GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Uganda

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/23/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2014

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of 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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Dr. Pastor Christine Ondoa	**Name**	Hon. Maria Kiwanuka
Date		**Date**	
Signature		**Signature**	

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

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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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. LUKWAGO Asuman, Permanent Secretary	Ministry of Health		
Dr. Joaquim SAWEKA WHO Representative	WHO		
Dr. Sharad SAPRA, UNICEF Representative	UNICEF		
Dr. Paolo GIAMBELLI, Head of Health Development Partners	Italian Cooperation		
Ms. Enid WAMANI,Representative of Civil Society Organizations	Malaria And Childhood Illness Secretariat		
Dr. Alfred DRIWALE, District Health Officer Representative	District Health Office Ministry of Health		
Dr Peter OKWERO, Senior Health Advisor	World Bank		
Dr Megan RHODES, Heath Team Leader	USAID		
Mr Maline Krook, First Secretary	Sweden Embassy		
Mr Wilfried FIEREMANS, First Secretary	Beligium Embassy		
Dr Jane Ruth ACENG, Director General Health	Ministry of Health		

Dr. Isaac EZATI, Director Planning and Development	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

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)

Uganda is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Uganda's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	1,597,551	1,597,580	1,655,358	1,655,745	1,714,761	1,715,886	1,775,866	1,777,975		1,841,778
Total infants' deaths	121,414	181,169	125,807	125,837	130,322	130,408	134,966	135,127		139,976
Total surviving infants	1476137	1,416,411	1,529,551	1,529,908	1,584,439	1,585,478	1,640,900	1,642,848		1,701,802
Total pregnant women	1,597,551	1,646,990	1,655,358	1,655,745	1,714,761	1,715,886	1,775,866	1,777,975		1,841,778
Number of infants vaccinated (to be vaccinated) with BCG	1,469,747	1,367,582	1,539,483	1,539,843	1,611,875	1,612,933	1,687,073	1,689,076	0	1,768,107
BCG coverage	92 %	86 %	93 %	93 %	94 %	94 %	95 %	95 %	0 %	96 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,269,478	1,158,725	1,346,005	1,285,123	1,425,995	1,363,511	1,509,628	1,445,706		1,531,622
OPV3 coverage	86 %	82 %	88 %	84 %	90 %	86 %	92 %	88 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,387,569	1,288,367	1,453,073	1,453,073	1,521,061	1,521,061	1,591,673	1,591,673	0	1,668,627
Number of infants vaccinated (to be vaccinated) with DTP3	1,269,478	1,161,992	1,346,005	1,285,123	1,425,995	1,363,511	1,509,628	1,445,706		1,531,622
DTP3 coverage	83 %	82 %	82 %	84 %	90 %	86 %	92 %	88 %	0 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	11	0	10	0	10	0	10	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.12	1.00	1.11	1.00	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	1,353,626	1,288,367	1,359,412	1,453,073	1,521,061	1,521,061	1,591,673	1,591,673	0	1,668,627
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,218,092	1,161,992	1,247,887	1,285,123	1,425,995	1,363,511	1,509,628	1,445,706		1,531,622
DTP-HepB-Hib coverage	83 %	82 %	82 %	84 %	90 %	86 %	92 %	88 %	0 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	10	10	10	10	10	10	10	10	0	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1	1.11
Maximum wastage rate value for DTP-HepB-Hib, 2 doses/vial, Lyophilised	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)		0		0	1,521,061	1,521,061	1,591,673	1,591,673		
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0		0	1,425,995	1,363,511	1,509,628	1,445,706		
Pneumococcal (PCV10) coverage		0 %		0 %	90 %	86 %	92 %	88 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	5		

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1.05	1	1.05		1
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,180,910	1,066,825	1,284,823	1,285,123	1,362,618	1,363,511	1,443,992	1,445,706	0	1,531,622
Measles coverage	80 %	75 %	84 %	84 %	86 %	86 %	88 %	88 %	0 %	90 %
Pregnant women vaccinated with TT+	1,038,408	806,822	1,158,751	1,158,751	1,286,071	1,286,071	1,420,693	1,420,693	0	1,565,511
TT+ coverage	65 %	49 %	70 %	70 %	75 %	75 %	80 %	80 %	0 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	3,661,597	N/A	5,243,761	N/A	5,434,227	N/A	5,630,864	N/A	5,832,928
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	9 %	10 %	7 %	12 %	6 %	10 %	5 %	9 %		8 %

*

** 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  Every six months UBOS sendsout population estimate figures that are expected to be used for all officialdocuments. The last release was in June 2011 and these are the figures thathave been used for this report. This explains the change in population figuresgiven in this report from the Uganda Bureau of Statistics (UBOS) 2011 releasethat is used for the cMYP (2011-2014) and costing tool. This has resulted inchanges in the births compared with what was reported in APR 2010 reportedbirths. The birth cohort ids estimated at 4.85% of the entire population.

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

  The change in populationhas been adjusted to be in line with the population figures from the Uganda Bureauof Statistics (UBOS) June 2011 release

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

  The UNEPI conducted EPI review in 2010 and this formed the basis for a revised cMYP 2012-2016. The targets have been adjusted basing on the current performance and envisagedrevitalization plans set have been based on previous performance, feasibilityof meeting the targets, challenges cited in the EPI review and available resources.A new EPI cMYP has been finalized and ready for implementation for the periodof 2012-2016. This cMYP will be used in the Rotavirus and HPV applications.

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

  No Change in wastage rate

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

During the reporting period, the programme achieved modest improvement of immunization coverage for DPT-HepB +Hib3 from 82% (2011) similar to 82 (2010). A proportion of 47% of the districts attained greater than 80% coverage. <?xml:namespace prefix = o />

The activities implemented include the following:

Planning

- The Uganda National Expanded Program on Immunisation cMYP 2011-2014 was updated that incorporated the various findings and recommendation from the studies carried out including the 2010 review, the 2011 EVMA and the cold chain inventory. The cMYP also included the new vaccines to be introduced in the period 2012 – 2016. A revitalization plan is being developed to plan for critical activities addressing the declining coverage and increased numbers of un-reached chidren. This tool will be used for resource mobilization for EPI.

- Updated the National Preparedness and Response plan for WPV importation. The plan was used during the 2011 Wild Polio Preventive outbreak SIAs

- Conducted planning and feedback meeting with DHO from 26 districts on routine immunisation 39 districts identified as poorly performing

- □□□□□□□□ Conducted RED Micro planning in 23 high risk districts and district specific micro plans developed for resource mobilization.
- □□□□□□□□ Developed and submitted a proposal for Pneumococcal vaccine introduction into routine immunization program in 2013.
- □□□□□□□□ Developed a plan for continuation of HPV vaccination in 10 districts
- □□□□□□□□ Service delivery
- □□□□□□□□ Government is funding 100% for the procurement of traditional vaccines 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) at 0.2 USD of the total requirement, which started in 2007
- □□□□□□□□ Adapted, printed and circulated 500 copies of RED approach National guide lines to 23 districts supported by WHO
- □□□□□□□□ Conducted immunization mentorship in 26 district supported by UNICEF
- □□□□□□□□ Procured adequate Child Health Cards equivalent to birth cohort of 1.4million, supported by WHO, UNICEF and USAID
- □□□□□□□□ Initiated Hepatitis B vaccination for Health workers in Uganda
- □□□□□□□□ Vaccine and cold chain management
- □□□□□□□□ Updated Vaccines and injection materials forecasting for all vaccines for 2010 – 2013
- □□□□□□□□ Expanded and replaced cold chain equipment at district level in preparation for new vaccine introduction supported by JICA
- □□□□□□□□ Conducted Effective Vaccine Management Assessment (EVMA) in preparation for new vaccine introduction
- □□□□□□□□ Repaired and maintained cold chain equipment in all districts in preparation for polio and measles campaign
- □□□□□□□□ Establishment of Stock Management tool at central level, this is used in the global reporting
- □□□□□□□□ Procured 8508 additional vaccine carriers for Polio House to House SIAs
- □□□□□□□□ Advocacy and Social Mobilization
- □□□□□□□□ Conducted social mobilization campaign through radio and village health teams
- □□□□□□□□ Launched the first African Vaccination Week integrated in the Child Days Plus month to increase advocacy and social mobilization for immunization
- □□□□□□□□ Conducted media Advocacy meeting supported by SABIN Institute to build partnership with the media to promote routine immunization
- □□□□□□□□ Conducted a participatory action research to identify the barriers and enablers to immunization and subsequently to inform the development of the national advocacy and communication strategy and plan (support from UNICEF)
- □□□□□□□□ Produced, disseminated and monitored communication messages on radio to raise awareness for all the rounds of Polio SIAs conducted in the year

Capacity building

- □□□□□□□□ Conducted Operational level training in 21 districts supported by CIDA through UNICEF, a total of 603 health workers were trained

•□□□□□□□□ Trained 145 Mid-Level Managers from 26 districts with support from UITP/AFENET

•□□□□□□□□ Conducted EPI curriculum assessment in pre service medical training schools supported by WHO

•□□□□□□□□ Trained 28 district surveillance focal persons to build active surveillance capacity

•□□□□□□□□ Trained 32 districts cold chain assistants for the new districts

•□□□□□□□□ Distributed reference materials to in service training institutions (5 medical schools and 80 nurses and midwifery institutions)

Support Supervision

•□□□□□□□□ Participated in Area Team Integrated supervision visits to the districts

•□□□□□□□□ Conducted focused technical support supervision in 39 poorly performing districts using updated checklist and gave written feedback to the districts

•□□□□□□□□ Supported intermediary level of supervision and mentorship based at 7 regional hospital community health departments supporting a total of 68 districts in the respective regions this is funded by WHO

Monitoring and Evaluation

•□□□□□□□□ Conducted weekly and monthly compilation and dissemination of surveillance and routine immunization data

•□□□□□□□□ Provided feedback to districts on performance through Health Sector Review Meetings, National Health Assembly and Joint Review Missions

New Vaccines Introduction

•□□□□□□□□ Supported surveillance for Bacterial Pediatric Meningitis and Severe pneumococcal disease for both CSF and blood culture in 4 sentinel sites to document the burden of disease before and after the introduction of pneumococcal vaccine. Since the introduction of Hib vaccine there is a reduction of over 95% of Hib related meningitis.

•□□□□□□□□ Supported surveillance for severe rotavirus disease in one site in preparation for introduction of rotavirus vaccine

•□□□□□□□□ Finalized the documentation of HPV demonstration project for pre-school adolescent girls in 2 selected districts of Ibanda and Nakasongola. In the 2 districts vaccination of the girls continued and reached 58% girls with 3rd dose.

Disease Surveillance

Disease Surveillance

•□□□□□□□□ Disseminated operational field guide for training health workers during active surveillance visits a total of 500 copies were distributed using the International and National STOP teams in 59 districts

•□□□□□□□□ Conducted a national surveillance review to identify priority interventions to improve surveillance, the assessment included; intermittent flow of reimbursement funds for shipment of specimens and active surveillance funds, lack of training of new DSFPs, irregular feedbacks to the regions and districts. Active surveillance funds have been disbursed through the regional offices and directly through the MoH to districts by EFT; there is now regular weekly feedback to the regions and districts for surveillance performance and monthly for routine immunization; the new DSFPs were trained; the remaining challenge is flow of reimbursement funds that is soon being addressed through direct transfer of funds from WHO to UVRI

•□□□□□□□□ Conducted two regional surveillance review meetings in Jinja and Karamoja and there was improvement in AFP surveillance indicators especially in Karamoja region; NPAFP rate from 0.69 and 45% of districts reporting AFP in July to 1.17 and 80% of districts reporting AFP in December 2012. the Jinja region was already having good indicators but also improved further

•□□□□□□□□ Conducted 3 international Polio STOP team missions to 76 high risk districts, a total of 53% of the health

facilities were visited and active search conducted; 4119 health workers were sensitized; 15 AFP cases were detected and investigated. Rapid routine immunization assessment indicated routine coverage ranging from 52% to 80% in the districts visited

•□□□□□□□□ Conducted 2 International Polio consultant missions and supported 20 districts; some recommendations were to put more emphasis on sensitization of communities, use of outreach guidelines while citing outreach sites and depending on available resources; support supervision to prioritize hard to reach areas and social mobilization activities to be allocated some funds

•□□□□□□□□ Conducted 2 National Stop Transmission of Measles and Polio (STOMP) team missions in 10 high risk districts;– 60% of the health facilities were visited and active search conducted. Ten traditional healers were reached and sensitized; regular active search by DSFPs and availability of funds to be provided as a major recommendation. That the communities and traditional healers be continuously accessed and sensitized.

•□□□□□□□□ Introduced the concept of hospital surveillance committees in 20 hospitals and selected the committee members in order to improve surveillance in hospitals

Supplemental Immunization Activities

•□□□□□□□□ In response to the threat of wild polio importation and eventual outbreak, the country conducted 3 polio preventive and 2 outbreak response rounds

•□□□□□□□□ Conducted Yellow fever reactive campaign in 5 districts of Northern Uganda (Kitgum, Pader, Lamwo, Agago and Abim). Coverage achieved was 71%.(668,669 people immunized)

CONSTRAINTS/CHALLENGES

The main challenge was the persistent circulation of wild polio virus along the Kenya-Uganda border and the continued threat of importation from the Eastern DRC border. Six rounds of Polio SIAs conducted in 2011 drained resources (time, financial and human) to ensure cessation of transmission.

Central level:

i) Inadequate funding continued to be a key challenge at central level operational activities affecting logistics, cold chain maintenance, capacity building, supervision and social mobilization.

ii) The creation of new districts from 80 districts to the present 112 districts has constrained the resource allocations for the program

iii) The delays to access the GAVI funds (both ISS and HSS) would have a big impact on the immunization program. However there is progress in finalizing the MOU.

iv) Lengthy processes for the release of funds at the Ministry of Health affected the timely release of funds for operations such as cold chain maintenance, supervisions to the districts and distribution of vaccines to the districts.

v) Inadequate transport, aging fleet of trucks and field vehicles to serve the increasing districts has created a challenge to logistics delivery and supervision.

District level:

i) Inadequate planning for efficient utilization of the available resource

ii) Inadequate and irregular primary health care funds

iii) Insufficient staffing reported at less than 50% staffing levels made worse by high attrition rate and demotivated staff

iv) Irregular functionality of outreaches has been due to late and inadequate Primary Health Care funds, lack of transport, and lack of micro planning for activity

v) Irregular distribution of vaccines and supplies from the district vaccine stores to lower levels health facilities. This is worsened by inadequate funding, lack of transport resulting in stock outs of gas and vaccines at facility level.

vi) Lack of spare parts for solar fridges and tool kits still hamper the maintenance of cold chain equipment in the districts

vii) Irregular cold chain maintenance due to lack of funds and transport

viii) Knowledge gaps among the health workers affect vaccine stock management at health facility levels, this is due to the high levels of attritions and new recruitments with inadequate on job mentorship

ix) Inadequate advocacy and communication for immunisation services to create ownership and reduction of dropout.

x) There is no budget line for social mobilization at district level and the trained Village Health Teams in the 76 districts have not been fully utilized for routine immunization mobilization

xi) Inadequate utilization of data at the points of collection for timely actions

xii) Incomplete HMIS reporting for action more so in the new districts due to limited human resources.

xiii) Irregularities in supplies of monitoring tools such as Vaccine control book, Child Registers and tally sheets

Irregular disbursement of the surveillance funds (reimbursement and active surveillance) leading to suboptimal active search in the districts

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

The target set for 2011 were not achieved mainly due to; a lot of human and financial resources were diverted polio outbreak responses. The cMYP was updated using informed decisions from the EPI review 2010 and EVMA assessment. The country continues to experience financial constraintsto deliver immunisation service effectively.<?xml:namespace prefix = o />

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

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

What action have you taken to achieve this goal?

1) The newly developed HMIS tools has provided for disaggregation of data by sex. Training on the new tools still on going and once complete, data will be disaggregated and reported in the 2012 APR<? xml:namespace prefix = o />

2) The national HMIS data tools were updated in 2010 to include sex disaggregated data Health workers are being trained in the new updated HMIS data collecting tools

3) The tools were rolled out to the districts in 2012 and not much earlier due to lack of funds have been supplied to some districts and the scale up process is on going

5.4. Data assessments

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

The last EPI coverage survey was conducted in 2005, since then no EPI coverage survey has been done due to lack of financial capacity.<?xml:namespace prefix = u1 /><?xml:namespace prefix = o />

The most recent coverage estimate conducted is Uganda Demographic Health Survey (UDHS) 2011. The UDHS coverage results are; BCG 94%, DPT3 71%, OPV3 63%, Measles 76% as compared to the 2010 WHO/UNICEF coverage; BCG 84%, DPT3 60%, OPV3 55%, Measles 55% and the 2011 Administrative coverage; BCG 86%, DPT3 82%, OPV3 82%, Measles 75%.

The antigen coverage for all the WHO/UNICEF best estimates is much lower than the Administrative coverage and the UDHS coverage's. The difference in antigen coverage between the UDHS and administrative coverage is much less as compared to the WHO/UNICEF coverage.

Factors affecting the data quality as cited by the EPI Review and field visit assessments include; lack of data collection tools, incomplete reporting, inadequate monitoring tools and lack of data use for action all affect the data quality and are responsible for the key discrepancies in data.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

1) Uganda Demographic Health Survey (UDHS) 2011 has given a better insight in program performance for better activity implementation. The results of the UDHS 2011; BCG 94%, DPT1 93%, DPT3 71%, OPV1 94%, OPV3 63%, Measles 76%, all 52%. <?xml:namespace prefix = o />

2) The last data validation was conducted in 2010 and not conducted in 2011 due to competing activities

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

There has been ongoing support supervision to health facilities and mentorship in data management and use. This was targeting improvement of data use, this included;<?xml:namespace prefix = o />

1) HMIS data tools have been revised to include; Disaggregation of Sex, Fully Immunized, Protection at Birth, TT in schools, New vaccine (PCV, Rota, HPV)

2) Training was conducted in high priority districts using the RED strategy

3) Training of health workers in the revised tools has been rolled out to the districts

4) Supplied Child Health Cards to the districts equivalent to the birth cohort

5) Central level to district support supervisions and mentorship in data use for action

6) District biostastician supported to conduct capacity building in data use to the health sub districts and lower levels

7) Monthly district feedback from Centre on data reported and actions

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

Key planned activities to support data improvements include: <?xml:namespace prefix = o />

1) Conduct data quality self-assessment in all the districts trained in RED approach, it is planned to create a national supervision team to support the scale up of DQSA

2) To provide a quarterly feedback to all the technical, political and civil leaders on immunization performance

3) To conduct regional EPI/IDSR review meetings, this provides an avenue for training and feedback

4) To procure and distribute Child Health monitoring tools/Charts to all districts

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 2512	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	To be filled in by country	To be filled in by country
Traditional Vaccines*	2,767,858	2,767,858	0	0	0	0	0	0
New and underused Vaccines**	8,924,298	772,798	8,151,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	853,942	853,942	0	0	0	0	0	0
Cold Chain equipment	2,159,417	0	0	0	0	2,159,417	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	1,633,256	845,890	0	645,497	141,869	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,943,058	0	0	104,355	1,838,703	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	18,281,829							
Total Government Health		5,240,488	8,151,500	749,852	1,980,572	2,159,417	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

The Program expenditures are limited to the available resources determined by the national and health development partner funding.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Much less funds were recived by the program (budgeted 39,150,915USD as compared to 18,281,829USD expenditure 2011). The difference is due to the financing gap in the areas of Service delivery and advocacy and communication.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Uganda procures 100% of the traditional vaccines and injection materials

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,639,048	2,485,025
New and underused Vaccines**	11,800,598	15,133,403
Injection supplies (both AD syringes and syringes other than ADs)	682,062	1,003,547
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	76,914	617,972
Personnel	4,138,529	4,259,378
Other routine recurrent costs	211,269	211,269
Supplemental Immunisation Activities	11,121,287	0
Total Expenditures for Immunisation	29,669,707	23,710,594

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

The 2012 budget is unlikely to be achieved unless there is increased resource mobilisation from the health development partners and Governement of Uganda. To note is there there has been inadequate financing of the routine immunisation from both health development partners and the governement.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes there is likely to be a funding gap in 2013 due to none commitmenet by health development partners to future budget funding beyond 2012. This is due to uncertainities in future resource availabilities among funders.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

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

The last FMA was conducted prior to the suspension of the GAVI funding to the country. Since 2006 Uganda has not received any funding from GAVI

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **12**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, 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 5.5 Overall Expenditures and Financing for Immunisation

i) No specific comment on the metioned sections but general coments include;

ii) The APR is an annual GAVI requirement that should be detailed with routine immunisation progress for the continued support to the country<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

iii) The Ministry of Health and Ministry of Finance and Economic Development should fast track GAVI for the release reimbursed funds so as to have desired outcomes for immunisation

iv) It is not clear why Uganda has not yet accessed the GAVI support to CSOs? CSOs once had a meeting with GAVI representative (about 2- 3 years ago) to try and explore the CSO window, but this has never yielded. We all know the critical role that CSOs play especially in health education and mobilizing communities for immunization among other roles, it would only be prudent that CSOs don't continue to miss out on possible funding.

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

If Yes, which ones?

List CSO member organisations:
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

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

The main objectives are:<?xml:namespace prefix = o />

1) Improve routine immunisation coverage to 80% and above in all districts and 90% and above at national level

2) Reduce the number of unimmunised children by 10% for the three year period of 2009 to 2011.

Key activities are targeting the national and district level and aim at reduction of the numbers of unimmunised children through an improvement of immunisation service delivery.
a) Vaccine quality and supply and logistics

- Timely vaccine forecasting and distribution to the lower levels
- Ensuring availability of potent and safe vaccines to the population
- Streamline logistic management to ensure continuous supply of gas and vaccines to the district level
- Roll out the Stock Management tool to the district level so as to ensure proper monitoring of immunisation logistics

· Secure transport for central level operations and motorcycle at districts level

b) Service delivery

· Expand the REC approach at health facility and community level in the districts

· Support Integrated child survival interventions e.g. Child Days Plus; integrated community outreaches, periodic intesified routine immunisation activities etc.

· Ensure functionality of outreach and static services through support supervision and outreach audits

· Support supervison and establishment of monitoring for action

· Strengthening the link between the health workers and the community

c) Surveillance

· Strengthen disease surveillance using the regional EPI/IDSR supervison strategy

· Establish two additional EPI/IDSR regional offices to support districts in surveillance and routine immunisation activities

· Conduct AFP case validation at district level

· Roll-out of community disease based surveillance including private sector involvement to improve case reporting and investigation.

· Conduct 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)

d) New Vaccine Introduction:

· Plan the introduction of pneumococcal vaccines

· Conduct capacity building in preperation for the introduction

· Expansion and re-allocation of the cold chain storage capacity within the districts

e) Advocacy and communication

· Conduct high level advocacy meetings with members of parliament and partners to increase funding and to raise the profile for EPI

· Develop and disseminate the national advocacy and communication plan

· Support districts in social mobilisation to create demand for immunisation at household level through the VHT, media and political and cultural leaders

f) Strengthen monitoring and evaluation for EPI including technical support supervision

These priorities are linked with cMYP of 2012-20161. To increase routine immunisation coverage to greater than 80% in all districts and nationally to a coverage of 90% and above.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	ADs including reconstitutions	Government of Uganda
Measles	ADs including reconstitutions	Government of Uganda
TT	ADs including reconstitutions	Government of Uganda
DTP-containing vaccine	ADs including reconstitutions	Government of Uganda and GAVI

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

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

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

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

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

All sharps waste are collected in safety boxes and disposed using two main methods; <? xml:namespace prefix = o />

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 incinirators especially for the new districts

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	76,987	193,391,344
Total funds available in 2011 *(C=A+B)*	76,987	193,391,344
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	76,987	193,391,344

6.1.1. 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.

A new Financial Management Assessment (FMA) has been introduced where by a firm hired by GAVI Secretariat will monitor the use of GAVI funds to ensure adherence to the agreed upon financial management guidelines. The funds will be managed through the Government accounting procedures as other funds released by Ministry of Finance. Memorandum of Understanding has been signed by the Minster of Health and awaits the GAVI Secretariat for final approval<?xml:namespace prefix = o />

6.1.2. 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

The Bank account is Government account in the central bank of Uganda under the MoFED.

The Health Policy Advisory Committee (HPAC) chaired by the Permanent Secretary MOH, plays a critical role in reviewing and approving proposed program expenditure and guiding the program on the optimal and appropriate use of funds. The UNEPI annual work is approved through the HPAC and the set priority activities for implementation are approved.<?xml:namespace prefix = o />

Through a written request and attached area of the program work plan, the UNEPI program manager requests the Permanent Secretary of the MOH to authorize release of funds for specific activities as per the work plan. The requests are reviewed by the MOH and government internal and external auditing system. A cheque is then prepared for release of funds according to government regulations and recognized signatories (Principal Accountant, UNEPI Programme Manager and the Permanent Secretary). Funds released at district level are subjected to similar auditing procedures prior to the releases. At the national and district levels, the government auditors certify expenditure and accountability after completion of the activity.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Uganda did not receive any GAVI funding in the reporting year.

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. Request for ISS reward

Request for ISS reward achievement in Uganda is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		4,624,100	0
Pneumococcal (PCV10)		0	0

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

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

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

  A shipment of 2,021,200 doses for 2010 were received in 2011 due to inadequate supplies from the manufacturer

- 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)

  Monthly review of stock levels at national level and make timely quarterly request of shipments to UNICEF<?xml:namespace prefix = o />

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

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

The stock out were at lower level and was a result of delays in the release of funds to the districts.

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

The impact of lower level stock outs resulted in disruptions in the planned static and outreach immunisation services.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	None	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 0**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

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

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	556,500	177,600
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government of Uganda	
Donor		
Other		

	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		Government of Uganda
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		Government of Uganda
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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

No Default

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **July 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Pre-shipment procedures no systematic	Document VARs and Introduce electron archiving	On track VAR documentation and computor purchased
No UNEPI input in customs contract documents	Train staff in procedures and get involved	A workshop conducted
Develop SOPs for handling vaccines	Develop SOP	Developed and shared with NMS
No temperature monitoring study	Conduct temperature monitoring study	Planned - Requested TA from UNICEF

Temperature mapping in frezeer romm	Conduct temperature Mapping	Requested UNICEF Purchase temp. data loggers
Inadequate shelving of cold room	Add shelves	Shelves purchased
Replacement of 2 cooling Units/freezer room	Procure the refrigration Units	Order placed to UNICEF
Inadequacies in fire extinguishers	Provide adequacy in fire extinguishers	Included in procurement plan 2012/2013
Lack of alarm system on frezeer rooms	Install alarm	included in procurement plan 2012/2013
No multi year planned preventive maintainance	Develop a multi year preventive plan	iNCLUDED IN THE cMYP
Physical count not match records	Use WHO SMT	Staff trained and SMT in use
No regular updates of stock	Regular update of stock	Use of SMT and share with UNICEF and WHO
No vaccine distribution monitoring	Establish monitoring	Implemented
No written contigency plan	Develop plan	Developed and reviewed quarterly
No tool to report vaccine wastage	Monitor and record wastage rates	Implemeted

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Uganda does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Uganda does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Uganda is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,416,411	1,529,908	1,585,478	1,642,848	1,701,802	7,876,447
	Number of children to be vaccinated with the first dose	Table 4	#	1,288,367	1,453,073	1,521,061	1,591,673	1,668,627	7,522,801
	Number of children to be vaccinated with the third dose	Table 4	#	1,161,992	1,285,123	1,363,511	1,445,706	1,531,622	6,787,954
	Immunisation coverage with the third dose	Table 4	%	82.04 %	84.00 %	86.00 %	88.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	994,100					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,637,500	4,642,700	4,850,000	5,072,000
Number of AD syringes	#	4,991,000	5,128,000	5,365,600	5,627,700
Number of re-constitution syringes	#	2,209,900	2,842,600	2,974,300	3,119,500
Number of safety boxes	#	79,950	88,475	92,575	97,100
Total value to be co-financed by GAVI	$	8,782,000	10,334,500	10,637,500	10,840,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	344,400	479,200	509,200	548,700
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	796,500	1,024,500	1,072,000	1,124,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	1,288,367	1,453,073	125,649	1,327,424
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	3,865,101	4,359,219	376,946	3,982,273
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*	4,290,263	4,838,734	418,410	4,420,324
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		137,118	11,857	125,261
H	**Stock on 1 January 2012**	*Table 7.11.1*	994,100			
I	**Total vaccine doses needed**	*F + G – H*		3,981,752	344,306	3,637,446
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		4,990,935	0	4,990,935
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		2,209,873	0	2,209,873
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		79,929	0	79,929
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		8,688,183	751,275	7,936,908
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		232,079	0	232,079
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		102,760	0	102,760
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		464	0	464
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		521,291	45,077	476,214
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		33,531	0	33,531
T	**Total fund needed**	*(N+O+P+Q+R+S)*		9,578,308	796,351	8,781,957
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		796,351		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,521,061	142,287	1,378,774	1,591,673	151,217	1,440,456
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	4,563,183	426,861	4,136,322	4,775,019	453,650	4,321,369
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	5,065,134	473,816	4,591,318	5,300,272	503,551	4,796,721
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	56,600	5,295	51,305	58,785	5,585	53,200
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	5,121,734	479,111	4,642,623	5,359,057	509,136	4,849,921
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	5,127,960	0	5,127,960	5,365,523	0	5,365,523
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	2,842,563	0	2,842,563	2,974,277	0	2,974,277
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	88,473	0	88,473	92,572	0	92,572
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	10,330,538	966,366	9,364,172	10,643,088	1,011,144	9,631,944
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	10,330,538	0	238,451	10,643,088	0	249,497
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	132,180	0	132,180	138,304	0	138,304
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	514	0	514	537	0	537
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	619,833	57,982	561,851	638,586	60,669	577,917
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	37,115	0	37,115	38,834	0	38,834
T	Total fund needed	*(N+O+P+Q+R+S)*	11,358,631	1,024,347	10,334,284	11,708,846	1,071,812	10,637,034
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,024,347			1,071,812		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	9.76 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	1,668,627	162,874	1,505,753
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	5,005,881	488,622	4,517,259
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	5,556,528	542,371	5,014,157
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	64,064	6,254	57,810
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	5,620,592	548,624	5,071,968
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	5,627,639	0	5,627,639
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	3,119,429	0	3,119,429
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	97,093	0	97,093
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	10,864,605	1,060,490	9,804,115
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	261,686	0	261,686
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	145,054	0	145,054
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	564	0	564
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	651,877	63,630	588,247
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	40,731	0	40,731
T	**Total fund needed**	*(N+O+P+Q+R+S)*	11,964,517	1,124,119	10,840,398
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,124,119		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	9.76 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	1,416,411	1,529,908	1,585,478	1,642,848	6,174,645
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	1,521,061	1,591,673	3,112,734
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	1,363,511	1,445,706	2,809,217
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	86.00 %	88.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 1 January 2012		#	994,100				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014
Minimum co-financing			0.20	0.20
Recommended co-financing as per Proposal 2011			0.20	0.20
Your co-financing			0.20	0.20

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

		2012	2013	2014
Number of vaccine doses	#	- 994,100	5,657,000	4,788,200
Number of AD syringes	#	0	6,394,800	5,362,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	71,000	59,525
Total value to be co-financed by GAVI	$	- 3,583,500	20,721,000	17,536,000

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

		2012	2013	2014
Number of vaccine doses	#	0	332,300	281,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	$	0	1,198,000	1,014,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	994,100			
I	**Total vaccine doses needed**	*F + G – H*		- 994,100	0	- 994,100
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
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*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		- 3,479,350	0	- 3,479,350
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		- 104,380	0	- 104,380
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		- 3,583,730	0	- 3,583,730
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.55 %			5.55 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,521,061	84,387	1,436,674	1,591,673	88,304	1,503,369
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	4,563,183	253,159	4,310,024	4,775,019	264,912	4,510,107
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	4,791,343	265,817	4,525,526	5,013,770	278,157	4,735,613
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	1,197,836	66,455	1,131,381	55,607	3,085	52,522
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	5,989,179	332,271	5,656,908	5,069,377	281,242	4,788,135
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	6,394,732	0	6,394,732	5,361,995	0	5,361,995
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	70,982	0	70,982	59,519	0	59,519
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	20,962,127	1,162,948	19,799,179	17,742,820	984,346	16,758,474
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	20,962,127	0	297,356	17,742,820	0	249,333
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	412	0	412	346	0	346
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	628,864	34,889	593,975	532,285	29,531	502,754
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	29,777	0	29,777	24,968	0	24,968
T	Total fund needed	*(N+O+P+Q+R+S)*	21,918,536	1,197,836	20,720,700	18,549,752	1,013,876	17,535,876
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,197,836			1,013,876		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.55 %			5.55 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

Uganda is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

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

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

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

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

Table 9.1.3a (US)$

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

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						

Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

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

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

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

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

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

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2011 Target**	**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**				

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

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

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

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

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

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

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
		0	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

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

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

Uganda is not reporting on GAVI TYPE A CSO support for 2012

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

Uganda is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Uganda 2011 APR signatures MoH - MoF.pdf File desc: MoH & MoF signature Date/time: 6/25/2012 6:45:52 AM Size: 62704
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Uganda 2011 APR signatures MoH - MoF.pdf File desc: MoH & MoF signature Date/time: 6/25/2012 6:45:15 AM Size: 62704
3	Signatures of members of ICC	2.2	✓	Signatures of the HPAC.jpg File desc: HPAC members signatures Date/time: 5/22/2012 4:48:14 PM Size: 2124412
4	Signatures of members of HSCC	2.3	✗	NOT APPLICABLE TO UGANDA.doc File desc: Not applicable Date/time: 5/23/2012 11:39:58 AM Size: 26112
5	Minutes of ICC meetings in 2011	2.2	✓	Sent as attachment on mail.doc File desc: File description... Date/time: 5/23/2012 11:43:40 AM Size: 26112
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Sent as attachment on mail.doc File desc: File description... Date/time: 5/23/2012 11:44:34 AM Size: 26112
7	Minutes of HSCC meetings in 2011	2.3	✗	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:44:53 AM Size: 26112
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:45:16 AM Size: 26112
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:45:59 AM Size: 26112
10	new cMYP APR 2011	7.7	✓	UGANDA CMYP 2010-2014.pdf File desc: Uganda cMYP 2010-2014 Date/time: 5/22/2012 5:14:05 PM

				Size: 737698
11	new cMYP costing tool APR 2011	7.8	✓	Uganda cMYP Costing tool for financial analysis_2.5 rev CP-23082011.xls File desc: cMYP costing tool Uganda Date/time: 5/22/2012 5:12:26 PM Size: 3553792
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:47:31 AM Size: 26112
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	STATEMENT OF ACCOUNT GAVI ISS FUNDS.pdf File desc: Bank of Uganda ISS Funds statement Date/time: 5/22/2012 5:07:00 PM Size: 304803
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:47:51 AM Size: 26112
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM_Uganda_report_2011.pdf File desc: EVMA report 2011 Date/time: 5/22/2012 5:05:49 PM Size: 1556226
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	UNEPI Progress of implementation of EVM-NVS-Improvement-Plan.pdf File desc: EVMA implemetation improvent plan Date/time: 5/22/2012 5:03:30 PM Size: 22608
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	UNEPI Progress of implementation of EVM-NVS-Improvement-Plan.pdf File desc: EVMA implementations 2011 Date/time: 5/22/2012 5:02:17 PM Size: 22608
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:48:12 AM Size: 26112
20	Post Introduction Evaluation Report	7.2.2	✓	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:48:31 AM Size: 26112
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:49:07 AM

				Size: 26112
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3		NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:49:33 AM Size: 26112
23	HSS Health Sector review report	9.9.3		NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:49:44 AM Size: 26112
24	Report for Mapping Exercise CSO Type A	10.1.1		NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:50:04 AM Size: 26112
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4		NOT APPLICABLE TO UGANDA.doc File desc: File description... Date/time: 5/23/2012 11:50:24 AM Size: 26112