GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Uganda*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 11:29:05**

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: Y*ou 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 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 language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 2 doses/vial, Lyophilised	DTP-HepB-Hib, 2 doses/vial, Lyophilised	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010
HSS	2011

2. Signatures

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

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

By signing this page, the Government of Uganda 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 Uganda

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	Hon. Dr. Stephen O. MALLINGA	**Name**	Hon. Syda BBUMBA
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
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2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. LUKWAGO Asuman, Permanent Secretary	Ministry of Health			
Dr. Joaquim SAWEKA, WHO Representative	WHO			
Dr. Sharad SAPRA, UNICEF Representative	UNICEF			
Ms Megan RHODES, Head of Health Development Partners	USAID			
Ms Ulrika HERTEL,	Embassy of Sweden			
Dr. Isaac EZATI, Director Planning and Development	Ministry of Health			
Dr. Alfred DRIWALE, District Health Officer	Koboko District			
Ms. Enid WAMANI,Representative of Civil Society Organizations	Malaria And Childhood Illness Secretariat			

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

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

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

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

3. Table of Contents

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

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	1,541,558	1,597,551	1,655,358	1,714,761	1,775,866	
Total infants' deaths	117,158	121,414	125,807	130,322	134,966	
Total surviving infants	1,424,400	1,476,137	1,529,551	1,584,439	1,640,900	0
Total pregnant women	1,541,558	1,597,551	1,655,358	1,714,761	1,775,866	
# of infants vaccinated (to be vaccinated) with BCG	1,320,165	1,469,747	1,539,483	1,611,875	1,687,073	
BCG coverage (%) *	86%	92%	93%	94%	95%	0%
# of infants vaccinated (to be vaccinated) with OPV3	1,123,779	1,269,478	1,346,005	1,425,995	1,509,628	
OPV3 coverage (%) **	79%	86%	88%	90%	92%	0%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,235,829	1,387,569	1,453,073	1,521,061	1,591,673	
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,134,443	1,269,478	1,346,005	1,425,995	1,509,628	
DTP3 coverage (%) **	80%	86%	88%	90%	92%	0%
Wastage[1] rate in base-year and planned thereafter (%)	10%	10%	10%	10%	10%	
Wastage[1] factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	0
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	1,235,829	1,387,569	1,453,073	1,521,061	1,591,673	
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	1,134,443	1,269,478	1,346,005	1,425,995	1,509,628	
3rd dose coverage (%) **	80%	86%	88%	90%	92%	0%
Wastage[1] rate in base-year and planned thereafter (%)	10%	10%	10%	10%	10%	
Wastage[1] factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	1,036,637	1,180,910	1,284,823	1,362,618	1,443,992	
Measles coverage (%) **	73%	80%	84%	86%	88%	0%
Pregnant women vaccinated with TT+	813,981	1,038,408	1,158,751	1,286,071	1,420,693	
TT+ coverage (%) ****	53%	65%	70%	75%	80%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	3,598,303					
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	8%	9%	7%	6%	5%	0%

* 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] 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 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**

The population has been adjusted to be in line with the population figures from the Uganda Bureau of Statistics (UBOS) June 2008 release that is used for the cMYP costing tool. This has resulted in changes in the births compared with what was reported in APR 2009.

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

The population has been adjusted to be in line with the population figures from the Uganda Bureau of Statistics (UBOS) June 2008 release that is used for the cMYP costing tool. This has resulted in changes in the surviving infants compared with what was reported in APR 2009.

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

The target for measles has been revised from 84% to 80% in 2011 since the coverage achived in 2010 was lower (73%) than the set target of 80%. The target for measles for the subsequent years has been revised accordingly.

- The IRC that sat in 2009 noted that the targets populations for Uganda seemed to vary in different documents. We went ahead and harmonized the populations in the different documents. What has happened is that the target coverage for pentavalent is the same but what has changed is the target populations which have been harmonized.

- Using the population projections from the Uganda Bureau of Statistics (UBOS), the surviving infants for 2015 are 1,702,681. The target coverage for 2015 are DPT1 is 98% (1,668,627) and DPT3 94% (1,600,520). However UBOS is planning to carry on a national census in 2012 and the population figures may change when the census figures are released.

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

There have been no changes in the vaccine wastage rate.

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

During 2010, the national coverage for measles and DPT-HepB+Hib3 declined from 79% and 83% in 2009 to 73% and 80% in 2010 respectively. The major contributing factors as cited by the EPI review include insufficeient funding,understaffing, delayed distributon of logistics to district vaccine stores, and from district to lower level health facilities, inadequate transportation , absence of data collection tools ,-decreased functionality of outreaches and the division of districts from 80 into 112 smaller districts. Furthermore the polio outbreak which occurred in October 2010,

diverted the efforts of the national level towards responding to the outbreak. The outbreak was attributed to a decline in immunization coverage that resulted in importation of wild polio virus (a case confirmed in eastern Uganda). To interrupt transmission, MoH and partners - mainly WHO and UNICEF - launched supplemental immunization activities (house-to-house polio campaigns) in 48 districts considered at high risk. 2 rounds were conducted, reaching 2,786,656 in November; 2,962,637 in December

Activities carried out in 2010 include;
Planning
- Risk analysis using available data i.e. administrative immunization coverage, measles and acute flaccid paralysis surveillance indicators, large number of un/under vaccinated children. This analysis identified 26 poorly performing districts that developed plans for focused support using the RED approach. The RED Implementation of activities is underway in the 26 districts, financially supported by UNICEF with technical support from other developmental partners
- Updated the National Preparedness and Response plan for WPV importation. The plan was used during the 2010 polio outbreak response.
- Review of the 2006-2010 performance of the Uganda National Expanded Programme on Immunization (UNEPI) was conducted. The review revealed considerable constraints and challenges to the programme including key reasons for the statgnation of immunisation coverage linked to factors such as leadership, planning, management , funding and advocacy for Routine immunisation. The findings will be used to update the cMYP for 2010-2014.

Vaccine and cold chain management
- Government continued to provide 100% funding for the procurement and distribution of BCG, Polio, Measles and TT vaccines including all injection materials.
- Government committed funds towards co-financing for the procurement of DPT-HepB+Hib (pentavalent vaccine) - 5% of the total requirement, which started in 2007.
- Conducted a national Cold Chain Assessment in preparation of new vaccine introduction
- Enhanced use of the revised Vaccine Stock Management Tool (SMT) to monitor vaccines and supplies at the national level. This was further strengthened by capacity building provided by WHO.

Advocacy and Social Mobilization
- Conducted Radio messages, news paper adverts for routine immunisation during Child Days plus months
- Produced and disseminated advocacy and social mobilisation messages for supplemental immunisation activities.
- Updated job aids for operational level Health workers
- In partnershipship with Rotary International, held a high level advocacy campaign as part of a world wide commitment towards polio eradication by hosting the 'Kick Polio out of Africa' symbolic ball
- Sabin advocacy meetings with Members of Parliament on -going for sustainable immunization financing

Capacity building
- Conducted a total of 4 workshops and trained 135 Mid Level Managers supported by African Field Epidemiology Network and Training (AFENET)
- Conducted Operation Level Training (OPL) courses in 9 districts of 330 health workers trained by WHO and UNICEF
- Pre-service training was conducted in 1 institution and a total of 28 tutors were trained.

Support Supervision
- Participated in Ministry of Health Integrated (Area Team) supervision visits.
- Condcuted technical support supervision in 26 poorly performing districts using a detailed developed checklist and written feedback provided to the districts.
- Supported 7 Regional EPI/IDSR offices (an intermediary level of supervision based at regional hospital community health departments)to conduct supervision and mentorship for routine immunisation and surveillance in their catchment area on a monthly basis funded by WHO.
- Particpated in intergrated support supervison through Child Days Plus

Monitoring and Evaluation
- Conducted MNTE pre validation exercise in selected poor performing districts in May 2010.,This community survey showed a high TT2+ protection among the females. Based on these field findings , Uganda was considered ready for validation of MNT elimination status.
- Conducted weekly and monthly compilation and dissemination of routine immunisation and surveillance data.
- Provided feedback to districts on performance through Health Sector Review Meetings, National Health Assembly and Joint Review Missions and annual EPI newsletter.
- A review of the 2006-2010 performance of the Uganda National Expanded Programme on Immunization (UNEPI) was carried out

New Vaccines Introduction
- Monitoring of pneumococcal Bacterial Meningitis (PBM) in 4 sentinel sites with sharing and dissemination of data and information in preparation for the introduction of pneumococcal vaccine.
- Strengthened surveillance for rotavirus disease in two sites in preparation for introduction of rotavirus vaccine. Data shared nationally and internationally
- Conducted and successfully completed HPV vaccination demonstration project in 2 selected districts of Ibanda and Nakasongola. Data was disseminated to partners nationally and internationally. The demonstration project compared school-based and Child days approach vaccine delivery mechanisms. Both districts completed the three dose schedule and a bridging phase is on-going using vaccines supplied by GSK.

Disease Surveillance
- Continous case based surveillance of AFP and Measles in all districts in the country.
- All districts were provided with direct financial support to conduct active search in health facilities and community which resulted in the detection of 4 confirmed cases of polio in Bugiri (October 2010) and in Mayuge (November 2010), the activity was funded by WHO
- Three international STOMP teams provided technical assistance in 40 districts and 1 national STOP team covered 11 districts all aimed at strengthening Polio eradication initiative, measles control and mentorship on immunisation
- Deployed international Polio Consultants teams to provide technical support for national authorities towards PEI, implementation of Immunisation activities, SIAs and effective disease surveillance activities.
- Particpated in preparatory activities in response to the yellow fever outbreak in northern Uganda.

CONSTRAINTS/CHALLENGES –
According to the Ministry of Health structures there are health systems challenges which are beyond EPI and operational level challenges which the recent EPI Review of 2010 cited as major contributing factors to the declining immunisation coverage and these include:
- Financing: Inadequate and irregular funding for UNEPI which has remained the same for the past 5 years.
- Planning and management:Most of health facilities visited have work plans which include EPI however implementation of these work plans not done due to inadequate funds,Social mobilization not supported at all levels, lack of data management (districts and the implementing units are not analyzing their data or doing evidence-based planning)and are not monitoring their immunization services in a systematic way.
- Supportive Supervision: Irregular at all levels. Visits occurred less frequently than planned at all levels and the reasons cited included inadequate transport, fuel and staff
- Cold chain : Many Health Facilities have shortages of gas cylinders with only 1 gas cylinder ,shortage of spare parts
- Logistics: Transport funds for collecting vaccines or delivering to lower health facilities are insufficient and the the SDA for health workers to carry out outreaches was rised from 5000/= to 11000/= with the same amount of PHC funds being provided to the districts.
- Advocacy/communication/social mobilization: The routine immunization services are not commonly supported ; Advocacy/communication/social mobilization activities are primarily promoted during periodic immunization events, such as CHDs and NIDS.
- Capacity building:In-service training needs more attention and since 2004, no major initiatives to provide refresher training for health workers have been carried out.

The findings of the EPI review will be used to update the cMYP for 2010-2014 and develop subsequent annual workplans

5.2.2.

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

During 2010, the national coverage for measles and DPT-HepB+Hib3 declined from 79% and 83% in 2009 to 73% and 80% in 2010 respectively. This decline is partly due to: (a) Alignment of the target population with that in the cMYP and GAVI application form (b) Challenges with management of vaccine and immunisation logistics supply at all levels. (c) Census last conducted in 2002, this caused a discrepancy in denominators among the districts due to fragmentation and they depend on UBOS projection, (d) The polio outbreak that occurred in October 2010, diverted the efforts and resources at the national level towards responding to the outbreak.

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 health policy emphasizes equity in respect to gender and the HSSIP has been engendered in all aspects of the health service delivery,hence access to immunization services is universal and both male and female infants have equal access to services. Routine childhood Immunization coverage data is collected using the Health Management Information System (HMIS). The HMIS forms, tally sheets and all monitoring tools have been reviewed and engendered. Plans are underway to train the health workers and supply the tools for use. This approach will assist the programme to generate, report and analyze new evidence affecting equity and gender. However the Demographic and Health Survey 2006 reported that there was no difference in aceess for both males and females

5.2.4.

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

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)*****.

Lack of a recent EPI coverage survey which was last conducted in 2005 , the EPI coverage survey was planned in 2010 as part of the EPI review, but did not take place due to financial constraints. The WHO/UNICEF estimate for DPT3 in 2009 was 65% yet the country administrative coverage for DPT3 for the same year was 83%. The key findings relevant to data in the EPI review were:- Persistent lack of immunization cards, Tally sheets and Monitoring charts. These were cited as barriers to effective monitoring of immunization coverage and dropout rate. They affect routine data collection through the Health Management Information System which is the official method and source used to estimate the routine immunization coverage in the country. Hence the discrepancy between the WHO/UNICEF estimate and the country estimate (adminstrative coverage).

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

5.3.2.

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

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

A data validation exercise was conducted by the Resource center (MOH) in the months of April and May 2010,with the aim of assessing the quality and accuracy of the HMIS data at various levels of the health care system as compared to the data submitted to Resource Centre Ministry of Health.Different regions of the country where visited with random selection of districts within the region to visit,a hospital or Health centre IV and Health centre III or Health centre II were assessed using IPT2,DPT3 and Deliveries conducted in the health facility as the indicators. The exercise established a mismatch between data at the facilities and that submitted to the district level and the following was recommended:

- Regular support supervison at all levels with data validation exercises being done as part of the supervision
- HMIS orientation through Continous Medical Education sessions at the health facility
- Provide immunization tally sheets and printed registers to the health facilities to ensure that data is collected and recorded
- Provide shelves to improve on the archiving practices at district, HSD and Health facility level

There has not been implementation of the recommendations due to lack of funding.

5.3.3.

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

- Carried out HMIS data quality audit in some selected districts with support from DANIDA
- HMIS review to update and revise data monitoring tools
- Quarterly review meetings and follow up have been carried out with focus on data management
- Recruitment of biostasticians at district level has improved in strengthening of the data system
- Ministry of Health /Resource centre sends biostasticians on a quarterly basis to 20 districts that are poor performing to ascertain their data quality
-Ministry of Health /Resource centre carries out monthly follow up activities to ensure that data is complete and look out for data discrepancies

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.

-- Plan for annual review meetings at central and district level to ensure that monthly data audits are carried out.
-Support supervison by the biostastician and district focal persons in order to improve data quality
-Biannual meeting to share experience and experience between selected poorly performing and good performing districts with the objective of improving data quality

-Uganda HMIS has been reviewed to address the information needs of the Health Sector Strategic and Investment Plan (HSSIP) which is in line with the new/revised indicators, Joint Assessment Framework (JAF), the National development Plan (NDP) & MDGs. Programme specific data has been integrated into the routine HMIS and there has been enhanced measurement of gender disaggregated indicators.
The next steps include training for all health workers on the revised tools and follow up HMIS technical support supervision to ensure data dissemination and use at all levels. Ensuring availability of the HMIS tools at all levels will be critical on improving the entire system.
-MOH has assigned procurement and supply of Child Health monitoring tools i.e Child Health Cards, tally sheets to National Medical Stores as a permanent solution to reduce stock outs

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 = 2143	Enter the rate only; no local currency name

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

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** USAID	**Donor name** AFENET	**Donor name**	
Traditional Vaccines*	1,639,048	1,639,048							
New Vaccines	2,936,403	637,037	2,299,366						
Injection supplies with AD syringes	682,062	342,916	339,146						
Injection supply with syringes other than ADs									
Cold Chain equipment	25,000			25,000					
Personnel									
Other operational costs	1,609,491	746,150		653,106	98,000	25,000	87,235		
Supplemental Immunisation Activities	2,352,891			61,914	2,290,977				
Surveillance	538,437	11,429			527,008				
Total Expenditures for Immunisation	*9,783,332*								
Total Government Health		3,376,580	2,638,512	740,020	2,915,985	25,000	87,235		

* 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

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	2,888,601	3,247,478	
New Vaccines		30,597,694	
Injection supplies with AD syringes	1,183,393	1,868,630	
Injection supply with syringes other than ADs			
Cold Chain equipment	60,780	111,918	
Personnel		6,276,248	
Other operational costs	15,873,295	11,890,327	
Supplemental Immunisation Activities	5,377,309		
Under used vaccines	17,271,533	20,065,307	
Total Expenditures for Immunisation	42,654,911	74,057,602	

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

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

The planned figures from government in the CMYP are comprehensive and include both national and district levels. It is not possible to itemize expenditure specifically for EPI at district level since funds sent to districts for EPI are part of a consolidated PHC grant. The actual expenditures therefore exclude district level PHC expenses on EPI and yet the planned expenditures in the cMYP include the district expenses. This contributes to the apparent large financial gap.

MoH has created a budget line for the mmunization services at both central and district level which will be a sustainable method and this will begin next financial year

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 12

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

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

- In May 2010, HPAC was informed about the replenishment of the misappriated funds by the Government of Uganda after approval by Cabinet. Members requested that MOH puts in place a mechanism which ensures that funds are well utilized and prepare a plan that shows how the funds are egoing to be utilized.
- The findingds of the EPI Review were presented in November 2010. Members noted that although the review had highlighted a problem of lack of funds for EPI there was also a problem in balancing EPI allocations including the off-budget support to target priority areas.
- The programme manager presented the plan for utilization of the replenished funds in December 2010, she was requested to review the activities and budgets and ensure that they address gaps and efficiency. This plan was to be presented to a smaller group that included the Ag. Permamnent Secretary, Director General Health Services, WHO,

UNICEF and Chair of the Health development Partners for approval.

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

If Yes, which ones?

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

List CSO member organisations:	Actions
Faith Based Organizations: Uganda Protestant Medical Bureau, Uganda Catholic Bureau and Uganda Muslim Medical Bureau.	
Malaria And Childhood Illness NGO Secretariat (MACIS):	
Uganda National Health Consumers Association	

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?

The priorities of the EPI programme for the period 2011 to 2012 are majorily on improving routine immunization and reduction of high numbers of un /under immunized children and drop out rates through implementation of the WHO recommended "Reaching Every District/Child" strategy and are aiming at:
a)Vaccine quality and supply
- Timely vaccine forecasting and distribution of vaccines to lower levels
- Ensuring availability of potent and safe vaccines
- Streamline logistic management to ensure continuous supply of gas and vaccines to the districts.
b)Logistics
-Establishment of at least 4 regional hubs
-Distribution and installation of new cold chain equipment provision of spare parts and funds for cold chain preventive maintenance system support and logistics management planning
-Purchase of at least 2 vaccine delivery trucks and 2 field vehicles at the central level and purchase 80 motorcycles for the District Cold Chain Technicians
- Maintainence of the vehicles and motorcycles
c) Service delivery
- Supporting Integrated child survival interventions e.g. Child Health Days; integrated outreaches etc.
– Ensure functionality of outreach and static services
- Monitoring and support supervison
- Strengthening the link between the health workers and the community
d) Surveillance
- Strengthen disease surveillance using the regional supervison strategy
- Strengthening EPI disease surveillance especially at the district and health sub-district levels involving case validation;
- Roll-out of community based disease surveillance including private sector involvement to improve case reporting and investigation.
- Data quality audits at the National and sub-national levels,
- Production of data collection tools (Child Health Cards, TT cards ,Registers, Tally sheets, Vaccine Control Books) .
e) Plan for introduction of pneumococcal vaccines.
- capacity building
f) Advocacy and communication
- High level advocacy meetings with members of parliament and partners to increase funding and to raise the profile for EPI.
- Intensify social mobilisation to create demand for immunisation at household level.
- Strengthen monitoring and evaluation for EPI including technical support supervision

These priorities are linked with cMYP of 2010-2014

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	ADs including reconstitutions	Government	
Measles	ADs including reconstitutions	Government	
TT	ADs including reconstitutions	Government	
DTP-containing vaccine	ADs including reconstitutions	Government, GAVI	

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

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

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

No problems have been encountered with implementation of the injection safety policy

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

All sharps waste aare collected in safety boxes and disposed using two main methods;
1. Burn and Bury method - the filled safety boxes are burnt in pits and thereafter buried. All health facilities have a pit for disposal of medical waste.
2. Incineration however we need to scale-up the level especially for the new districts

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 881,941
Remaining funds (carry over) from 2009	US$ 100,060
Balance carried over to 2011	US$ 982,001

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

No activities were implemented using the ISS funds

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.
If No, please complete Part B below.

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

The Aide Memoire between GAVI and the Government of Uganda is due to be signed by the end of May 2011.

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

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

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

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

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

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

6.4. Request for ISS reward

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

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

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

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**				1,134,443
2	Number of **additional** infants that are reported to be vaccinated with DTP3				
3	Calculating	$20	per additional child vaccinated with DTP3		
4	**Rounded-up estimate of expected reward**				

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

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

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	3,096,400	1,551,000	1,545,400	

** 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? ...)

There were delayed and short shipments of vaccines according to the communicated shipment plan. This was communicated and discussed between the Ministry of Health and UNICEF. There was no vaccine stock out but the buffer stock was depleted.

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)

Ministry of Health and UNICEF hold weekly meetings during which the status of vaccine stock is discussed and if need arises the shipment plan is revised accordingly

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?

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

7.2.3.

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

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

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

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

If Yes, how much? US$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	637,037	213,400
2nd Awarded Vaccine		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?
Government
Donor
Other

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. The government of Uganda is committed to financing routine immunization vaccines hence the vote for vaccines including co-financing is protected.
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)
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

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

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

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? 05.04.2004

When was the last Vaccine Management Assessment (VMA) conducted? 29.10.2007

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? 01.07.2011

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

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

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

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

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

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

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

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

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

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: 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
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 2 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	1,476,137	1,529,551	1,584,439	1,640,900	0		6,231,027
Number of children to be vaccinated with the third dose	Table 1	#	1,269,478	1,346,005	1,425,995	1,509,628			5,551,106
Immunisation coverage with the third dose	Table 1	#	86%	88%	90%	92%	0%		
Number of children to be vaccinated with the first dose	Table 1	#	1,387,569	1,453,073	1,521,061	1,591,673			5,953,376
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11			

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		555,900					
Number of doses per vial		#	2	2	2	2	2		
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	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%			
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 2 doses/vial, Lyophilised

Co-financing group	Low

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

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

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		4,009,500	4,710,600	4,869,900		13,590,000
Number of AD syringes	#		3,958,500	4,716,300	4,875,800		13,550,600
Number of re-constitution syringes	#		2,225,300	2,614,400	2,702,800		7,542,500
Number of safety boxes	#		68,650	81,375	84,125		234,150

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		10,607,500	11,735,500	10,671,000		33,014,000

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			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		327,900	411,200	489,200		1,228,300
Number of AD syringes	#		323,800	411,700	489,800		1,225,300
Number of re-constitution syringes	#		182,000	228,300	271,500		681,800
Number of safety boxes	#		5,625	7,125	8,450		21,200
Total value to be co-financed by the country	*$*		867,500	1,024,500	1,072,000		2,964,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 2 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.56%			8.03%			9.13%					
B	**Number of children to be vaccinated with the first dose**	Table 1	1,387,569	1,453,073	109,849	1,343,224	1,521,061	122,112	1,398,949	1,591,673	145,285	1,446,388			
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	4,162,707	4,359,219	329,546	4,029,673	4,563,183	366,335	4,196,848	4,775,019	435,853	4,339,166			
E	**Estimated vaccine wastage factor**	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.00	1.00	1.00
F	**Number of doses needed including wastage**	D x E	4,620,605	4,838,734	365,796	4,472,938	5,065,134	406,632	4,658,502	5,300,272	483,797	4,816,475			
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		54,533	4,123	50,410	56,600	4,544	52,056	58,785	5,366	53,419	0		
H	**Stock on 1 January 2011**			555,900	42,025	513,875									
I	**Total vaccine doses needed**	F + G - H		4,337,367	327,894	4,009,473	5,121,734	411,175	4,710,559	5,359,057	489,163	4,869,894			
J	**Number of doses per vial**	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		4,282,216	323,725	3,958,491	5,127,960	411,675	4,716,285	5,365,523	489,753	4,875,770			
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		2,407,239	181,981	2,225,258	2,842,563	228,203	2,614,360	2,974,277	271,486	2,702,791			
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		74,253	5,614	68,639	88,473	7,103	81,370	92,572	8,450	84,122			
N	**Cost of vaccines**	I x g		10,713,	809,897	9,90	11,882,	953,926	10,9	10,878,	993,000	9,88			

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			297		3,400	423		28,497	886		5,886			
O	Cost of AD syringes needed	K x ca		226,958	17,158	209,800	271,782	21,819	249,963	284,373	25,957	258,416			
P	Cost of reconstitution syringes needed	L x cr		77,032	5,824	71,208	90,963	7,303	83,660	95,177	8,688	86,489			
Q	Cost of safety boxes needed	M x cs		47,522	3,593	43,929	56,623	4,546	52,077	59,247	5,408	53,839			
R	Freight cost for vaccines needed	N x fv		374,966	28,347	346,619	415,885	33,388	382,497	380,762	34,756	346,006	0		
S	Freight cost for devices needed	(O+P+Q) x fd		35,152	2,658	32,494	41,937	3,367	38,570	43,880	4,006	39,874			
T	Total fund needed	(N+O+P+Q+R+S)		11,474,927	867,474	10,607,453	12,759,613	1,024,347	11,735,266	11,742,325	1,071,812	10,670,513			
U	Total country co-financing	I 3 cc		867,474			1,024,347			1,071,812					
V	Country co-financing % of GAVI supported proportion	U / T		7.56%			8.03%			9.13%					

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

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

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

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

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

Annex 2

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

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		16	Yes
Signatures of members of ICC		2	Yes
Signatures of members of HSCC		Missing	Yes
Minutes of ICC meetings in 2010		3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		17	Yes
Minutes of HSCC meetings in 2010		Missing	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		Missing	Yes
Financial Statement for ISS grant in 2010		4	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		Missing	Yes
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			
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 Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** Minister's of Health signature.pdf **Date/Time:** 01.06.2011 11:25:41 **Size:** 560 KB		
2	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** HPAC Signatures.pdf **Date/Time:** 15.05.2011 16:29:35 **Size:** 688 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** HPAC minutes Sept2010.zip **Date/Time:** 09.05.2011 15:15:41 **Size:** 2 MB		
4	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** Uganda Financial Statement 2010.pdf **Date/Time:** 09.05.2011 06:16:56 **Size:** 496 KB		
5	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes January 2010	**File name:** HPAC minutes Jan2010.zip **Date/Time:** 30.05.2011 16:19:18 **Size:** 5 MB		
6	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes February 2010	**File name:** HPAC minutes Feb2010.zip **Date/Time:** 30.05.2011 16:31:03 **Size:** 5 MB		
7	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes March 2010	**File name:** HPAC minutes March 2010.zip **Date/Time:** 30.05.2011 16:40:02 **Size:** 3 MB		
8	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes April 2010	**File name:** HPAC minutes April2010.zip **Date/Time:** 30.05.2011 16:51:59 **Size:** 5 MB		
9	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes May 2010	**File name:** HPAC minutes May2010.zip **Date/Time:** 30.05.2011 17:02:20 **Size:** 3 MB		
10	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes June 2010	**File name:** HPAC minutes June2010.zip **Date/Time:** 30.05.2011 17:15:32 **Size:** 3 MB		
11	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes July 2010	**File name:** HPAC minutes July2010.zip **Date/Time:** 30.05.2011 17:20:59 **Size:** 2 MB		
12	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes August 2010	**File name:** HPAC minutes Aug2010.zip **Date/Time:** 30.05.2011 17:29:48 **Size:** 2 MB		
13	**File Type:** Minutes of ICC meetings in 2010 *	**File name:** HPAC minutes Oct2010.zip		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: HPAC minutes October 2010	**Date/Time:** 31.05.2011 00:16:50 **Size:** 3 MB		
14	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes November 2010	**File name:** HPAC minutes Nov2010.zip **Date/Time:** 31.05.2011 00:27:15 **Size:** 3 MB		
15	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** HPAC minutes december 2010	**File name:** HPAC minutes Dec2010.zip **Date/Time:** 31.05.2011 00:33:05 **Size:** 3 MB		
16	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** Min of Finance.pdf **Date/Time:** 01.06.2011 08:00:12 **Size:** 355 KB		
17	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** HPAC minutes May 2011.zip **Date/Time:** 01.06.2011 11:08:36 **Size:** 3 MB		