



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Sao Tome and Principe

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 07:42:04**

Deadline for submission: 1 Jun 2011

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
SVN	DPT-HepB-Hib, 1 dose/bottle, frozen	DPT-HepB-Hib, 1 dose/bottle, liquid	2012
SVN	Anti-amaril, 5 doses/bottle, Frozen	Anti-amaril, 5 doses/bottle, frozen	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

2. Signatures

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

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

By signing this page, the Government of Sao Tome and Principe 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 Sao Tome and Principe

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Angela DA COSTA PINHEIRO	Name	Americo D' OLIVEIRA DOS RAMOS
Date		Date	
Signature		Signature	

This report has been compiled by

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Maria Elizabeth CARVALHO	Head of Expanded Program of Immunization EPI	00239 - 2242002	bethmaria74@hotmail.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Manuela F. DA COSTA	Directorate of Health Care			
Paulo ROSARIO NEVES	National Red Cross Society			
Tanya RADOSAVLJEVIC	UNICEF			
François NGUESSAN	WHO			
Victoria MENEZES D' ALVA	UNFPA			
Catarina DUARTE	Portuguese Cooperation			
Edgar Manuel A. DAS NEVES	Marquês de Valle Flor Institute			
Neusa Raquel DA COSTA LIMA	Directorate of Planning and Finance Ministry of Health			
António MARQUES LIMA	Adviser to the Ministry of Health			
Maria Elizabeth CARVALHO	Expanded Programme of Immunization			
Geisel MENEZES	Ministry of Finance and Co-operation			

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

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
NA				

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
NA				

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
NA				

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

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	5,569	5,634	5,783	5,898	6,016	6,139
Total infants' deaths	101	108	150	173	177	183
Total surviving infants	5,468	5,526	5,633	5,725	5,839	5,956
Total pregnant women	6,388	6,566	6,633	6,766	6,901	7,039
# of infants vaccinated (to be vaccinated) with BCG	5,511	5,613	5,783	5,898	6,016	6,139
BCG coverage (%) *	99%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	5,193	5,393	5,520	5,610	5,722	5,837
OPV3 coverage (%) **	95%	98%	98%	98%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	5,318	5,582	5,577	5,668	5,781	5,896
# of infants vaccinated (to be vaccinated) with DTP3 ***	5,193	5,393	5,520	5,610	5,722	5,837
DTP3 coverage (%) **	95%	98%	98%	98%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)		5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	0	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	5,318	5,582	5,577	5,668	5,781	5,896
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	5,193	5,393	5,520	5,610	5,722	5,837
3 rd dose coverage (%) **	95%	98%	98%	98%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)		5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	5,001	4,952	5,351	5,610	5,722	5,837
Yellow Fever coverage (%) **	91%	90%	95%	98%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	20%	15%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.25	1.18	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	5,001	4,952	5,351	5,610	5,722	5,837
Measles coverage (%) **	91%	90%	95%	98%	98%	98%
Pregnant women vaccinated with TT+	6,385	6,501	6,616	6,619	6,750	6,885
TT+ coverage (%) ****	100%	99%	100%	98%	98%	98%
Vit A supplement to mothers within 6 weeks from delivery	5,515	6,371	6,303	6,415	6,544	6,675
Vit A supplement to infants after 6 months	17,530	17,868	18,172	18,420	18,789	19,875
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	2%	3%	1%	1%	1%	1%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

No difference compared to JRF 2009

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

No difference compared to JRF 2009

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

No difference compared to JRF 2009

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

No difference compared to JRF 2009

5.2. Immunisation achievements in 2010

5.2.1.

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

At the end of the year, the following vaccine coverage were obtained: BCG - 99% ; PENTA3 - 96,1%; OPV3 - 96,1 % ; MV - 92,5% ; AAV - 92,5% ; ; ATV2+ - 86,9%

To achieve these results the main activities executed were the following:

1. Strengthening of capabilities of the health staff at the national level
2. Activities for reduction of drop-outs
3. Improvement of the storage capacity of vaccines at the district levels.

These covers show that the sub-regional objectives were achieved. These results are strengthened by the EDS data which show the improvement trend. However, during the same period, the program has suffered a number of setbacks, the most important being:

1. Inadequacy of human resources at the central and district levels.
2. Inadequacy of supervisory training programs at operational level.

3. Motivation of staff.

Maintaining vaccine coverage above 80% for MV since 2006 enables the country to claim the introduction of the second dose of measles. The country prepares to submit the proposals for the introduction of anti-pneumococcal vaccine and the second dose of anti-amaril vaccine to GAVI.

5.2.2.

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

5.2.3.

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

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

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

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

The Demographic and Medical Survey demonstrated that there is equality of accessibility to the health services between boys and girls (78% against 75%). This is made possible by the adherence to the rules and regulations of the Republic in this matter.

5.2.4.

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

In 2010, the government organized activities for the promotion of gender equality in collaboration with partners like the Embassy of South-Africa, UNFPA, UNICEF and the civil society.

5.3. Data assessments

5.3.1.

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

Medical Demographic Survey (MDS, 2009) confirmed more than 80% of vaccine cover for all the antigens at all district levels and more than 90% at the national level.

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

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **No**

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

5.3.3.

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

- Workshop to update the data collection tools
- Training of staff on the introduction of Penta vaccine and the concerned tools.
- Production and deployment of tools in all the medical units.
- Update the immunization chart
- Supervisory Training
- Post introduction evaluation of Penta vaccine.
- Monthly meeting for the analysis of vaccine data in the districts for action.
- Quarterly meeting for the analysis of vaccine data at the central level for action.

5.3.4.

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

- Work-shop for the evaluation of quality of data planned for 2011.
- Development of national data base (STP info) including EPI data.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 18000	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name UNFPA	Donor name	Donor name	
Traditional Vaccines*	9,948			9,948					
New Vaccines	58,764	4,432	53,342	3,216					
Injection supplies with AD syringes	3,584	68	1,290	17					
Injection supply with syringes other than ADs	56		39						
Cold Chain equipment	49,367	0	49,367						
Personnel	2,095	2,095							
Other operational costs	420,543	312,655	63,498		34,390	10,000			
Supplemental Immunisation Activities	0								
Total Expenditures for Immunisation	544,357								
Total Government Health		319,250	167,536	13,181	34,390	10,000			

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

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

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	11,851	13,869	
New Vaccines	162,453	322,573	
Injection supplies with AD syringes	5,904	7,400	
Injection supply with syringes other than ADs	2,000	2,000	
Cold Chain equipment	80,969	10,904	
Personnel	44,814	62,562	
Other operational costs	385,039	130,357	
Supplemental Immunisation Activities	130,306	0	
Total Expenditures for Immunisation	823,336	549,665	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number 4) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

NA

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

If Yes, which ones?

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

List CSO member organisations:	Actions
NA	

5.6. Priority actions in 2011 to 2012

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

- Improve activities of the mobile teams (advanced strategies)
- Prepare and distribute communication materials on the new vaccine (Pneumo).
- Make supervision visits
- Development of training material for the introduction of new vaccine (Pneumo)
- Revise technical data collection tools.
- Equip the central level with a cold chamber of 10m3.
- Organize health staff training on the introduction of new vaccine (Pneumo)
- Organize training of community health officers and traditional midwives on the introduction of new vaccine (Pneumo)
- Ensure maintenance of CC materials (Cold Chain)

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes	UNICEF/GOVERNMENT	
Measles	AD syringes	UNICEF	
TT	AD syringes	UNICEF	
DTP-containing vaccine	AD syringes	GAVI/GOVERNMENT	

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

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

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

Use of safety boxes, which are incinerated in a specially dug hole.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	17,268	0	17,583	
Yellow Fever	8,900	8,900	6,700	

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

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

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

Total number of doses received in 2010 was "0", because the Penta request for the year 2010 arrived in the month of December 2009, instead of April 2010, as expected due to the suspension of the first delivery of (P 9010/SBP batch) by the WHO's recommendation.

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)

The country is prepared to carry out the evaluation of vaccine management this year.

7.1.2.

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

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

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

7.2.2.

When is the Post introduction Evaluation (PIE) planned? In October 2010

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

7.2.3.

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

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

A case of MAPI (thigh abscess was reported following the administration of Penta.) The management was characterized by an incision with wicking and administration of antibiotics. Related costs were supported by the health centre. This situation did not produce any negative effect to the introduction of the vaccine. The child continued with his routine vaccine schedule.

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

Is there a balance of the introduction grant that will be carried forward? **No**

If Yes, how much? US\$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTC-HepB-Hib, 1 dose/flacon, liquide	2,659	900
2nd Awarded Vaccine Antiamaril, 5 doses/flacon, lyophilisé	1,650	2,500
3rd Awarded Vaccine	0	
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	GAVI	
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. None		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTC-HepB-Hib, 1 dose/flacon, liquide	6	

2 nd Awarded Vaccine Antiamaril, 5 doses/flacon, lyophilisé	6
3 rd Awarded Vaccine	6

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? **17.10.2007**

When was the last Vaccine Management Assessment (VMA) conducted? **17.10.2007**

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

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

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

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

When is the next Effective Vaccine Management (EVM) Assessment planned? **12.09.2011**

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

There have been no changes

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

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

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

The country hereby request for an extension of GAVI support for Pentavalent vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Pentavalent vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 6).

The country ICC has endorsed this request for extended support of Pentavalent vaccine at the ICC meeting whose minutes are attached to this APR (Document No 5).

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

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

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

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirovirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirovirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012					TOTAL
Number of Surviving infants	Table 1	#	5,526	5,633					11,159
Number of children to be vaccinated with the third dose	Table 1	#	5,393	5,520					10,913
Immunisation coverage with the third dose	Table 1	#	98%	98%					
Number of children to be vaccinated with the first dose	Table 1	#	5,582	5,577					11,159
Number of doses per child		#	3	3					
Estimated vaccine wastage factor	Table 1	#	1.05	1.05					

	Instructions		2011	2012					TOTAL
Vaccine stock on 1 January 2011		#		2,676					
Number of doses per vial		#	1	1					
AD syringes required	Select YES or NO	#	Yes	Yes					
Reconstitution syringes required	Select YES or NO	#	No	No					
Safety boxes required	Select YES or NO	#	Yes	Yes					
Vaccine price per dose	Table 6.1	\$	2.580	2.470					
Country co-financing per dose		\$	0.20	0.23					
AD syringe price per unit	Table 6.1	\$	0.053	0.053					
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032					
Safety box price per unit	Table 6.1	\$	0.640	0.640					
Freight cost as % of vaccines value	Table 6.2	%	15.00%	15.00%					
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%					

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

Co-financing group	Intermédiaire
--------------------	---------------

	2011	2012			
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23			

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			TOTAL
Required supply item		2011	2012				
Number of vaccine doses	#		13,800				13,800
Number of AD syringes	#		14,400				14,400
Number of re-constitution syringes	#		0				0

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement		
			2011	2012			TOTAL
Required supply item							
Number of safety boxes	#			175			175
Total value to be co-financed by GAVI	\$			40,000			40,000

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

Supply that is procured by the country and related cost in US\$			For approval		For endorsement		
			2011	2012			TOTAL
Required supply item							
Number of vaccine doses	#			1,200			1,200
Number of AD syringes	#			1,300			1,300
Number of re-constitution syringes	#			0			0
Number of safety boxes	#			25			25
Total value to be co-financed by the country	\$			3,500			3,500

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

	Formula	2011	2012												
			Total	Gov.	GA VI										
A	Country Co-finance		7.91%												
B	Number of children to be vaccinated with the first dose	Table 1	5,582	5,577	441	5,136									
C	Number of doses per child	Vaccine parameter	3	3	3	3									

	Formula	2011	2012			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI
			Total	Gov.	GA VI									
	(schedule)													
D	Number of doses needed	B x C	16,746	16,731	1,323	15,408								
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05								
F	Number of doses needed including wastage	D x E	17,584	17,568	1,389	16,179								
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0								
H	Stock on 1 January 2011			2,676	212	2,464								
I	Total vaccine doses needed	F + G - H		14,892	1,178	13,714								
J	Number of doses per vial	Vaccine parameter		1	1	1								
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		15,602	1,234	14,368								
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0								
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		174	14	160								
N	Cost of vaccines needed	I x g		36,784	2,909	33,875								

	Formula	2011	2012			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI
			Total	Gov.	GA VI									
O	Cost of AD syringes needed	$K \times ca$		827	66	761								
P	Cost of reconstitution syringes needed	$L \times cr$		0	0	0								
Q	Cost of safety boxes needed	$M \times cs$		112	9	103								
R	Freight cost for vaccines needed	$N \times fv$		5,518	437	5,081								
S	Freight cost for devices needed	$(O+P+Q) \times fd$		94	8	86								
T	Total fund needed	$(N+O+P+Q+R+S)$		43,335	3,426	39,909								
U	Total country co-financing	$I \times cc$		3,426										
V	Country co-financing % of GAVI supported proportion	U / T		7.91%										

Table 7.2.1: Specifications for Yellow Fever, 5 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	5,526	5,633	5,725	5,839	5,956		28,679

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	90%	95%	98%	98%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	4,952	5,351	5,610	5,722	5,837		27,472
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.18	1.11	1.11	1.11	1.11		
Vaccine stock on 1 January 2011		#		8,860					
Number of doses per vial		#	5	5	5	5	5		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.20	0.23	0.26	0.30	0.35		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	20.00%	20.00%	20.00%	20.00%	20.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 5 doses/vial, Lyophilised

Co-financing group	Intermédiaire
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30	0.35

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

Supply that is procured by GAVI and related cost in US\$		2011	For Approval	For Endorsement			
			2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		-2,300	4,900	4,700	4,500	11,800
Number of AD syringes	#		-3,000	4,900	4,700	4,500	11,100
Number of re-constitution syringes	#		-500	1,100	1,100	1,000	2,700
Number of safety boxes	#		-25	75	75	75	200
Total value to be co-financed by GAVI	\$		-2,500	5,500	5,500	5,000	13,500

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

Supply that is procured by the country and related cost in US\$		2011	For approval	For endorsement			
			2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		-500	1,500	1,800	2,100	4,900
Number of AD syringes	#		-700	1,500	1,800	2,100	4,700
Number of re-constitution syringes	#		-100	400	400	500	1,200
Number of safety boxes	#		0	25	25	50	100
Total value to be co-financed by the country	\$		-500	2,000	2,000	2,500	6,000

Table 7.2.4: Calculation of requirements for Yellow Fever, 5 doses/vial, Lyophilised

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		20.43%			23.53%			27.16%			31.69%			
B	Number of children to be vaccinated with	Table 1	4,952	5,351	1,094	4,257	5,610	1,320	4,290	5,722	1,555	4,167	5,837	1,850	3,987

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	
D	Number of doses needed	B x C	4,952	5,351	1,094	4,257	5,610	1,320	4,290	5,722	1,555	4,167	5,837	1,850	3,987
E	Estimated vaccine wastage factor	Wastage factor table	1.18	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	
F	Number of doses needed including wastage	D x E	5,844	5,940	1,214	4,726	6,228	1,466	4,762	6,352	1,726	4,626	6,480	2,054	4,426
G	Vaccines buffer stock	(F – F of previous year) * 0.25		24	5	19	72	17	55	31	9	22	32	11	21
H	Stock on 1 January 2011			8,860	1,811	7,049									
I	Total vaccine doses needed	F + G - H		-2,896	-591	2,305	6,300	1,483	4,817	6,383	1,734	4,649	6,512	2,064	4,448
J	Number of doses per vial	Vaccine parameter		5	5	5	5	5	5	5	5	5	5	5	5
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		-3,868	-790	3,078	6,308	1,485	4,823	6,386	1,735	4,651	6,515	2,065	4,450
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		-642	-131	-511	1,399	330	1,069	1,418	386	1,032	1,446	459	987
M	Total of safety boxes (+ 10% of	(K + L) /100 * 1.11		-50	-10	-40	86	21	65	87	24	63	89	29	60

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	extra need) needed														
N	Cost of vaccines needed	$I \times g$	-2,478	-506	1,972	5,393	1,269	4,124	5,464	1,484	3,980	5,575	1,767	3,808	
O	Cost of AD syringes needed	$K \times ca$	-205	-41	-164	335	79	256	339	93	246	346	110	236	
P	Cost of reconstitution syringes needed	$L \times cr$	-24	-4	-20	54	13	41	54	15	39	55	18	37	
Q	Cost of safety boxes needed	$M \times cs$	-32	-6	-26	56	14	42	56	16	40	57	19	38	
R	Freight cost for vaccines needed	$N \times fv$	-495	-101	-394	1,079	254	825	1,093	297	796	1,115	354	761	
S	Freight cost for devices needed	$(O+P+Q) \times fd$	-26	-5	-21	45	11	34	45	13	32	46	15	31	
T	Total fund needed	$(N+O+P+Q+R+S)$	-3,260	-666	2,594	6,962	1,638	5,324	7,051	1,915	5,136	7,194	2,280	4,914	
U	Total country co-financing	$I \text{ } 3 \text{ } cc$	-666			1,638			1,915			2,280			
V	Country co-financing % of GAVI supported proportion	U / T	20.43%			23.53%			27.16%			31.69%			

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT
FINANCIAL STATEMENTS
An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS	
	Local currency (CFA)
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,39
Summary of income received during 2009	
Income received from GAVI	57 49
Income from interest	7,68
Other income (fees)	1,11
Total Income	38,99
Total expenditure during 2009	30,55
Balance as of 31 December 2009 (balance carried forward to 2010)	60,11

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS				
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD
Salary expenditure				
Wedges & salaries	2,000,000	4,174	0	
Per diem payments	9,000,000	18,785	6,150,000	12,83
Non-salary expenditure				
Training	13,000,000	27,134	12 650,000	26,40
Fuel	3,000,000	6,262	4 000,000	8,34
Maintenance & overheads	2,500,000	5,218	1 000,000	2,08
Other expenditures				
Vehicles	12,500,000	26,090	6,792,132	14,17
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,85

** 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.

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS	
	Local currency
Balance brought forward from 2008 (balance as of 31Decembre 2008)	2
Summary of income received during 2009	
Income received from GAVI	5
Income from interest	
Other income (fees)	
Total Income	3
Total expenditure during 2009	3
Balance as of 31 December 2009 (balance carried forward to 2010)	6

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

Detailed analysis of expenditure by economic classification ** – GAVI HSS				
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD
Salary expenditure				
Wedges & salaries	2,000,000	4,174	0	
Per diem payments	9,000,000	18,785	6,150,000	12
Non-salary expenditure				
Training	13,000,000	27,134	12 650,000	26
Fuel	3,000,000	6,262	4 000,000	8
Maintenance & overheads	2,500,000	5,218	1 000,000	2
Other expenditures				
Vehicles	12,500,000	26,090	6,792,132	14
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63

** 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.

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO	
	Local currency (CFA franc)
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,390,000
Summary of income received during 2009	
Income received from GAVI	57,400,000
Income from interest	7,600,000
Other income (fees)	1,100,000
Total Income	38,900,000
Total expenditure during 2009	30,500,000
Balance as of 31 December 2009 (balance carried forward to 2010)	60,100,000

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

Detailed analysis of expenditure by economic classification ** – GAVI CSO				
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD
Salary expenditure				
Wedges & salaries	2,000,000	4,174	0	
Per diem payments	9,000,000	18,785	6,150,000	12,830,000
Non-salary expenditure				
Training	13,000,000	27,134	12 650,000	26,400,000
Fuel	3,000,000	6,262	4 000,000	8,340,000
Maintenance & overheads	2,500,000	5,218	1 000,000	2,080,000
Other expenditures				
Vehicles	12,500,000	26,090	6,792,132	14,170,000
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,850,000

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

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

13.2. Attachments

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

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

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) *	File name: C:\Documents and Settings\stp02fp.UNDPST.001\Ambiente de trabalho\gavi 2011\signatures ministre sante.2011.pdf Date/Time: 31.05.2011 06:16:21 Size: 281 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) *	File name: C:\Documents and Settings\stp02fp.UNDPST.001\Ambiente de trabalho\gavi 2011\signatures ministre finance.2011.pdf Date/Time: 31.05.2011 06:20:36 Size: 281 KB		
3	File Type: Signatures of members of ICC *	File name: C:\Documents and Settings\stp02fp.UNDPST.001\Ambiente de trabalho\gavi 2011\signatures CCIA 11.05.2011.pdf Date/Time: 31.05.2011 06:27:30 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		254 KB		
4	File Type: Minutes of ICC meetings in 2010 *	File name: C:\Documents and Settings\stp02fp.UNDPST.001\Ambiente de trabalho\gavi 2011\CCIA 10.05. et 12.11.2010.pdf Date/Time: 31.05.2011 07:54:36 Size: 794 KB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 *	File name: C:\Documents and Settings\stp02fp.UNDPST.001\Ambiente de trabalho\gavi 2011\CCIA 11.05.2011.pdf Date/Time: 31.05.2011 06:51:17 Size: 743 KB		
6	File Type: new cMYP starting 2012	File name: PPAC version du 01-06-11.doc Date/Time: 01.06.2011 07:15:43 Size: 2 MB		
7	File Type: other	File name: Rapport PIE STP POST INTRODUCTION PENTA.doc Date/Time: 01.06.2011 07:20:58 Size: 259 KB		
8	File Type: other	File name: PPAC version du 31-05-11.doc Date/Time: 21.06.2011 07:57:05 Size: 2 MB		

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