHO and UNICEF Country Offices support was needed to finalize the proposal and submit to GAVI.
1.2. Development of assessment tool; field survey	Activity was done, National Institute of Public Health Administration (NIPHA) has developed and field tested the assessment tool. Impact assessment of the trainings were conducted by the survey team and results were reflected in the activity report.
1.3. Sharing of the findings of the evaluation/ re	Done through a workshop at National Level; further dissemination and use of the findings are planned
2.1. Strengthening capacity of health managers in	Mid level Managers (MLM) training module on EPI was translated and adapted in 2013. Original amount allocated for development of MLM training module was 8000 USD, however development was supported from other funding source. Printing and pilot training, though planned in 2013, could not be implemented due to late completion of training module. Activity will be completed in 2014
2.2. International training for health managers in	3 groups of international training were planned in 2013, however one (Fellowship on vaccine quality control) could not be implemented due to delay in placement processes.
2.3. International public health short courses/ li	Currently ongoing activity. Study tour will be completed by the end of May 2014
2.4 Refresher training on immunization for househ	Activity was initiated late in 2013 and still ongoing in 3 provinces. To be completed by June 2014
2.5. Capacity building of EPI Data Management thro	Development and installation of the software were completed by the end of 2013. Activity was partially done and should be continued in 2014; delay related to procurement of the items.
2.6. Procurement of equipments for facilitating im	Procurement could not be done due to challenges related to financial transactions and is presently in the pipe-line.
3.1. Field epidemiology training programme	4 Epidemiologists trained, who would be used as trainers in the national FETP, planned to be launched in June 2014
3.2. Support to AEFI surveillance	AEFI Surveillance guideline drafted, final version to be available end of May 2014. AEFI Reporting & Investigation Forms developed and printed.
3.3. Training on epidemiologic methods and surveil	Activity completed
3.4 Support for strengthening lab capacities at Na	Major component of this activity is procurement of laboratory equipment and reagents. Procurement process was initiated in 2013 and will be completed in 2014
3.5. Training on IDSP and routine immunization dat	Activity pending, related to delay in completion of updating data management system; difficulty in supporting in-country activities like training due to cash flow constraints at Country Office of WHO is an obstacle.
3.6 IEC Material development and dissemination	Activity completed
4.1 Support planning, implementation and supervisi	in APR 2012, this new activity with 3 sub-activities were proposed for support of the GAVI-Cell at MoPH for planning, implementing and supervising the activities. These were office supplies & running cost, transport vehicle for supervisory visit and costs related to supervisory travel. Activities could start only after IRC had approved APR 2012, and hence implementation has been delayed. Procedural delay with procurement, especially for vehicles for supervision is also a factor in retarded implementation. Currently in the pipe-line.
4.2. Support for EPI review	Currently on hold; MoPH is planning EPI Coverage Evaluation Survey in June 2014, review to be held later.
4.3. Organizing quarterly review meetings	The activity has started and should continue
4.4 Supervisory visits by WHO Country team	The joint supervisory visits by WHO team along with MoPH staff are fruitful, but could not be materialized in the desired frequency due to time costraint

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 2012 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	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Numbers of staff trained in integrated health management	0	HMIS	3850	3850	0	0	2736	3536	3925	MoPH Report	
Guideline developed for micro-planning	0	HMIS	1	1	0	1	1	1	1	MoPH Report	Guideline finalized in 2010, but revised every year as per need
Guidelines developed for financial management	0	HMIS	1	1	0	1	1	1	1	MoPH Report	
% counties implement supportive supervision	0%	Planning department of MoPH	100%	100%	25%	30%	60%	80%		Survey by health management training team	
% counties implementing IMCI	25%	Annual Provincial Report	100%	100%			100%	100%	100%	Annual Provincial Report	
% Counties managed by trained health managers	0%	Planning department of MoPH	100%	100%			100%	100%	100%	Annual Provincial Report	
% counties utilizing integrated VPD surveillance	0%	National EPI	100%	100%	60%	90%	100%	100%	100%	Annual EPI Report	
% counties routinely integrate Vit A with RI	99.7%	MoPH Report	100%	100%	100%	100%	100%	100%	100%	MoPH Report	
% counties with 90% functioning cold chain	NA		100%	100%			100%	100%	100%	MoPH Report	
% of counties achieving >80% DPT3 coverage	100%	MoPH report	100%	100%	100%	100%	100%	100%	100%	AERF 2013	
Co-ordination Mechanism established for HSS	0	MoPH report	YES	YES			YES	YES	YES	MoPH Report	
DPT- HepB 3 coverage	82.3%	JRF 2007	90%	90%	85%	90%	93.6%	95.7%	93.6%	JRF 2013	
MCV1 Coverage	80%	JRF 2007	90%	90%	90%	99%	98%	99%	99%	JRF 2013	

% of Provinces with VPD Focal points trained on data management	0%	National EPI	100%	100%	60%	100%	100%	100%	100%	Annual Provincial Report	

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

In 2013, Health System Strengthening activities in DPR Korea had continued successfully. Most of the activities planned either has been completed or in the process of completion. Capacity building was in the center of attention, especially in the areas where weaknesses have been identified. Thus short training on financial management for top officials in immunization programme was conducted.

For long term capacity building supporting fellowship program on field epidemiology was given importance as fellows trained abroad could be used for national FETP. in 2013, 4 fellows were trained in this field. In order to develop specialist epidemiologists in the country, plan to develop field epidemiology training programme (FETP) was taken forward and preliminary works like curriculum development was done. The FETP it self is expected to be launched in June 2014, regular conducting of which will certainly provide boost to development of national experts in epidemiology and will bean important milestone in capacity building of human resources, an important pillar of HSS. FETP is featured to be supported within the next cycle of GAVI HSS.

An impact evaluation tool for assessing the quality and impact of training programmes was developed and field tested and is available for future evaluations. Training programmes, in relation to IMCI, EPI, micro-planning had continued and need to continue as package of refresher training, in relation to new recruits, and high turnover of the health workforce.

Through the review of capacity of public health laboratory network in DPR Korea carried out in December 2012, that laboratory networks need support in areas of human capacities through training and also for ensured functioning, support for equipment, reagents and logistics; although differently at different levels. Support provided to laboratory networks in 2013 has enabled good performance as evidenced through high performance by external quality assessment panel (EQAP) testing (for example, Polio, measles and influenza laboratories had obtained high scores in panel tests.)

DPR Korea has been certified along with other 10 member states of South-East Asia as polio free; and is preparing for introduction of one dose of IPV in routine immunization, which will act as a further boost in strengthening routine immunization in the country.

Efforts had been put in 2013 and are continuing in 2014 to improve and strengthen data management system; software for e-Reporting for routine immunization and vaccine preventable disease surveillance has been developed in 2013, and will be installed in the current year. This will allow access for live data from county levels to be available for analysis and actions at all levels including that from National level. Furthermore,immunization data segregated by sex will be available through this reporting system, which will enable the managers to analyze, for the first time on the equity issues in immunization in DPR Korea.

The issues identified in the workshop on Bottleneck Analysis in EPI came up extensively in reviews and have been addressed in the new HSS proposal to GAVI prepared in the year 2013. The proposal addresses also important issues like cold chain on Ri Hospital level, health Management information system, logistic management information system, communication for development & community IMCI, Joint Annual Review, building of financial management system and host of other important issues. If these are addressed duly, health system in DPR Korea will be certainly strengthened to a great extent. In that regard, the new GAVI HSS proposal developed through extensive discussions between stakeholders and partners in 2013 can itself be considered as an important document in HSS of DPR Korea.

For the first time in DPR Korea, in 2013 the quarterly program review in HSS have started; which is a good initiative, especially for programme monitoring and fine tuning of it on the basis of learning from the implementation of activities and related feedback from the field. This has proven to be useful and should continue.

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

There were no major problems, except that final tranche under the present donor agreement was delivered late to WHO(in 2014, and not September 2013), and so the implementation of activities was delayed. WHO and MoPH used sometimes other sources of funding to support the activities.

Further to this, due to recent international situation during the past two years, there has been major disruption of banking channels for operations of all UN Agencies in DPR Korea including UNICEF and WHO. There has been shortage of funds available in offices of WHO and UNICEF and so activities for which local payments are needed (training, local procurement, local travel) had faced considerable delays and difficulties in implementation of the activities. Highest authorities of both organizations are aware of the problem and all possible options to ease the problem are being explored.

There are still some challenges in capacity of the managers to plan activities in consideration of various aspects of health financing including cost-effectiveness and cost benefit analysis. EPI managers and other health managers need to be trained on financial management which is one of the pillars of health system strengthening.

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

At the highest level GAVI HSS implementation is monitored by Health Sector Management Committee which oversees, monitors, guides and approves the implementation plan.

On a routine basis the concerned national program managers with sub national counterparts are responsible for implementation, monitoring and reporting the activities; there is also a team of technical experts known as GAVI-team identified within MoPH to plan, implement, monitor and supervise specific GAVI supported activities.

Organizationally WHO works closely with Department of External Affairs, MOPH and WHO Desk Officer and National program managers (EPI, Health System and Child Health) to facilitate development of quality proposals per activities in the work plan.

The proposals are processed within WHO Country office using the standard check list and routing chart and per identified expenditure type for each activity (Agreement for Performance of Work, Direct Financial Cooperation, and Purchase Order) the transactions take place in GSM with built in quality checks

The implementation of activities at different levels is monitored by WHO/UNICEF and MOPH both jointly and exclusively for example:

- Participating in training at different levels with national program manager
- Supportive supervision of routine activities (for example, immunization services, surveillance, etc) or of special activities like Child Health Day
- Verification of arrival of supplies at Central Medical and Non-Medical Warehouse
- End user and facility visit for utilization of equipment and supplies

Each activity implementation technical and financial report is submitted to WHO which is reviewed and processed per WHO procedures and feedback provided to NPM, MOPH for revisions and refinement if needed. Generally the payment to MOPH or relevant supplier/ contractor is done in installments and last installment is affected with final deliverable.

Similar arrangement is in existence for UNICEF also.

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.

GAVI HSS activities are integrated in MoPH own plan and are accordingly implemented, monitored and reported in their annual report. There is a special team within MoPH, which plans, implements and monitors activities supported through GAVI HSS.

The funds used are channeled through WHO and UNICEF are subject to additional monitoring and reporting. Both WHO and UNICEF have their own M&E, Internal audit and oversight system of monitoring the GAVI-HSS activities for monitoring both technical and financial aspects.

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.

WHO and UNICEF support Ministry of Public Health (MOPH) in the implementation of GAVI HSS activities.

Representatives of WHO, UNICEF, MOPH and Ministry of Finance (MOF) are the members of HSCC/ ICC

Provincial and county level health bureau and People's Health Committee are involved in the implementation of sub-national activities.

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

Civil Society Organizations had not been involved during the implementation of the present cycle of GAVI HSS Grant.

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

The mechanism of channeling funds through WHO and UNICEF has been working effectively though there have been some procedural delays.

Channeling of funds through WHO necessitate following the procedures including proposal development for each activity, monitoring and technical and financial reporting which is an additional requirement but ensure quality implementation and reporting.

There were delays in disbursement of funds for the final tranche under the present grant agreement, which caused delays in implementation of certain activities. GAVI is requested to expedite the possibility of early disbursement of the funds in future.

Due to recent tightening of UN sanctions during the past two years, there has been major disruption of banking channels for operations of all UN Agencies in DPR Korea including UNICEF and WHO. There has been shortage of funds available in offices of WHO and UNICEF and so activities, for which local payments are needed (training, local procurement, local travel), had faced considerable delays and difficulties in implementation of the activities. Highest authorities of both organizations are aware of the problem and all possible options to ease the problem are being explored.

However, no changes are proposed for management process.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
1. Health management system review and development	1.1 Refresher training/workshop for health managers on microplanning and development of immunization training plan	20000			Originally proposed in APR 2012 as 2014 activity; no changes	20000
2. Capacity building for health management system	2.1. Strengthening capacity of health managers in EPI management at all levels through introduction of MLM training module	30000			Originally proposed in APR 2012 as 2014 activity; development of MLM training module was planned in 2013, which was done with fund from other sources; however printing of the modules was not done, additional 10,000 proposed from the savings	40000
2. Capacity building for health management system	2.2. Refresher training on immunization for household doctors	25000			No changes	25000
2. Capacity building for health management system	2.3 International training on EPI Management	30000			No changes	40000
2. Capacity building for health management system	2.4 International public health short courses/ linkages	40000			Delayed activity from 2013, currently under process	40000
2. Capacity building for health management system	2.5 Capacity building of EPI Data Management through establishment of e-Reporting system	75000			Activity from 2013, partially implemented in 2013, last part currently under process, for which unspent amount is budgeted	56000
2. Capacity building for health management system	2.6. Procurement of equipments for facilitating immunization trainings	15000			Delayed activity from 2013, currently under process	15000
3. Service delivery support	3.1. Suppor for integrated disease surveillance	148000			No changes	148000
3. Service delivery support	3.2. Development sentinel surveillance system for AES , ARI and diarrhea at 4-5 sentinel sites	53000			No changes	53000
3. Service delivery support	3.3.Support introduction of data quality self assessment system (DQS)	28000			No changes	28000

3. Service delivery support	3.4. Production and distribution of immunization cards and IEC materials on immunization	20000			No changes	20000
3. Service delivery support	3.5 International FETP	60000			in addition to international FETP, support for local FETP added, supported by HSCC	90000
3. Service delivery support	3.6. International training for EPI mana	25000			No change	25000
3. Service delivery support	3.7 Cold chain equipment (through UNICEF)	30000			No Change	30000
4. Monitoring and evaluation, health sector coordinatio	4.1. Quarterly EPI review meeting	5000			No Change	5000
4. Monitoring and evaluation, health sector coordinatio	4.2. Logistical and technical support for GAVI technical team at MoPH	15000			Originally proposed in APR 2012 as 2014 activity plus pending activities under the same category from 2013	65000
4. Monitoring and evaluation, health sector coordinatio	4.3 Field visit by WHO country team	5000			No Change	5000
4. Monitoring and evaluation, health sector coordinatio	4.4 Technical Support	30000			Technical support from 2013 is added to 2014	60000
4. Monitoring and evaluation, health sector coordinatio	4.5 End of Grant Assessment of GAVI HSS	0			Proposed as 30,000 per year in the initial HSS plan; however, nothing spent in 2013, savings will be spent in 2014	50000
		654000	0			815000

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. 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 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
				No activities under current Grant is planned for 2015	
		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
Global Fund	14282013	2011-15	Capacity building, training, planning and implementation, infrastructure, technical assistance, monitoring and evaluation, supervision related to TB and Malaria control in the country.
ROK	36000000	2008-15	Capacity building, HMIS, Infra structure, IMCI, MCH, Blood Safety, Quality of pharmaceutical products, etc
WHO AC Fund	1100000	2014-15	Capacity building, IHR, Disaster preparedness and response, Telemedicine, Medical education, Fellowships, Policy development, Planning, Management, Research, etc

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
Activity reports submitted to WHO	1. Participation by WHO staff in training in selected places for supervision and for quality check. 2. Ensuring names of participants of training 3. Maintaining offline and online checklists for all proposals and activity reports 4. Verification of arrival of goods at central medical and non-medical warehouse	The process is little tedious, but ensures quality of documentation of activities appropriately.
MOPH annual report	Discussions with NPM and other focal points including the technical group in MoPH working in GAVI cell on specific issues needing clarification	
United Nations Strategic Framework (UNSF) Mid term Review 2013	Data were verified by different UN agencies	
WHO Annual EPI Reporting form (AERF-2013)	Cross-checked at different stages	
WHO-UNICEF JRF on EPI Coverage (2013)	Cross-checked at different stages	

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.

- Presence of a system bug prevented work from the beginning; took more than a week before the problem was solved by IT staff at GAVI.
- More user friendly, than the previous version, still some problems with saving; during this action some data are lost, and re-doing is necessary.
- Copying text from word file and inserting makes the boxes sometimes very large, unnecessary blank space makes it difficult to look for the next table.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?4

Please attach:

1. The minutes from the HSCC meetings in 2014 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

Democratic People's Republic of Korea **has NOT received GAVI TYPE A CSO support**

Democratic People's Republic of Korea is not reporting on GAVI TYPE A CSO support for 2013

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

Democratic People's Republic of Korea **has NOT received GAVI TYPE B CSO support**

Democratic People's Republic of Korea is not reporting on GAVI TYPE B CSO support for 2013

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

EPI is one of the most successful public health program in DPRK and is recognized as one of the few countries in the world to achieve the highest standards in its immunization program. DPR Korea is a notable example of strategic partnership with GAVI and other agencies. The government through fulfilling its co-financing obligations also demonstrated its continued commitment to child survival issues.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Successful implementation of penta vaccine opens up the possibility of introducing more new vaccines in the future like IPV, rotavirus and pneumococcus and the government has clearly announced its commitment for the introduction of new vaccines in the future in its current cMYP.

Though EPI is one of the most successful public health programmes in DPRK, there are always challenges to reach the unreached population who are most vulnerable due to geographical in-accessibility in some provinces. A Bottleneck analysis workshop on Immunization was organized on 17-18 September 2013 with the participation of five north-eastern provinces where coverage is less than national average (88%). This workshop provided an excellent opportunity to identify and analyze the barriers leading to low coverage in those provinces in the DPRK. The analysis was done against the six key determinants of effective coverage including Supply, human Resource, Accessibility, Initial use, Continuity and Quality/Impact.

The issues identified in the workshop on Bottleneck Analysis in EPI came up extensively in reviews and have been addressed in the new HSS proposal to GAVI prepared in the year 2013. The proposal addresses also important issues like cold chain on Ri Hospital level, health Management information system, logistic management information system, communication for development & community IMCI, Joint Annual Review, building of financial management system and host of other important issues. If these are addressed duly, health system in DPR Korea will be certainly strengthened to a great extent. In that regard, the new GAVI HSS proposal developed through extensive discussions between stakeholders and partners in 2013 can itself be considered as an important document in HSS of DPR Korea.

DPR Korea submitted GAVI HSS II proposal on time. UNICEF & WHO support played a vital role in this regard. The EPI performance has created a trust between donors and the country EPI program. UNICEF and WHO facilitated MOPH in preparation of the proposal for GAVI HSS II, 2014-18. This will support not only the immunization program but will strengthen the overall Health System in the country.

Finally, DPR Korea has been certified along with other 10 member states of South-East Asia as polio free; and is preparing for introduction of one dose of IPV in routine immunization, towards achieving global polio endgame goals.

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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	✓	Government Signature pages for APR 2013.pdf **File desc:** **Date/time :** 22/05/2014 05:17:10 **Size:** 233 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Government Signature pages for APR 2013.pdf **File desc:** **Date/time :** 22/05/2014 06:10:27 **Size:** 233 KB

3	Signatures of members of ICC	2.2	✓	Signature page_ICC HSCC Members.pdf **File desc:** **Date/time :** 22/05/2014 06:13:06 **Size:** 1 MB Signature page_ICC HSCC Members.pdf **File desc:** **Date/time :** 22/05/2014 06:14:36 **Size:** 1 MB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minutes of Meeting ICC HSS 21 May 14.doc **File desc:** **Date/time :** 22/05/2014 04:59:57 **Size:** 45 KB
5	Signatures of members of HSCC	2.3	✓	Signature page_ICC HSCC Members.pdf **File desc:** **Date/time :** 22/05/2014 06:17:03 **Size:** 1 MB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	Minutes of Meeting ICC HSS 21 May 14.doc **File desc:** **Date/time :** 22/05/2014 05:00:41 **Size:** 45 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.2	✓	NVS_Post IntroductionEvaluation.docx **File desc:** **Date/time :** 22/05/2014 06:39:08 **Size:** 13 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial statement for NVS 2013.docx **File desc:** **Date/time :** 22/05/2014 03:04:58 **Size:** 13 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	External Audit Report for NVS 2013.docx **File desc:** **Date/time :** 22/05/2014 03:05:24 **Size:** 13 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM report -2011.doc **File desc:** **Date/time :** 22/05/2014 03:10:40 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM-imp-plan-DPRK_ Oct'11.xls **File desc:** **Date/time :** 22/05/2014 03:17:05 **Size:** 200 KB

14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM-Improvement Plan_Implementation status_DPRK_10 May'13.xls **File desc:** **Date/time :** 22/05/2014 03:14:45 **Size:** 186 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Financial Statement for HSS Grant 2013.docx **File desc:** **Date/time :** 22/05/2014 03:28:56 **Size:** 13 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Financial Statement for HSS Grant 2014.docx **File desc:** **Date/time :** 22/05/2014 03:24:12 **Size:** 13 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	External audit report for HSS Grant 2013.docx **File desc:** **Date/time :** 22/05/2014 03:26:33 **Size:** 13 KB
22	HSS Health Sector review report	9.9.3	✓	MTSP in DPRK 2010-2015 Final version with signature page .pdf **File desc:** **Date/time :** 22/05/2014 03:33:58 **Size:** 1 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded

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 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Bank Statement_All cash programmes.docx **File desc:** **Date/time :** 22/05/2014 03:37:30 **Size:** 13 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	12.4 Annex 4_WHO HSS Component.docx **File desc:** **Date/time :** 22/05/2014 06:09:16 **Size:** 17 KB 12.4_Annex-4_UNICEFHSS Component.xlsx **File desc:** **Date/time :** 22/05/2014 03:38:58 **Size:** 13 KB ICFS-GAVIHSS-WHO March 2014.pdf **File desc:** **Date/time :** 22/05/2014 05:22:35 **Size:** 121 KB