GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Uganda

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **8/26/2013 10:15:55 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

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, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2014
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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. Christine Ondoa	**Name**	Hon. Maria Kiwanuka
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (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. Asuman LUKWAGO , Permanent Secretary	Ministry of Health		
Dr. Alemu WONDIMAGEGNEHU	World Health Organisation		
Dr. Sharad SAPRA, UNICEF Representative	UNICEF		
Dr. Paolo GIAMBELLI, Head of Health Development Partners	Italian Cooperation		
Dr Patrobas MUFUBENGA, MACIS National Coordinator	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		
Ms. Malin KROOK	Sweden Embassy		
Ms. Marie-Goretti NYIRARUKUNDO	Beligium Embassy		

Dr Jane Ruth ACENG, Director General Health	Minstry 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), Not Applicable , 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
Not Applicable	Not Applicable		

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

All comments will be treated confidentially

Comments from Partners:

Not Applicable

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 2013

3. Table of Contents

This APR reports on Uganda's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	1,655,745	1,655,373	1,715,886	1,701,461	1,777,975	1,755,908	1,841,778	1,812,097
Total infants' deaths	125,837	187,723	130,408	91,879	135,127	91,819	139,976	97,853
Total surviving infants	1529908	1,467,650	1,585,478	1,609,582	1,642,848	1,664,089	1,701,802	1,714,244
Total pregnant women	1,655,745	1,706,570	1,715,886	1,701,461	1,777,975	1,755,908	1,841,778	1,812,097
Number of infants vaccinated (to be vaccinated) with BCG	1,539,843	1,349,713	1,612,933	1,565,344	1,689,076	1,650,554	1,768,107	1,721,492
BCG coverage	93 %	82 %	94 %	92 %	95 %	94 %	96 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,285,123	1,209,921	1,363,511	1,384,241	1,445,706	1,461,758	1,531,622	1,542,820
OPV3 coverage	84 %	82 %	86 %	86 %	88 %	88 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,453,073	1,303,272	1,521,061	1,513,007	1,591,673	1,594,645	1,668,627	1,679,959
Number of infants vaccinated (to be vaccinated) with DTP3	1,285,123	1,149,656	1,363,511	1,384,241	1,445,706	1,461,758	1,531,622	1,542,820
DTP3 coverage	84 %	78 %	86 %	86 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	10	10	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,359,412	1,303,272	1,521,061	1,513,007	1,591,673	1,594,645	1,668,627	1,679,959
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,359,412	1,149,656	1,521,061	1,384,241	1,445,706	1,461,758	1,531,622	1,542,820
DTP-HepB-Hib coverage	84 %	78 %	86 %	86 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	10	0	10	10	20	10	20
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.33	1.11	1.11	1.25	1.11	1.25
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10 %	0 %	10 %	25 %	10 %	25 %	10 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		0	1,140,796	1,513,007	1,591,673	1,594,645		
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		0	1,140,796	1,384,241	1,445,706	1,461,758		

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV10) coverage	0 %	0 %	86 %	86 %	88 %	88 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	5	5	5		
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1.05	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,285,123	1,208,686	1,363,511	1,384,241	1,445,706	1,461,758	1,531,622	1,542,820
Measles coverage	84 %	82 %	86 %	86 %	88 %	88 %	90 %	90 %
Pregnant women vaccinated with TT+	1,158,751	834,239	1,286,071	1,191,023	1,420,693	1,316,931	1,565,511	1,449,678
TT+ coverage	70 %	49 %	75 %	70 %	80 %	75 %	85 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	5,243,761	4,583,753	5,434,227	46,734,522	5,630,864	4,955,160	5,832,928	4,663,424
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	12 %	12 %	10 %	9 %	9 %	8 %	8 %	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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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 year Uganda Bureau Of Statistics (UBOS) provides the population estimate figures based on the projections of the 2002 population census. All official documents are expected to use these UBOS figures. The last release was in June 2012 and these are the figures that have been used for this 2012 APR. This explains the change in population figures given in this 2012 APR from the 2011 APR as provided in the UBOS abstract. Same UBOS figures are used in the updated cMYP 2012-2016 and cMYP costing tool. <?xml:namespace prefix = o />

  The above reasons explain the difference in the births cohort 2012 as compared with what was reported in the 2011 APR. The birth cohort is estimated at 4.85% of the entire population.

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

  The difference in the reported surviving infant in the population has been adjusted based on the official figures provided by Uganda Bureau of Statistics (UBOS) June 2012 release. Also the Infant Mortality Rate (IMR) has improved from 76 to 54 LB/1000 as provided by the Uganda Health Demographic Survey (UDHS) 2011. This new IMR has been used in the cMYP 2012-2016. The national figures provided by UBOS uses surviving infants as 4.3% of the entire population. Thus this explains the differences in the reported surviving Infants in the 2012 from the 2011 APR.<?xml:namespace prefix = o />

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  New target were set in the UNEPI Updated cMYP 2012-2016.These new targets were based on the EPI review conducted in 2010 and the program antigen achievements for the 2011 which formed the base line year. The new targets set in the updated cMYP 2012-2016 were used in the applications for Rota Vaccine and HPV vaccines<?xml:namespace prefix = o />

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

  In 2013 UNEPI has switched from the 2 dose Vial to the 10 dose of DPT-HepB-Hib as compared to the previous 2011 APR when the 2 dose Vial was used. This results in higher wastage rates of the Pentavalent vaccine from 10 to 20 wastage rate, therefore the reason for adjustment in the wastage rates.

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

The creation of new districts to the present 112 districts with no incremental resource envelop<?

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has constrained the resource allocations for the program

In 2012 UNEPI attained coverage for DPT-HepB+Hib3 and OPV3 of 78% and 82% respectively. This was below the set target of 84% for both antigens and only 47 out of 112 (42%) districts attained coverage of greater than 80% for all antigens.

The activities implemented to improve routine immunization performance in 2012 include:

Planning and management:

- Finalization and implementation of the 2 year UNEPI Revitalization plan derived from the cMYP 2012-2016. The revitalization plan includes the selected priority areas for immunization revitalization actions.
- Conducted a national planning meeting with the District Health Officers, District Health leaders and Political leaders to plan and advocate for immunization
- Conducted a RED micro planning in a total of 60 high risk districts supported by UNICEF, WHO and MCHIP
- Developed a simplified Health Facility and Community Reach Every Child guide for implementation
- Printed Effective Vaccine Management Assessment Manuals and distributed to the MOH and Health Development partners to monitor the implementation plan
- Implementation of the Human resource recruitment plan, a total of 6,000 health workers were recruited at operational level in the districts
- HMIS immunization tools updated and include New Vaccine Introduction
- Working to update the EPI policy to include upcoming strategic direction
- Draft Immunization bill has been developed undergoing consultation before presentation to parliament
- Reprogrammed the HSS and ISS proposal for implementation

Service delivery:

- Government is funding 100% for the procurement of traditional vaccines of BCG, Polio, Measles and TT vaccines including all injection materials
- Government is co-financing for new vaccines (DPT-HepB+Hib, PCV)
- Trained 20 National Routine Immunization Improvement Teams and 165 District Health workers to support districts in RED implementation
- Trained a total of 18,000 health workers in measles control plan and these constituted the core team in measles control activities
- Trained a total of 154 health workers in Mid-Level Manager and Operational Level courses.

Vaccine quality and Logistics management:

- Conducted cold chain maintenance in preparation of PCV new vaccine introduction
- Repaired and maintained cold chain equipment in all districts in preparation for polio

and measles national immunization campaign

Advocacy and communication

- Finalized and rolled out the national Communication plan, 50 districts have been trained and have developed plan implementation plans
- Celebrated 2nd Edition of African Vaccination Week integrated in the Child Days Plus month to increase advocacy and social mobilization for immunization
- Conducted advocacy meetings with parliamentarians and district leaders
- Conducted integrated awareness campaigns for measles and routine immunization

Surveillance

- Conducted International STOP team supervisions covering a total of 42 districts
- Trained and supported National STOP teams to conduct supervisions in 50 poorly performing districts
- Printed and disseminated a total of 500AEFI Field guides to the national and district level including causality assessment guides for AEFI committee
- Support supervision provided to 7 Regional EPI/IDSR regional offices charged with on job training in the districts
- Conducted 410 district regional surveillance review meetings for regions of Hoima, Kampala, Kabale, Mbale, Soroti, Masaka, Mbarara and Arua
- Technical and logistical support provided to Pediatric Bacterial Meningitis and Rota Virus sentinel sites in the National and Regional Referral hospitals
- Conducted monthly and weekly compilation and dissemination of surveillance and routine immunization data to the National, districts and WHO country and regional office
- Planned and conducted cross boarder meeting and surveillance for Uganda and Kenya along the Karamoja boarder

Introduction of new vaccines

- Developed and submitted to GAVI Rota Vaccine and HPV vaccine introduction proposal for 2014
- Scaled up HPV vaccination in a total of 14 districts (2 demonstration and 12 new districts)
- A total of 10,000 PCV10 Fridge stickers were printed for distribution and placement on all EPI
- Fridges
- Developed and distributed PCV new vaccine introduction guidelines
- Conducted resource mobilization for PCV new vaccine introduction

Monitoring and supervision

- WHO/UNICEF Assessment of the Immunisation services was conducted and following issues noted health system challenges affecting immunisation service delivery.

Recommendation were made in a report as attached, key was to conduct a high level advocacy meeting targeting the President, other high level political leadership in the country and other stakeholders based on the findings

•□□□□□□□□ Compiled, submitted and disseminated the annual 2012 JRF

•□□□□□□□□ Conducted focused technical support supervision in 25 poorly performing districts with focus on the Reach Every Child Approach at health facility and community level

Accelerated Immunization Initiatives

•□□□□□□□□ Implementation of the measles control plan 2012-2013, a national integrated measles and polio immunization campaign was conducted in May 2012 and reached 6,283,441 children 6 – 59 months old and 6,920,837 children 0 – 59 months old with an administrative coverage of 100% and 99% Measles and Polio respectively. Independent monitoring revealed coverage of 95% for both Measles and Polio

•□□□□□□□□ Conducted 1 rounds of sub national Polio Campaigns in total of 37districts and reached 2,434,878 children 0 – 59 months old with an administrative coverage of 111%. Independent monitoring coverage was 89%

CONSTRAINTS/CHALLENGES

The main challenge was irregular supplies of vaccines and logistics to the districts in the last half of 2012. This was due to the transition in management of vaccines and logistics from UNEPI to the NMS with no clear guidelines. This resulted in episodes of stock outs in the districts.

National level:

•□□□□□□□□ Program transition of Vaccine and Logistics management from UNEPI to NMS affected supplies resulting in stock out of vaccines and immunization logistics. The MOH is assessing the impact of the transition to develop a viable solution to reinstate the program performance

•□□□□□□□□ Inadequate funding for central level operational activities affecting logistics, cold chain, maintenance, capacity building, supervision and social mobilization

•□□□□□□□□ Delays in accessing funds in the Ministry of Health have affected implementation of planned activities. For example the GAVI ISS and HSS funds despite the signing of the MOU in June, no funds were released for implementation. Funds for rolling out social mobilization strategy could also not be accessed. Similar delays were experienced during the mass measles campaign. This is mainly due to the introduction of the IFMS, however MOH is focused on addressing these issues so that financial flows will smoothen out

District level:

•□□□□□□□□ Inadequate planning for efficient utilization of the available resource

•□□□□□□□□ Inadequate and irregular primary health care funds to support operational level activities

•□□□□□□□□ Irregular functionality of immunization outreaches due to late and inadequate Primary Health Care funds, lack of micro planning for activity and inadequate Human resource

•□□□□□□□□ Lack of Transport for outreach and distribution of vaccines at district level

•□□□□□□□□ Out of stocks of vaccines and supplies at district vaccine stores due to irregular supplies from national vaccine stores

•□□□□□□□□ Vandalisation and theft of solar panels at health facility levels affecting availability and potency of vaccines

•□□□□□□□□ Lack of spare parts for solar panels, solar fridges, and tool kits hampers the maintenance of cold equipment in the districts

•□□□□□□□□ Irregular cold chain maintenance due to lack of funds and transport

•□□□□□□□□ Inadequate utilization of data and feedback at the points of collection for timely actions

•□□□□□□□□ Incomplete HMIS reporting for action more so in the new districts due to limited human Resource

•□□□□□□□□ 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 set targets for the 2012 were not attained due to; <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

o Inadequacies in the program management such as transition of the vaccine and logistics management from UNEPI to NMS that caused vaccine stock outs at district and lower level affecting immunization services

o Inadequate financial resources to support the districts to effectively bridge the financial gap in immunization service delivery

o Delayed access of funds due to bureaucratic procedures in the MOH affected the rate and efficiency of implementation of planned activities

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
*Resource Centre, Ministry Of Health	2012	*90%	*67%

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

*The above data is an inference to the country being compliant to reporting on GAVI gender policy, but not an accurate reporting due to incomplete reporting on disaggregated data from the districts. During the year 2012, not all districts were reporting using revised HMIS tools (DHISII) for the entire 12 months; there are months (January - July) approx. 50% of districts had not come on board regarding use of revised tools, which enables data disaggregation. Initially it was planned for all the districts to be trained at once and begin using the revised tools at the same time, but they were trained at different times depending on the availability of partners for funding of training activities. This coupled with challenges of poor telephone network, internet connectivity and lack of supervision from the center made it impossible for some districts to report hence affecting the disaggregated coverage figures.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

All children both male and female have equal opportunity to access immunization services in Uganda;

a) The updated national policy of immunization undergoing consultative process focuses on equal opportunity to a child to receive immunization irrespective of gender and religion

b) The communication and advocacy activities are packaged in the national communications plan targeting gender equity at national and operational levels

c) The upcoming immunization law in Uganda will reinforce the efforts of immunization equity

d) The parents and care takers are provided with information through the available communication media to bring all children for immunization irrespective of their gender

e) Mothers and Care takers are provided health education during ANC on importance of immunization to all children

UNEPI awareness messages include Pentavalent and TT importance to male and girl child

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

In Uganda there are no known barriers of gender related preference in providing immunization services to either sex. The communication strategy being rolled out nationally targets both male and female equally.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The MOH has established a mechanism of engendering well reflected in the HSSIP and HMIS data is now engendered. The MOH Clients Charter has also incorporated the aspect of equitable gender access to both male and female.

The gender disparities are progressively being addressed through sensitization of senior management teams in MOH, Local government executives, Health workers and communities.

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)

An EPI coverage survey was conducted in June 2012 following the National Measles and Polio campaign. The coverage survey was combined with the Measles NIDs Independent monitoring due to financial constraints to conduct an independent EPI coverage survey. The results were; BCG 97%; DPT3 92%; Measles 85% and fully immunized 83%.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The 2011 WHO/UNICEF best estimates reported BCG 86%; DPT3 83%; OPV3 83%; Measles 75% which was similar to the 2011 HMIS data BCG 86%; DPT3 83%; OPV3 83%; Measles 75% .

The reported EPI coverage survey (2012) data showed higher coverage as compared to WHO/UNICEF best estimates and official HMIS data, this inconsistency may be attributed to;

- Incomplete reporting to national level of HMIS data from the districts e.g. data completeness 93% 2012
- Irregular supplies of Immunization monitoring tools
- Stock out of vaccines at district level in the last half of 2012

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

A coverage survey was conducted in 2012 integrated with the National Measles/Polio campaign by independent monitoring.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Uganda, with an estimated population of about 34 million people is administratively divided into 112 districts. Households with children aged 12 to 23 months were sampled in the survey to assess Routine immunization coverage of children aged 12 to 23 months.

The household survey was conducted immediately following the integrated measles and polio campaign by the independent monitoring teams (data collectors). The survey was based on the conventional WHO EPI coverage survey module. The study sampling design was a two stage stratified cluster sampling technique of “30 by 10‟ coverage survey aimed at meeting the standard of reliability and accuracy of within plus or minus 10% and CI of 95%.

In this evaluation only 5 antigens; BCG, DPT3 and measles were selected for review. A total of 33,600 children in the targeted age range were included in the survey, data of 335 children was discarded due to quality issues. Out of 33,265 children aged between 12 and 23 months assessed for Routine Immunisation 32,220 (97%) were found to be immunized against BCG; 30,493 or 92% against DPT3 and 28,388 or 85% against measles.

Nationally, the children who received all 5 antigens (BCG, DPT3 and measles vaccines) as per immunization schedule are regarded as fully immunized and totaled up to 27,526 out of the 33,265 children assessed making 83% coverage.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Improvement in the data reporting is a priority to the MOH and UNEPI program. The activities conducted to improve data are;<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1) Since 2012 updated HMIS data tools with sex disaggregation are being used in the health facilities to capture and report monthly service utilization at district and national level

2) District Health Information System - DHIS 2 has been fully operationalized since 2013 to report and capture data by health on monthly basis by to the MOH resource Centre

3) All district health workers have been trained in the revised HMIS data tools

4) MOH Printed and supplied immunization monitoring charts to all health facilities in the country

5) RED/REC approach training is ongoing at health facility level in 50 high priority districts

6) Conducted an annual feedback meeting to district political leaders and District Health officers

7) MOH conducts quarterly integrated district support supervisions focusing on specific themes for the quarter

8) UNEPI conducts quarterly focused technical supportive supervision and mentorship in data use for action

9) Recruitment of district biostatician in 60 districts, these are supported by districts to improve data management and reporting

10) Monthly analysis of HMIS data and feedback to districts from Centre

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 by the MOH/UNEPI to support data improvements include: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. To conduct resource mobilization to support data improvement activities using the Revitalization Plan 2013-2014 in which major activities are outlined

2. Conduct a national Data Quality Self-Assessment and implement the DQSA improvement plan

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

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

5. To procure and distribute Child Health monitoring tools/Charts to all districts, this is included in the GAVI ISS funds work plan

6. Train health workers in the use of DHIS-2 to improve reporting

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 2550	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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	MCHIP	AFENET	SABIN Vaccine Inst
Traditional Vaccines*	2,414,062	2,414,062	0	0	0	0	0	0
New and underused Vaccines**	15,378,250	3,075,650	12,302,600	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	880,657	78,703	801,954	0	0	0	0	0
Cold Chain equipment	4,997	4,997	0	0	0	0	0	0
Personnel	4,528,132	4,528,132	0	0	0	0	0	0
Other routine recurrent costs	5,767,142	3,400,000	0	1,193,129	923,123	30,890	200,000	20,000
Other Capital Costs	1,346,145	1,346,145	0	0	0	0	0	0
Campaigns costs	7,955,801	784,314	0	2,650,109	4,521,378	0	0	0
MNTE		0	0	81,571	0	0	0	0
Total Expenditures for Immunisation	38,275,186							
Total Government Health		15,632,003	13,104,554	3,924,809	5,444,501	30,890	200,000	20,000

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Uganda procures 100% of the traditional vaccines and injection materials and co-finances with GAVI for New Pentavalent vaccine and PCV10 valent

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Implemented**

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?
•The MOH has completed the installation of the Integrated Financial Management System (IFMS) for management of GAVI funds as pre-condition for release of HSS and ISS funds. This is to facilitate the transfer of GAVI funds to sub recipients and implementers	Yes
•Finalized the Development of guidelines for financial management for sub-recipients	Yes

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

Ministry of Finance, Planning and Economic Development facilitated the Ministry of Health during the IFMS pre-go live session and set up of the system for users and their responsibilities. The HSS and ISS budgets have been populated on the system. The list of vendors/ suppliers has been captured for live transactions. The balances on the two MoH GAVI accounts have been uploaded on the system. The IFMS system is now live and is currently used to disburse funds to districts.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **12**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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

1) The Health Policy Advisory Committee were concerned over the delay in release of the GAVI ISS and HSS funds

2) The PHC funds in the districts though inadequate should be mapped reflected in the plans as we support the districts with the GAVI ISS/HSS funds.

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 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Objective:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Attain a National DPT3 coverage of 86% and 73% of districts to attain a DPT3 coverage of greater or equal to 80%

Priority activities:

The main priority action for UNEPI program and Health Development Partners (HDP) is the implementation of the 2 year Revitalization plan 2013-2014 with focus on;

- Reaching the target populations through cost effective interventions by use of Reach Every District/Child; Periodic Intensified Routine Immunization; Child Days Plus; Family Health Days;
- Supplying vaccine and related logistics in adequate quantities
- Supporting roll out and implement the Advocacy and Communication plan
- Improving data quality and use for action
- Introduce pneumococcal vaccine into the routine immunization schedule by 2013 and plan the Rota vaccine/HPV vaccine introductions in 2014
- Conducting preventative polio SIAs in high risk areas

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
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 Major obstacles have been encountered in the implementation of the Injection Safety Policy.<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

However major challenges exist such as;

- Inadequate financing to implement critical key activities such as training, supervision and monitoring
- Lack of incinerators for appropriated disposal of medical vials and ampoules

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

All sharps waste is collected in safety boxes and disposed using two main methods; <? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. Burn and Bury method - the filled safety boxes are burnt into a cake then buried. All health facilities have a pit for disposal of medical waste.
2. Incineration is among the methods used in hospitals and Health Centre 4. However we need to scale-up incinerators especially for the new districts

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	818,424	2,046,060,487
Total funds available in 2012 *(C=A+B)*	818,424	2,046,060,487
Total Expenditures in 2012 *(D)*	0	0
Balance carried over to 2013 *(E=C-D)*	818,424	2,046,060,487

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.

- In 2012, no ISS funds were used. The ISS funds available on the Bank of Uganda GAVI account could not be used until the signing of the MoU in June 2012. Since June, the country has been engaged in building capacity for the Integrated Financial Management System (IFMS) which was a requirement by GAVI. Now the IFMS is operational and will be used to transact all GAVI funds. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- The process of approval of the work plans of agreed activities has been lengthy and a delay in setting up the IFMS that was a key requirement by GAVI before the funds could be utilized.

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 Accounts are Government accounts maintained at the Bank of Uganda. <? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- The Budgets are approved by the Health Sector structures including the Sector Budget Working Group (SBWG), the Senior Management Committee (SMC) and the Health Policy Advisory Committee (HPAC).
- Funds will be channeled to the sub-national levels through the EFT system now implemented by the IFMS.
- It is a requirement that accountability of previously disbursed funds should be provided before new disbursements are done

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

The major activities in 2012 involved the process of reviewing the work plans and budgets in collaboration with Partners and the GAVI TA team. The budgets and work plans have been submitted to GAVI Secretariat and have been approved for implementation. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Therefore there were no expenditures incurred on the ISS funds in 2012.

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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (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? **No**

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 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Uganda is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	4,531,700	3,223,929	1,307,771	Yes
Pneumococcal (PCV10)		0	0	No

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

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

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

  There were delays in vaccine shipments to country due to inadequate stocks at global level

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

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  Uganda switched to I dose vial following inadequate stocks of 2 dose vial at global level as a temporary measure for part of late 2012 and early 2013 . However the country is now using Pentavalent 10 dose vial.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

There was a one month stock out of Pentavalent vaccine following inadequate stock levels of the 2 dose vial at global level.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

This stock out affected all levels, the central stock out consequently caused district and lower health facility level stock outs.

The consequences were disruption in static and outreach health facility functionality resulting in missed opportunities to access the vaccine and increased drop out of target population.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Uganda did not apply for penatvalent vaccine introduction in 2012

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	Yes	27/04/2013
Nationwide introduction	Yes	27/04/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was a delayed release of funds due to changes in the financial management system.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **February 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

No Post Introduction Evaluation was conducted (PIE) since we never introduced any new vaccines.

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**

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

<P style="TEXT-ALIGN: justify; MARGIN: 0in 0in 0pt"><FONT size=3><FONT face="Times New Roman">Uganda has a long term institutional arrangement and the equivalent of the ICC is the Health Policy Advisory Committee (HPAC), the MOH is in process of setting up a NITAG. </FONT></FONT></P><P style="TEXT-ALIGN: justify; MARGIN: 0in 0in 0pt"><FONT size=3><FONT face="Times New Roman">The results of the PBM and Rotavirus sentinel sites describing the burden of dieses in Uganda have been reviewed and used as a basis for the New Vaccine Introduction proposal development for PCV 10 valent introduction in 2013 and the applications for Rota Vaccine in 2014. The sentinel sites are also used to monitor the impact of Hib.</FONT></FONT></P><P> </P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	1,372,000	3,500,000,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	1,372,000	3,500,000,000
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	1,372,000	3,500,000,000

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

None<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

Delay in the disbursement of the funds to the sub-recipients due to delays in establishing the IFMS, despite receipt of the PCV introduction funds in September 2012. The funds have now been uploaded (2013) on the IFMS and disbursement to sub-recipients is ongoing.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

The majority of the activities will be conducted in 2013 and these include; <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

•□□□□□□□□ Development and printing of training manual

•□□□□□□□□ Training of district and operational health workers and community resource person

•□□□□□□□□ Cold Chain maintenance

•□□□□□□□□ Social mobilization

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	845,975	342,500
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	906500	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	60,525	342,600
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	January	Governement of Uganda
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	January	Governement of Uganda
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	UNEPI has developed a cMYP 2012-2016 with a 2 year revitalization plan 2013-2014 which are to guide in implementing program activities. The costed cMYP 2012-2016 has financial gap. The cMYP are to be used for resource mobilization. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" /> The program requires strengthening program management and Service delivery so as to ensure efficient delivery of immunization services. Support the parliamentary Forum on immunization so as to strengthen and advocate for immunization services The program requires technical assistance to make an investment case for the added value of increasing financing Technical assistance in achieving these set program priorities is required to support the implementation.	

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 Co-financing default by Uganda

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

No Changes to improvement plan, the developed plan is being implemented as planned.

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Uganda does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N°) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Uganda is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,467,650	1,609,582	1,664,089	1,714,244	6,455,565
	Number of children to be vaccinated with the first dose	Table 4	#	1,303,272	1,513,007	1,594,645	1,679,959	6,090,883
	Number of children to be vaccinated with the third dose	Table 4	#	1,149,656	1,384,241	1,461,758	1,542,820	5,538,475
	Immunisation coverage with the third dose	Table 4	%	78.33 %	86.00 %	87.84 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.25	1.25	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	182,883				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	182,883				
	Number of doses per vial	Parameter	#		10	10	10	
	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	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	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	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

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

Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	4,732,100	5,642,000	5,776,500
Number of AD syringes	#	5,232,200	5,571,500	5,683,100
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	58,100	61,850	63,100
Total value to be co-financed by GAVI	$	10,528,500	12,517,500	12,507,500

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

		2013	2014	2015
Number of vaccine doses	#	481,400	573,900	603,900
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 ^[1]	$	1,043,000	1,243,500	1,276,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,303,272	1,513,007	139,686	1,373,321
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	3,909,816	4,539,021	419,057	4,119,964
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.11		
F	Number of doses needed including wastage	*D X E*	4,339,896	5,038,314	465,154	4,573,160
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		174,605	16,121	158,484
H	Stock on 1 January 2013	*Table 7.11.1*	182,883			
I	Total vaccine doses needed	*F + G – H*		5,213,419	481,320	4,732,099
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		5,232,125	0	5,232,125
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*		58,077	0	58,077
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		10,614,522	979,967	9,634,555
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		243,294	0	243,294
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)*		33,685	0	33,685
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		679,330	62,718	616,612
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)*		11,570,831	1,042,684	10,528,147
U	Total country co-financing	*I x country co-financing per dose (cc)*		1,042,684		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.23 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,594,645	147,223	1,447,422	1,679,959	159,004	1,520,955
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	4,783,935	441,669	4,342,266	5,039,877	477,012	4,562,865
E	Estimated vaccine wastage factor	*Table 4*	1.25			1.25		
F	Number of doses needed including wastage	*D X E*	5,979,919	552,086	5,427,833	6,299,847	596,265	5,703,582
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	235,402	21,734	213,668	79,982	7,571	72,411
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	6,215,821	573,865	5,641,956	6,380,329	603,883	5,776,446
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	5,571,465	0	5,571,465	5,683,044	0	5,683,044
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*	61,844	0	61,844	63,082	0	63,082
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	12,655,412	1,168,389	11,487,023	12,671,334	1,199,311	11,472,023
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	12,655,412	0	259,074	12,671,334	0	264,262
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)*	35,870	0	35,870	36,588	0	36,588
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	809,947	74,777	735,170	810,966	76,756	734,210
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	13,760,303	1,243,165	12,517,138	13,783,150	1,276,066	12,507,084
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,243,165			1,276,066		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

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 2013**	*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)*

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

ID		Source		2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	1,467,650	1,609,582	1,664,089	4,741,321
	Number of children to be vaccinated with the first dose	Table 4	#	0	1,513,007	1,594,645	3,107,652
	Number of children to be vaccinated with the third dose	Table 4	#	0	1,384,241	1,461,758	2,845,999
	Immunisation coverage with the third dose	Table 4	%	0.00 %	86.00 %	87.84 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,133,929			
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,133,929			
	Number of doses per vial	Parameter	#		2	2	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

There is No difference between the stock levels of 31st December 2012 as compared to 1st January 2013.

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

Co-financing group	Low

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

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

		2013	2014
Number of vaccine doses	#	5,627,400	4,805,600
Number of AD syringes	#	6,360,900	5,381,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	70,625	59,750
Total value to be co-financed by GAVI	$	20,623,500	17,609,000

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

		2013	2014
Number of vaccine doses	#	330,600	282,300
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country ^[1]	$	1,192,000	1,018,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.55 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	1,513,007	83,940	1,429,067
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	4,539,021	251,819	4,287,202
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	4,765,973	264,410	4,501,563
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		1,191,494	66,103	1,125,391
H	**Stock on 1 January 2013**	*Table 7.11.1*	3,133,929			
I	**Total vaccine doses needed**	*F + G – H*		5,957,867	330,534	5,627,333
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		6,360,872	0	6,360,872
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*		70,606	0	70,606
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		20,852,535	1,156,868	19,695,667
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		295,781	0	295,781
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)*		40,952	0	40,952
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		625,577	34,707	590,870
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)*		21,814,845	1,191,574	20,623,271
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,191,574		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.55 %		

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

		Formula	2014		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.55 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	1,594,645	88,469	1,506,176
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	4,783,935	265,406	4,518,529
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	5,023,132	278,676	4,744,456
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	64,290	3,567	60,723
H	**Stock on 1 January 2013**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	5,087,822	282,265	4,805,557
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	5,381,530	0	5,381,530
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*	59,735	0	59,735
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	17,807,377	987,928	16,819,449
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	17,807,377	0	250,242
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)*	34,647	0	34,647
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	534,222	29,638	504,584
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)*	18,626,488	1,017,565	17,608,923
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,017,565		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	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 2013**	*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)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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

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

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

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

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 **Yes**

If yes, please indicate the amount of funding requested: **19242000** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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*)	19242000	19242000	19242000	19242000	19242000	19242000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	19242000	19242000	19242000	19242000	19242000	19242000
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0		0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	19242000			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	19242000			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	0			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	4521500	14720500	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	4856000000	4856000000	4856000000	4856000000	4856000000	4856000000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	4856000000
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	4856000000	4856000000	4856000000	4856000000	4856000000	4856000000

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	4856000000			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	4856000000			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	0			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1130375000	3680125000	0	0

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	1765	1704	1970	1916	2315	2477
Closing on 31 December	1705	1957	1905	2314	2496	2690

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

The financial management of the HSS funds follows the GoU established system, the Integrated Financial Management System (IFMS). GAVI funds have been captured in the national budget and the planning and budgeting for HSS activities follow the GoU budgeting cycle which is guided by the Budget Act 2001. The funds captured in the national budget were based on HSS proposals approved by the GAVI Board. The MoH's annual work plan has reflected activities that will be implemented at the central and local government levels.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The funds captured in the MoH and local government budgets for GAVI supported HSS activities will be additional to the sector ceilings. Under this principle of 'additionality'.

In the year of reporting (2012), there has not been any disbursement because of the following reasons;

1. The MOU between GAVI and GOU was only signed in June 2012 in reference to the HSS proposal of 2007.
2. There has been over the period detailed and protracted revision of the activities and work plans to accommodate contributions to HSS from other donor agencies. This has been done in consultation with Partners, TA and GAVI Secretariat. There was also need to reprogramme the HSS to accommodate the required cold chain for new vaccine introduction expected in 2014.
3. It took some time before the GAVI funding support was uploaded on the IFMS and this was a key recommendation of the October 2012 GAVI mission before any disbursement of funds to the country.

The Bank Accounts used are Government accounts with a holding account (USD) maintained by Ministry of Finance and Economic Development and two accounts (USD and UGX) maintained by Ministry of Health at the Bank of Uganda.

The budgets are approved using the established sector and Government structures. Funds are channeled to the sub-national level, service providers/vendors through an EFT system. It is a requirement that accountability be provided for previously received funds before new funds are disbursed.

The HSCC is the equivalent of Health Policy Advisory Committee (HPAC) in Uganda. The HPAC brings on board all partners in health for guidance on health policy and providing an oversight during implementation. They participate in final sector approval of budgets and work plans after the Sector Budget Technical Working Group (SBWG) and the Senior Management Committee (SMC). HPAC also participates in joint monitoring and support supervision.

Has an external audit been conducted? Not selected

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
No Activities using GAVI HSS were conducted during 2012, since no funds released.			

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.

In the year of reporting (2012), there has not been any disbursement because of the following reasons; <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. The MOU between GAVI and GOU was only signed in June 2012 in reference to the HSS proposal of 2007.
2. There has been over the period detailed and protracted revision of the activities and work plans to accommodate contributions to HSS from other donor agencies. This has been done in consultation with Partners, TA and GAVI Secretariat. There was also need to reprogramme the HSS to accommodate the required cold chain for new vaccine introduction expected in 2014.
3. It took some time before the GAVI funding support was uploaded on the IFMS and this was a key recommendation of the October 2012 GAVI mission before any disbursement of funds to the country.

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?

No GAVI HSS has been utilized yet

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 2011 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**	**2012 Target**	**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**				

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

There was no disbursement of HSS funds in 2012 and therefore no expenditures to immunization programme<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

There was a delay in institutionalization of the IFMS for management of GAVI funds. The responsible officers of the entity have been trained on IFMS and installation has been made.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

The Memorandum of understanding (MOU's) for districts has been developed and ready for signing. Guidelines for districts on financial management developed and due for printing. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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.

M & E plan is integrated in the Health Sector Plan and will be approved and monitored by various structures.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

Ministry of Health departments and Programmes including the EPI and the Local Governments will participate in the implementation of the HSS.

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.

The CSO was not considered in the implementation of the HSS proposal. The CSO platform has recently been launched in the country and CSO's will be coordinated by Malaria and Child Hood Illnesses (MACIS).<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

Not applicable since no funds were used in 2012

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Activity 1.1	Purchase 4 motorized boats for 4 districts with deep water Islands (40 HP engine)	112200	0	0	0	112200

Activity 1.2	Purchase 6 motorized boat for districts with shallow water islands (25 HP Engine)	144000	0	0	0	144000
Activity 1.3	Purchase 2 insulated trucks for transportation of supplies	396000	0	0	0	396000
Activity 1.4	Purchase 50 motor vehicles for districts	1500000	0	0	0	1500000
Activity 1.5(a)	Purchase 7 motor vehicles for central monitoring of GAVI activities (2 UNEPI, 2 for ESD & CS, 3 for coordination office)	287000	0	0	0	287000
Activity 1.7	Purchase 3,000 bicycles for HCIIs in hard to reach areas	255000	0	0	0	255000
Activity 1.8(a)	Consultancy services for design and supervision; National Vaccine Store and offices, Regional hubs for cold chain, District Stores, staff houses	200000	0	0	0	200000
Activity 1.9	Construct 3 district stores in new districts (170 SQM/store @ $64,940)	194820	0	0	0	194820
Activity 1.10 (a)	Construction of 1 cold stores at regional hubs (240 SQM/hub @ $128,091)	128091	0	0	0	128091
Activity 1.11, 1.12	Construct & Install solar energy 3 semidetached houses in hard to reach districts/areas for HWs (190 SQM) @ USD $500/SQM	237000	0	0	0	237000
Activity 1.14 (b)	Support Ministry in Supervision, Monitoring and Evaluation of GAVI supported activities	52625	0	0	0	52625
Activity 1.15, 1.16, 1.17	Recruit an M&E Specialist, Accountant and Project Admin Officer	90000	0	0	0	90000
Activity 1.18	Administrative costs	123416	0	0	0	123416

Activity 2.2	Purchase 2358 kits for VHTs	235480	0	0	0	235480
Activity 2.3	Conduct a comprehensive assessment of VHTs	166386	0	0	0	166386
Activity 3.1	Train 30 Health Workers in the District Health Information Soft Ware (DHIS2)	197979	0	0	0	197979
Activity 3.2	Purchase 35 computers with all accessories for new districts	63119	0	0	0	63119
Activity 4.1	Conduct accreditation and mapping of private clinics in Kampala	101694	0	0	0	101694
Activity 4.3	Train 200 health workers from private clinics in immunization and IDSR	12601	0	0	0	12601
Activity 4.4	Evaluate private sector involvement in EPI and other MCH activities	24089	0	0	0	24089
		4521500	0			4521500

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Activity 1.3	Purchase 2 insulated trucks for transportation of supplies	396000	0	0	396000
Activity 1.6	Purchase 584 Motorcycles for districts and HC III's	1985600	0	0	1985600
Activity 1.8(a)	Consultancy services for design and supervision; National Vaccine Store and offices, Regional hubs for cold chain, District Stores, staff houses	200000	0	0	200000

Activity 1.8(b)	Construction of National vaccine stores at national level (2000 SQM)	1780000	0	0	1780000
Activity 1.9	Construct 17 district stores in new districts (170 SQM/store @ $64,940)	1103980	0	0	1103980
Activity 1.10 (a)	Construction of 7 cold stores at regional hubs (240 SQM/hub @ $128,091)	896637	0	0	896637
Activity 1.10 (b)	Procurement, transportation and installation of 170 assorted cold chain equipment for cvs, regional hubs and other HFs (Ice-lined refrigerator, Refrigerators and Freezers)	255000	0	0	255000
Activity 1.10 (c)	Procurement, transportation and installation of 22 cold chain equipment for national and regional vaccine stores	785246	0	0	785246
Activity 1.10 (d)	Procurement of 2 generators for the national vaccine store, 50KVA	30000	0	0	30000
Activity 1.10 (e)	Procurement of 8 generators for the regional hubs, 30KVA	82296	0	0	82296
Activity 1.10 (f)	Procurement, transportation and installation of a Freezer room for the national vaccine store	52465	0	0	52465
Activity 1.11	Construct 23 semidetached houses in hard to reach districts/areas for HWs (190 SQM) @ USD $500/SQM	1610000	0	0	1610000
Activity 1.12	Install solar energy in 23 semidetached houses and HCs	207000	0	0	207000
Activity 1.13	Training middle and operational managers at district and lower levels in MLM	175513	0	0	175513

Activity 1.14 (a)	Support supervision and outreaches in 112 districts	2218873	0	0	2218873
Activity 1.14 (b)	Support Ministry in Supervision, Monitoring and Evaluation of GAVI supported activities (USD 40,000 will be dedicated to Internal Audit activities)	105250	0	0	105250
Activity 1.15	Recruit an M&E Specialist for UNEPI	30000	0	0	30000
Activity 1.16	Recruit an Accountant to mange internal GAVI funds and accountability	30000			30000
Activity 1.17	Recruit Project Administrative officer	30000	0	0	30000
Activity 1.18	Administrative costs	374034	0	0	374034
Activity 1.19	External audit firm	50000	0	0	50000
Activity 2.1a	Operationalize the VHT strategy targeting poorly performing districts (36 districts each with 320VHTs)	1176589	0	0	1176589
Activity 2.1b	Train 100 health educators in newly created districts to support operations of VHT	278542	0	0	278542
Activity 2.2	Purchase 52347 kits for VHTs	287990	0	0	287990
Activity 3.1	Train 30 Health Workers in the105 functional HSD in the District Health Information Soft Ware (DHIS2)	245494			245494
Activity 3.3	Install email connectivity in 35 new districts	53550	0	0	53550
Activity 3.4	Support Resource Centre to carry out data validation exercises In districts	77840	0	0	77840

Activity 4.2	Purchase 100 refrigerators for 100 private clinics	160000	0	0	160000
Activity 4.3	Train 200 health workers from private clinics in immunization, IDSR and reporting (4 groups of 50 participants each)	12601	0	0	12601
Activity 4.5	Purchase of 1000 vaccine careers 1 per facility for 1000 clinics	30000	0	0	30000
		14720500			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Global Fund	4700000	2 Years	1.Human resource capacity enhancement 2.Contribute to transport and data management
World Bank	130000000	5 Years	1.Improved Health Workforce development and management 2.Improved infrastructure of existing health facilities 3.Improved management, leadership and accountability for health service delivery 4.Improved maternal health, new born care, and family planning services

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

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
MOH Planning Directorate, UNEPI data, reviews assessments and Ministry of Finance Economic Development reports	MOH technical working groups (i.e work plan and budgets sector working group)	None

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.

The country financial runs from 1st July –31st June, yet the GAVI planning cycle is a complete calendar year. This creates a difference in planning and measurement of expected out puts.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?12

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

Uganda **has NOT received GAVI TYPE A CSO support**

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 **has NOT received GAVI TYPE B CSO support**

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

HPAC inquired why incountry resurses are not utilised. It was noted that impedement to utilisation was due to the lengthy approval of the workplans and delayed operationalisation of the IFMS for GAVI incounrty Funds.

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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	✓	signature HPAC.pdf File desc: Date/time: 5/15/2013 6:07:23 AM Size: 47901
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	signature HPAC.pdf File desc: Date/time: 5/15/2013 6:07:54 AM Size: 47901
3	Signatures of members of ICC	2.2	✓	signature HPAC.pdf File desc: Date/time: 5/15/2013 9:18:55 AM Size: 47901
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	April 2013.pdf File desc: Date/time: 5/15/2013 9:19:39 AM Size: 757571
5	Signatures of members of HSCC	2.3	✗	Signatures of members of HSCC.doc File desc: Date/time: 5/15/2013 6:11:49 AM Size: 26112
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes of HSCC meeting in 2013 endorsing the APR 2012.doc File desc: Date/time: 5/15/2013 6:13:17 AM Size: 26112
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Financial statement for ISS grant.doc File desc: Date/time: 5/15/2013 6:16:10 AM Size: 26112
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	External audit report for ISS grant.doc File desc: Date/time: 5/15/2013 6:17:32 AM Size: 26112
9	Post Introduction Evaluation Report	7.2.2	✓	No PIE conducted yet.doc File desc: Date/time: 5/14/2013 6:43:56 PM Size: 22016

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial statement for NVS introduction grant.doc File desc: Date/time: 5/15/2013 6:19:44 AM Size: 26112
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	External audit report for NVS introduction grant.doc File desc: Date/time: 5/15/2013 6:21:08 AM Size: 26112
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_Uganda_report_Final.doc File desc: Date/time: 5/15/2013 2:15:12 AM Size: 3668992
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Progress of EVMA implementation.xls File desc: Date/time: 5/15/2013 2:17:17 AM Size: 51712
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Progress of EVMA implementation.xls File desc: Date/time: 5/15/2013 2:17:17 AM Size: 51712
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	External audit report for operational costs of preventive campaigns.doc File desc: Date/time: 5/15/2013 6:22:24 AM Size: 26112
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Minutes of ICC meeting endorsing extension of vaccine support.doc File desc: Date/time: 5/15/2013 6:24:10 AM Size: 26112
17	Valid cMYP if requesting extension of support	7.8	✗	UGANDA EPI cMYP 2012-2016.doc File desc: Date/time: 5/14/2013 6:55:08 PM Size: 1036288
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	Valid cMYP costing tool if requesting extension of support.doc File desc:

				Date/time: 5/15/2013 6:25:10 AM Size: 26112
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Financial statement for HSS grant.doc File desc: Date/time: 5/15/2013 6:26:04 AM Size: 26112
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Financial statement for HSS grant for January.doc File desc: Date/time: 5/15/2013 6:29:44 AM Size: 26112
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	External audit report for HSS grant.doc File desc: Date/time: 5/15/2013 6:31:05 AM Size: 26112
22	HSS Health Sector review report	9.9.3	✗	AHSPR_11_12.pdf File desc: Date/time: 5/15/2013 7:05:27 AM Size: 16924722
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	Report for Mapping Exercise CSO Type A.doc File desc: Date/time: 5/15/2013 6:32:58 AM Size: 26112
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✗	Financial statement for CSO Type B grant.doc File desc: Date/time: 5/15/2013 6:34:00 AM Size: 26112
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	✗	External audit report for CSO Type B.doc File desc: Date/time: 5/15/2013 6:35:01 AM Size: 26112
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Statement.pdf File desc: Date/time: 5/15/2013 10:12:31 AM

				Size: 75094