GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Uganda

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **15/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 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

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015	2015

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	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
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranch of HSFP Grant N/A	N/A
VIG	Yes	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

By signing this page, the Government of 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	Ruhakana Rugunda (Dr)	**Name**	Hon. Jacan Omach
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 Patrobas MUFUBENGA, MACIS National Coordinator	Malaria And Childhood Illness Secretariat		
Dr Jane Ruth ACENG, Director General Health	Ministry of Health		
Dr. Ezati Isaac, Director Health Services, Planning and Development	Ministry of Health		
Dr Mwebesa Henry, Commissioner Health Services, Quality Assurance	Ministry of Health		
Dr Anthony Mbonye, Commissioner Health Services, Child Health	Ministry of Health		
Dr Amandua Jacinto, Commissioner Health Services, Clinical and Community	Ministry of Health		
Dr Lydia Mungherera, CSO/PAA	Mama's club		
Dr Juliet Bataringaya, NPO/HSD	World Health Organization		
Anne Murphy, HDP chair	USAID		
Woulter Cools, Development Attache	Belgian Embassy		

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), HPAC , 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
Wouter Cools, Development Attache	Belgian Embassy		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Uganda is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

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

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,701,461	1,706,689	1,755,908	1,775,857	1,812,097	1,832,684
Total infants' deaths	91,879	193,542	91,819	201,386	97,853	207,830
Total surviving infants	1609582	1,513,147	1,664,089	1,574,471	1,714,244	1,624,854
Total pregnant women	1,701,461	1,759,474	1,755,908	1,830,780	1,812,097	1,889,365
Number of infants vaccinated (to be vaccinated) with BCG	1,565,344	1,608,116	1,650,554	1,687,064	1,721,492	1,741,050
BCG coverage	92 %	94 %	94 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,384,241	1,507,910	1,461,758	1,574,471	1,542,820	1,624,854
OPV3 coverage	86 %	100 %	88 %	100 %	90 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,513,007	1,607,045	1,594,645	1,574,471	1,679,959	1,624,854
Number of infants vaccinated (to be vaccinated) with DTP3	1,384,241	1,469,684	1,461,758	1,527,237	1,542,820	1,576,108
DTP3 coverage	86 %	97 %	88 %	97 %	90 %	97 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	10	9	10	10	10	10
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.11	1.10	1.11	1.11	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,521,061	1,607,045	1,594,645	1,574,471	1,679,959	1,624,854
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,521,061	1,469,684	1,594,645	1,527,237	1,542,820	1,576,108
DTP-HepB-Hib coverage	95 %	97 %	96 %	97 %	90 %	97 %
Wastage*[1]* rate in base-year and planned thereafter (%)	25	9	20	10	20	10
Wastage*[1]* factor in base-year and planned thereafter (%)	1.33	1.1	1.25	1.11	1.25	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	1,140,796	24,959	1,594,645	1,574,471		1,624,854

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	1,140,796	12,242	1,594,645	1,527,237		1,576,108
Pneumococcal (PCV10) coverage	71 %	1 %	96 %	97 %	0 %	97 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	10	5	5		5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.11	1.05	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,384,241	1,471,484	1,461,758	1,527,327	1,542,820	1,576,108
Measles coverage	86 %	97 %	88 %	97 %	90 %	97 %
Pregnant women vaccinated with TT+	1,191,023	989,687	1,316,931	1,373,085	1,449,678	1,511,492
TT+ coverage	70 %	56 %	75 %	75 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	378,144	0	1,830,780	0	1,889,365
Vit A supplement to infants after 6 months	46,734,522	1,436,272	4,955,160	3,386,943	4,663,424	3,495,325
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	9 %	9 %	8 %	3 %	8 %	3 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  Every year Uganda Bureau Of Statistics (UBOS) provides the population estimate figures based on the projections from the 2002 population census. All official government documents are expected to use these UBOS figures. The UBOS release of March 2014 has been used for the 2013 APR to estimate the births for 2014 and 2015. This explains the change in population figures given in this 2013 APR compared to the 2012 APR. However, the planned census of August 2014 will provide new population figures that will be used for future projections.

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

  The difference in the reported surviving infants in the population has been adjusted based on the official figures provided by Uganda Bureau of Statistics (UBOS) March 2014 release. . The national figure of surviving infants is 4.3% of the total population.

- 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.**

  These new targets were based on the EPI 2013 performance which was better than the performance of 2012. The country is committed to maintain the 2013 performance for the subsquent years given that gaps in logistics management, leadership and program management have been addressed and there is total commitment by government of Uganda to sustain this performance

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

  No change in wastage rate for vaccines compared to the 2012 APR

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

In 2013, UNEPI attained coverage forDPT-HepB+Hib3 and OPV3 of 97% and 99% respectively, well above the set target of 86% for both antigens. 93 out of 112 (83%) districts attained coverage of greater than 80% for DPT3 as compared to 42 % in 2012.

The development and implementation of the 2-year Revitalization plan, the arrival of new Health Minister and the new UNEPI team gave impetus to the activities underway and resulted in positive results for 2013, more so during the second half of the year. Specific emphasis on availability of vaccines and other EPI logistics led to the improvement of key EPI indicators. This was further supported by intensfied social mobilization and advocacy during the official launch of PCV-10 by His Excellence The President of Uganda who urged the communities to take children for immunization and the momentum was kept up throughout the year.

In addition, implementation of priority activities in the 2 year UNEPI Revitalization plan derived from the cMYP 2012-2016 contributed to an improvement in the routine immunization performance in 2013. These activities included:

a) Planning and management:

- The role for procurement, storage and distribution of vaccines and logistics from the center to the districts was transferred from UNEPI to the National Medical Stores (NMS). This has resulted into more efficient distribution of vaccines and other supplies in real time and therefore reduction in stock outs at the district level as reported by the district health officers during the July 2013 meeting. This has enabled UNEPI staff to focus on the key areas of policy and guideline formulation, supervision and monitoring, surveillance and capacity building. Guidelines of clear roles and responsibilities are being developed by an oversight committee established by the Director General of health services. These will be shared as part of 2014 GAVI APR.
- Continued engagement with the District Health Officers, District Health leaders, administrators and political leaders to plan and advocate for immunization.There was a GAVI national planning meeting in July 2013 that involved Chief Administrative Officers, District Health Officers, District Accountants and Uganda Local Government Association members. The main outcome of this meeting included; signing of MOUs between the districts and the Ministry of Health, adoption of district financial reporting guidelines and district planning guidelines, dissemination of advocacy and communication strategy including Uganda Immunization policy
- Reprogrammed the HSS funding to take into account new developments that happened since the proposal was written in 2007; more details will be found in the HSS section of this APR.

b) Service delivery:

- Following the resumption of GAVI support to the country, ISS funds were disbursed to support micro-planning, re-vitalization of outreaches, supportive supervision by district health workers, cold chain maintenance, social mobilization and vaccine distribution in all districts in July 2013. The districts recieved funds for quarter 1 and quarter 2. Quarter 3 funds will be disbursed upon submission of accountability of quarter 1 release.
- Scale up of RED up to health facility level in 60 high risk districts including hard- to- reach and poorly performing districts. This was supported by UNICEF, AFENET, WHO and MCHIP
- Continuous on the job support supervision by 36 National Routine Immunization Improvement Teams that were deployed by the program to support poorly performing districts.

c) Vaccine quality and Logistics management:

- Government continued to support (100%) procurement of traditional vaccines of BCG, Polio, Measles and TT vaccines and the corresponding injection safety materials and government co-financed DPT-HepB-Hib
- The program, with support from partners, procured 400 gas cylinders that were distributed to the districts to reduce on gas shortages.
- The improved collaboration between UNEPI and NMS with support from partners resulted in zero stock outs at the district vaccine stores in 2013 compared to 2012 where by for instance 71 districts reported stock outs of OPV at any one time during 2012.
- To improve vaccine management at district and health facility level, a total of 224 District Cold Chain Technicians and district EPI Focal Persons were trained on Effective Vaccine Management (EVM) for all districts ie 2 per district.
- Use of SMS based innovative communication technologies: A series of poll questions were shared by the EPI technical committee including WHO and UNICEF through mTRAC (a medicine monitoring and disease surveillance system) to assess the health facilities preparedness for PCV-10 introduction. The questions ranged from knowledge based enquiries to the status of cold chain to stock outs of vaccines. Gathering this data took very little effort, time and money. The data was shared with MOH EPI team, and immediate action

was taken by partners. Different partners took responsibility for different regions and supported the EPI team to address the cold chain issues,stock outs and knowledge gap in different facilities and regions. Since then mTRAC is being regularly used to get real time data on immunization indicators,including communication.

- Conducted cold chain maintenance and repair in 101 districts (33 supported by WHO and 68 supported by Government) in preparation of PCV-10 vaccine introduction

d) Advocacy and communication

- Rolled out the National Communication Plan to all 112 districts through regional workshops. Districts were orientated on immunization communication strategy and facilitated to develop district specific plans based on district based data and priorities. The regional workshops were attended by 448 persons clustered into 10 regions. The representations from each district consisted of the District Health Officer (DHO), the District Health Educator (DHE), the District Health Inspector (DHI), and the focal immunization officer
- <?xml:namespace prefix = o />

  Radio campaigns were used extensively with messages aired for routine immunization awareness, PCV roll out and for SIAs with 70% to 90% coverage of all regions.

- Information Education Communication (IEC) Materials - UNICEF provided support to the MOH to develop, print and disseminate IEC materials developed, which were used to raise awareness, increase knowledge,and change behavior. The IEC materials were developed with collaboration with input of partners (WHO, Red Cross, FBOs,Rotary, and Lions).
- Reaching and engaging the unreached: RED/REC Trainings were conducted on Social Mobilization & Surveillance for Somali, Congolese, Sudanese, Ethiopian, Eritrean and Burundi refugees in Kampala in partnership with Inter Aid.
- Engagement with resistant communities continued with key resistant communities throughout 2013. UNICEF supported both parliamentarians and social mobilizers to engage with the top leadership of these groups. Due to this effort members of 666 and Bishaka groups converted in Kemwenge, Kyegegwa and Bududa districts and allowed immunization of their children.
- CSO Partnerships; Strengthened partnership with Rotary and Lions and forged new partnerships with MACIS,Traditional Healers and Herbalist Association, Inter Aid and other CSOs.
- Use of SMS based innovative communication technologies: U-report, an SMS based system that engages youth from across the country was utilized to gauge the impact of the radio campaign and other communication inputs during the polio immunization campaigns. 2 Polls and one informational message were sent out for each round. The post campaign polls in September and October showed that 83% of respondents were aware of the right age for immunization

- Uganda launched the 3rd edition of the African Vaccination week on behalf of the African Region, The function was officiated by the Right Honorable Speaker of the Ugandan Parliament.

e) Surveillance

- Forty national TOT (Trainers of Trainers) were trained on IDSR to be able to build capacity of health workers at all levels; in 2013 4 districts were trained with the focus primarily at health facility level.
- Support supervision & mentoring of health workers on surveillance was done by regional EPI/IDSR regional offices with special focus on high and medium priority health facilities.
- Seven international STOP team members (STOP 41 and STOP 42) and 36 national STOP team members were deployed to all districts. The teams sensitized 4048 health workers during their mission and this translated into an improvement in the case detection rate of vaccine preventable diseases, for instance the non - polio AFP rate in 2013 was above a rate of 2/100,000 children below 15 years of age.
- Two cross border meetings were held between South Sudan, one cross - border meeting with

Kenya and five local follow up meetings to harmonize and strengthen cross border surveillance.

- Conducted 8 out of 14 quarterly regional surveillance review meetings for Hoima, Kampala, Kabale, Mbale, Soroti,Masaka,Mbarara and Arua regions
- Technical and logistical support was provided to Pediatric Bacterial Meningitis and Rota Virus sentinel sites in the National and Regional Referral hospitals to provide data for the introduction of PCV-10 and the other new vaccines and monitor disease trends and the impact of new vaccines introduced into routine immunization program.
- Provided regular feedback (weekly by email and monthly through news print) on surveillance and routine immunization data to the National, districts and other stakeholders

f) Introduction of new vaccines

- Trained and mentored Health Workers on pneumococcal vaccine (PCV10) in 96 Districts in2013 prior to PCV 10 roll out which took place in February in 2014.
- The PCV10 launch was facilitated by a month long advocacy and mobilization efforts. During this time, Ministry of Health, supported by UNICEF organized a one day orientation with over 150 Parliamentarians in Kampala to secure their commitment on raising awareness in addition to continuing their work on enhanced budgeting for immunization. Orientation sessions for religious leaders and journalists were organized as well as, producing a radio campaign and a package of promotional materials
- The launch itself took place as the culmination of African Vaccination Weekin April 2013 in Iganga district. This high profile event had the President of Uganda, Yoweri Museveni as the chief guest and also in attendance were the GAVI CEO, Dr. Seth Berkley, the Minister of Health, Dr. Christine Ondoa and IVE Director at African Regional Office, Dr Deo Nshirimana plus thousands of public attendees
- In August 2013 WHO conducted the first readiness assessment in 27 districts randomly selected from the 48 districts that had completed training. This assessment noted significant challenges and limitations in health worker knowledge about PCV10 and also non-availability of fridge stickers on the EPI fridges.
- Following the report of first assessment several activities were implemented by the Ministry of Health with support from partners and a second assessment of randomly selected 19 districts was conducted in mid November 2013 to ascertain whether the conditions had been attained amongst 96 districts that had completed the training . The assessors continued to discuss and address the knowledge gap after documenting their findings. Sixty one percent (61%) of the health workers correctly mentioned the key message of discard opened vials after 6 hours compared to 48% during the first assessment and other parameters also showed a great improvement. A final December assessment qualified Uganda to receive an initial shipment of the vaccine to cover 96 districts that rolled out the vaccine in February 2014.
- Developed and submitted to GAVI an HPV vaccine introduction proposal for introduction in 2015

Monitoring and supervision

- DQSA (Data Quality Self-Assessment) was conducted in 29 Districts and the key findings were that data tools were inadequate and that there were a number of data inconsistencies at the district and health facility level. In response a data quality improvement plan was developed and is being implemented in 2014.
- DHIS2 has been rolled out to all districts with all data input and interpretation taking place at the health facility level; which has led to improved levels of reporting
- Six regional support supervision teams were established to cover Kampala, Jinja, Mbale A, Mbale B, Soroti and Moroto regions with a total of 48 districts. Plans are in place to expand this approach and have dedicated support supervision teams in all 15 regions of Uganda

Accelerated Immunization Initiatives

- Conducted 2 rounds of house to house polio preventative immunization campaigns in September and October in 37 high risk districts and reached 2,558,175 (administrative

coverage of 113%) and 2,802,009 (administrative coverage of125%) children 6 – 59 months in September and October respectively. The target population for the SIAs was 2,245,605 children below five years of age. Independent monitoring revealed coverage of 93% for September and 94% for October round.

- Providing services to refugee populations: The package included measles and polio vaccination, Vitamin A supplementation and deworming. For DRC Refugees in western Uganda, VHTs in refugee hosting districts (Isingiro, Kamwenge,Kisoro, Bundibugyo) were trained; Immunization services were provided in all reception centres and hosting communities targeting <5 yrs OPV, 6 months –14 years measles. Conducted standalone OPV campaign August 2013 targeting all children <5yrs in Bubukwanga reception centre hosting an estimated 20,000refugees. 3,740 children (86%) reached. Again during the Sept and Oct SNIDs additional OPV doses

Strengthening Human Resource

- Trained a total of 154 health workers in Mid-Level Manager and Operational Level courses

CONSTRAINTS/CHALLENGES AND PROPOSED SOLUTIONS

National level:

- Inadequate human resources at all levels. Government of Uganda will continue to fill the gaps in 2014. Plans are underway to recruit over 6,000 health workers.

- Inadequate funding for central level operational activities affecting logistics, cold chain maintenance, surveillance, capacity building, supervision and social mobilization. GOU with support from partners will continue with efforts to mobilize resources and advocate through the Parliament to ring fence immunization funds.
- The introduction of the IFMIS in MOH caused delays in accessing funds, affecting timely implementation of planned activities. For example there was delay in disbursing GAVI ISS funds despite the signing of the MOU in June 2012, no funds were released for implementation until mid 2013. Similar delays affected training of health workers for the PCV10 introduction. However, MOH has addressed the problems and with time financial flows will smoothen out

District level:

- Inadequate planning down to health facility level. Regional EPI Support Supervision teams will build capacity of operational level health workers in micro-planning and quality service delivery.
- Inadequate and irregular primary health care funds to support operational level activities: Irregular functionality of immunization outreaches, lack of transport for outreach and distribution of vaccines and limited community involvement in immunization services. the GAVI HSS grant will address most of these challenges and hopefully the new grant to be applied for in 2016 will continue to fill the identified gaps
- Irregular cold chain maintenance due to lack of funds and transport, lack of spare parts for solar fridges and tool kits in districts.Vandalising and theft of solar panels at health facility levels affect availability vaccines in underserved communities. GAVI HSS grant will fill this gap.
- Inadequate utilization of data and feedback at the points ofcollection for timely actions
- Inconsistencies in supplies of monitoring tools such as Vaccine and Injection Materials Control book, Child Registers, Child Health Cards and tally sheets. The GAVI HSS and ISS funds for the first year will cover this gap as plans are underway for the GOU to ring fence the funds for monitoring that are supposed to be disbursed to NMS
- Irregular disbursement of the surveillance funds (reimbursement and active surveillance) leading to suboptimal active search in the districts,

- Absence of District Surveillance posts currently attended to by Surveillance Focal Persons with multiple responsibilities. Advocacy is ongoing at the national level to address this gap.

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

Uganda was able to surpass the set targets in the 2012 APR.

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
Ministry of Health HMIS data	2013	49%	51%

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

In Uganda, there is no reported discrimination of boys and girls for immunization

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/)

5.4. Data assessments

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

- The country has not done any other immunization coverage survey in 2013 and the UDHS available is for 2010.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

Data quality assessment survey (DQS) was conducted in 29 districts to assess the reliability of EPI data for the period of the FY2012/13(July to December, 2012).

The objectives of the assessment were:

- To assess the quality of administrative immunization reporting systems.
- To determine Quality indices of three antigens: DPT-HepB-Hib1 in the under- 1 year, DPT-HepB-Hib3 in the under -1year and Measles vaccination at 9 months.
- To assess accuracy of data by source and level.

The assessmeent found that data tools were inadequate and that data inconsistencies existed in some instances including over reporting and under reporting in some instances.

Rerecommendations

- TheMOH with stakeholders should ensure availability of data collection tools at all service delivery levels
- The district Biostatisticians need to carry out capacity building of staffs on data management

Regular support supervision and feedback should be done

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

There was a transition from DHIS 1 to DHIS 2 that provided an opportunity for data to be directly entered at source and transmitted to the national level in real time. Ministry of Health sends out a team to verify data every quarter before it is published in a newspaper pullout. This is used as an opportunity to mentor the health workers in districts visited.

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.

A draft improvement plan is available and plans are underway to implement the activities. 276 Regional EPI Supervisors have been trained in data management and they are expected to mentor the health workers in all facilities in 2014.

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$ = 2516	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	**Expenditure Year 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**MCHIP**	**AFENET**	**SABIN Vaccine Inst**
Traditional Vaccines*	3,006,424	3,006,424	0	0	0	0	0	0
New and underused Vaccines**	17,214,860	1,271,860	15,943,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,879,968	1,870,672	9,296	0	0	0	0	0
Cold Chain equipment	152,000	0	0	152,000	0	0	0	0
Personnel	4,528,132	4,528,132	0	0	0	0	0	0
Other routine recurrent costs	5,353,910	3,400,000	0	967,570	986,340	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,443,477	0	0	537,239	906,238	0	0	0
PCV introduction activities		0	0	195,056	30,000	0	0	0
Total Expenditures for Immunisation	33,578,771							
Total Government Health		14,077,088	15,952,296	1,851,865	1,922,578	0	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Uganda procures 100% of the traditional vaccines and injection materials and co-finances with GAVI for New Pentavalent vaccine since 2002 and will co-finance PCV10 vaccine beginning 2014.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully 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 allegedly misappropriated GAVI funds prior to the signing of the Aide Memoire to be refunded	Yes
A GAVI designated bank account (USD) at the Bank of Uganda shall be used for receipt of disbursements from GAVI Alliance and funds will be managed using an approved financial management system	Yes
GAVI Alliance funds will be captured in the National Budget and Planning and Budgeting of HSS and ISS will follow GOU budgeting Cycle	Yes
Funds to Sub-recipients (Districts) will be transferred to the distict General Account	Yes
The office of the Auditor General shall sub contract a firm of private auditors to undertake audit of the project financial statements, with the the final audit report being issued by the Office of the Auditor General	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

- An equivalent of USD 818,424 that was misappropriated was refunded and this was the basis of lifting the GAVI cash support to Uganda
- The MOH has fully installed the Integrated Financial Management System (IFMS) for management of GAVI funds. This has facilitate the transfer of GAVI funds to sub recipients and implementers
- The GAVI funds are aligned with Government of Uganda planning cycle and have been assigned code 1141 that contribute to two of the three sector outcomes: 1.Children under one year old protected against life threatening diseases and 2.availing adequate stocks of essential medicines and health supplies
- Districts received funds for training on PCV introduction and supporting routine immunization activities directly to their respective General Accounts.

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

NOT APPLICABLE

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **11**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

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 2014 to 2015

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

Uganda has a 2-year revitalization plan. An internal mid-term review of this plan was done in December 2013. This was followed by an external desk review in February 2014. The recommendations of the reviews will be prioritized in 2014 as shown in the table below:

- Conduct cold chain inventory<?xml:namespace prefix = o />
- Develop district vaccine and supplies (including fuel) distribution plans to health facilities, implement, monitor and document it.
- Conduct mapping of private clinics in Kampala
- Train 200 health workers from private health practitioners in immunization, IDSR, reporting and ensure that data is generated using HMIS
- Conduct integrated training of newly recruited EPI and child health officers in identified priority districts using Immunization Practice in Uganda and Integrated EPI/IMCI training materials
- Update, print and disseminate pre-service health training curriculum in health institutions and schools using the revised WHO prototype curricula for nursing and medical schools.
- Implement recommendations of the 2013 Data Quality Self-Assessment
- Supervise and mentor Health Workers at facility level in data management
- Conduct joint (MOH and Partners) quarterly supportive supervision to districts using standardized integrated supervisory check-lists and document good practices.
- Strengthen Case based Surveillance for VDPs and AEFIs
- Update risk assessments and report on cross-border synchronization; facilitate polio containment
- Address Human Resource knowledge gaps and transport logistics issues with the support of partners
- Conduct assessment/mapping of VHTs, operationalise VHT strategy and conduct training.
- Conduct regular program review meetings to review performance and strengthen coordination with stakeholders at national level
- Conduct comprehensive EPI, Surveillance and PIE (PCV) review during the last quarter of the year.
- Conduct Polio HTH campaigns (SNIDS &NIDS) as per TAG recommendation
- Conduct stake holder meetings to discuss EPI funding (MOH, MOF, Health partners, and Political leaders) and ensure that all commitments are put in financial stakeholder accountability framework to ensure its follow up and sustainability.
- Harmonize and conduct immunization activities such as the PIRI, CDP, FHDs AVE and Promise renewed integrated with high impact child heath packages to reach the un - and under- immunised
- Scale up REC implementation using community-health facility based micro-planning (ensure financing to implement the micro-plan)
- Conduct Effective Vaccine Management Assessment (EVMA).
- Update coverage monitoring tools and supplies, ensure adequacy and distribution to all health
- Update, finalise and implement MNT elimination sustainability strategic plan and prepare for Td switch

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	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.

However a few challenges still remain;

- □□□□□□□□ 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 2013 how sharps waste is being disposed of, problems encountered, etc.

All sharps waste is collected in safety boxes and disposed using two main methods;

1. Burn and Bury method - the filled safety boxes are burnt into a cake then buried. All health facilitieshave a pit for disposal of medical waste.

2. Incineration is among the methods used in hospitals and Health Centre IV. However there is 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 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	2,649,520	6,666,192,320
Remaining funds (carry over) from 2012 *(B)*	818,424	2,046,060,487
Total funds available in 2013 *(C=A+B)*	3,467,944	8,712,252,807
Total Expenditures in 2013 *(D)*	637,598	1,596,718,850
Balance carried over to 2014 *(E=C-D)*	2,830,346	7,115,533,957

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.

The ISS GAVI cash support is captured in the national budget; and the planning and budgeting follow the Government of Uganda budgeting cycle.
The funds are disbursed from national to the district level using the IFMS. These funds are housed within the Ministry of Health institutional auditing procedures.

The main challenge faced in 2013 was wrongly entered District bank accounts resulting in delayed access to funds at the District level
Wrongly entered District bank accounts resulting in delayed accessibility of funds at the District level

Turn around time for District submission of the required financial information varies leading to delayed disbursement

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 consolidated MoH workplans and budgets include the ISS funded activities and are approved by the appropriate Technical Working Groups like the Sector Budget Working Group (SBWG) and the Health Policy Advisory Committee (HPAC).

The financial management of the ISS funds follows the Governmentof Uganda (GoU) established system, the Integrated Financial Management System (IFMS). GAVI funds are captured in the national budget and the planning and budgeting for ISS activities follow the GoU budgeting cycle whichis guided by the Budget Act 2001. The funds captured in the national budget were based on ISS proposals approved by the GAVI Board. The MoH's annual workplan reflects activities that will be implemented at the central, local government levels and other Sub Recipients like the Private Health Sector.

At the sub national level (districts), the ISS funded activitiesare coordinated by the existing coordination structures namely District Planning Committee (DPC), District Planning Office, District Health Management Team and the District Community Based Services Office (DCBSO).

It is a requirement that accountability be provided for previouslyreceived funds before new funds are disbursed.

The funds captured in the MoH and local government budgets for GAVI supported ISS activities are additional to the sector ceilings.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

Disbursed funds to 112 districts for 2 quarters to support operational level activities including: support supervision, cold chain maintenance, micro-planning and to implement outreach activities. These activities were carried in all districts. However, some districts have not fully given activity reports.

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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 2013

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	6,377,000	7,087,771	0	No
Pneumococcal (PCV10)	4,492,000	750,000	3,742,000	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? ...)

  •□□□□□□□□For PCV 10, there was delay in completion of training of health workers on PCV introduction into routine immunization which was a pre-requisite for shipment of PCV 10 vaccine into the country. The country received 750,000 doses of PCV10 that were distributed to 96 districts that had completed training in PCV10 and attained the criteria of PCV10 readiness.

- 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.

  - During 2013, the country used three different presentations; 2, 1 and10-dose vial vaccines for pentavalent and this was dependent on the global availability of the vaccine. The shipment has been every two months

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.

Not Applicable.

7.2. Introduction of a New Vaccine in 2013

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

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	Not applicable

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	Yes	27/04/2013
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The PCV10 launch was conducted by the President of Uganda, Yoweri Museveni as the chief guest in attendance were the GAVI CEO, Dr. Seth Berkley, the Minister of Health, Dr. Christine Ondoa and IVE Director at African Regional Office, Dr Deo Nshirimana on April 27, 2013 as part of the climax of the 3rd week of AVW. At that time phased introduction of PCV was announced by the DG and only 5 districts had completed the training. However WHO conducted the first readiness assessment in 27 districts randomly selected from the 48 districts that had completed training by August 2013. This assessment noted significant challenges and limitations in health worker knowledge about PCV10 and also non-availability of fridge stickers on the EPI fridges. Following the report of first assessment several activities were implemented by the Ministry of Health with support from partners and a second assessment of randomly selected 19 districts was conducted to ascertain whether the conditions had been attained amongst 96 districts that had completed the training by mid November 2013. The assessors continued to discuss and address the knowledge gap after documenting their findings. Sixty one percent (61%) of the health workers correctly mentioned the key message of discard opened vials after 6 hours compared to 48% during the first assessment and other parameters also showed a great improvement. The December assessment qualified Uganda to receive an initial shipment of the vaccine to cover 96 districts that rolled out the vaccine in February 2014.

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

NOT APPLICABLE

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:

Regarding rotavirus surveillance, Mulago national referral hospital continued to document the disease burden of severe rotavirus disease clearly showing an annual incidence of over 25% annually. This information will be used to apply for rotavirus vaccine introduction in 2015. The four sentinel sites also showed that there were no confirmed Hib meningitis cases in 2013 a clear documentation of the impact of pentavalent vaccine into the Ugandan routine immunization program.
NATIG has not been established but once it has been, they will review the data and advise the country accordingly.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	1,372,000	3,578,971,760
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	1,372,000	3,578,971,760
Total Expenditures in 2013 (D)	919,642	2,398,959,530
Balance carried over to 2014 (E=C-D)	452,358	1,180,012,230

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

- During the pre-implementation period, cascaded trainings (at national, regional, district and

health facility level) to orient the health workers on the different aspects of the PCV10 vaccine were conducted.
- Printing of PCV10 field guides that were utilized at all levels during the above mentioned training workshops.
- A national launch of PCV10 introduction into routine immunization was presided over by His Excellency, the President of Uganda, this was supported by UNICEF.
- Printing of PCV10 stickers was done by WHO support.

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

The transition to the IFMIS led to delays in disbursement of funds to sub-recipientsthat affected the national roll out of PCV10 vaccine

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

- Preventative Cold chain maintenance
- Micro planning using the REC approach in poor performing districts
- Social mobilization for routine immunization activities
- Operational Level (OPL) training in poor performing districts and in districts with more than 60% new recruits.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	1,275,500	597,000
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	1275500	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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	1,275,500	597,000
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 2015 and what is the expected source of this funding	
Schedule of Co-Financing	Proposed Payment Date for 2015	Source of funding

Payments		
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	November	Government
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Technical Assistance for developing financial sustainability strategies. Currently, we are trying to procure a Monitoring and Evaluation Specialist. If she or he is recruited, the project will be in position to put in place to fast-track activity implementation. The project has also had some challenges in procurement. A decision has been made that some other organisations such as UNICEF and USAID be contracted to assist in procurements under HSS. There are still gaps in cold chain management. More training and Capacity Building especially for the yet to be recruited Cold Chain Assistants will be required. There are still more assistance needed for orienting and coaching the team especially in financial management tools. The project intends to continously engage the Ministry of Finance in this area.	

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/

NOT APPLICABLE

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

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2013, 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° **27**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

If 2014 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2015 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2016

The country hereby request for an extension of GAVI support for

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

vaccines: for the years 2015 to 2016.At the same time it commits itself to co-finance the procurement of

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

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

The multi-year extension of

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2015 to 2016 which is attached to this APR (Document N°**16**). The new costing tool is also attached.(Document N°**17**)

The country ICC has endorsed this request for extended support of

* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

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

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

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

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

If you don't confirm, please explain

NOT APPLICABLE

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,609,582	1,664,089	1,624,854	4,898,525
	Number of children to be vaccinated with the first dose	Table 4	#	1,521,061	1,594,645	1,624,854	4,740,560
	Number of children to be vaccinated with the third dose	Table 4	#	1,521,061	1,594,645	1,576,108	4,691,814
	Immunisation coverage	Table 4	%	94.50 %	95.83 %	97.00 %	

	with the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.25	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,042,250			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,042,250			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

Not defined

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	5,471,000	5,381,600
Number of AD syringes	#	5,353,400	5,969,800

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	58,900	65,675
Total value to be co-financed by GAVI	$	11,447,000	11,429,000

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

		2014	**2015**
Number of vaccine doses	#	592,100	574,500
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]	$	1,213,000	1,191,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.76 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,521,061	1,594,645	155,712	1,438,933
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	1,521,061	1,594,645	155,712	1,438,933
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	4,563,183	4,783,935	467,136	4,316,799
E	**Estimated vaccine wastage factor**	*Table 4*	1.33	1.25		
F	**Number of doses needed including wastage**	*D X E*		5,979,919	583,920	5,395,999
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		82,782	8,084	74,698
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*				
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	2,042,250		
H3	**Shipment plan**	*UNICEF shipment report*		4,452,200		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		6,063,000	592,033	5,470,967
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		5,353,389	0	5,353,389
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		58,888	0	58,888
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		11,671,275	1,139,662	10,531,613
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		240,903	0	240,903
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)*		295	0	295
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		746,962	72,939	674,023
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)*		12,659,435	1,212,600	11,446,835
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,212,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.76 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,624,854	156,708	1,468,146
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,576,108	152,007	1,424,101
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	4,805,831	463,495	4,342,336
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	5,334,473	514,480	4,819,993
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	8,211	792	7,419
H	Stock to be deducted	*H1 - F of previous year x 0.375*	- 613,012	- 59,121	- 553,891
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	1,325,386	127,826	1,197,560
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	5,956,000	574,423	5,381,577
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	5,969,759	0	5,969,759
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	65,668	0	65,668
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	11,608,244	1,119,549	10,488,695
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	268,640	0	268,640
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)*	329	0	329
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	742,928	71,652	671,276
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)*	12,620,141	1,191,200	11,428,941
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,191,200		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

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

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The targets for 2014 have been revised upwards following the achievements attained in 2013. The country is optimistic that this performance will be maintained in 2014 and beyond due to several interventions that have been put in place and the strategies being implemented as part of the two year coverage improvement plan.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock

means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The targets for 2014 have been revised upwards following the achievements attained in 2013. The country is optimistic that this performance will be maintained in 2014 and beyond due to several interventions that have been put in place and the strategies being implemented as part of the two year coverage improvement plan.

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,609,582	1,664,089	1,624,854	4,898,525
	Number of children to be vaccinated with the first dose	Table 4	#	1,140,796	1,594,645	1,624,854	4,360,295
	Number of children to be vaccinated with the third dose	Table 4	#	1,140,796	1,594,645	1,576,108	4,311,549
	Immunisation coverage with the third dose	Table 4	%	70.88 %	95.83 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	689,400			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	689,400			
	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	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NOT APPLICABLE

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	4,422,600	4,846,200
Number of AD syringes	#	4,897,200	5,388,200
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	53,875	59,275
Total value to be co-financed by GAVI	$	15,667,500	17,064,500

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

		2014	2015
Number of vaccine doses	#	268,700	296,300
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]	$	938,500	1,028,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.73 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,140,796	1,594,645	91,313	1,503,332
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	3,422,387	4,783,935	273,937	4,509,998
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		5,023,132	287,634	4,735,498
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		357,407	20,466	336,941
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		4,691,200	268,627	4,422,573
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		4,897,137	0	4,897,137
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		53,869	0	53,869
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		15,907,860	910,913	14,996,947
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		220,372	0	220,372
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)*		270	0	270
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		477,236	27,328	449,908
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)*		16,605,738	938,240	15,667,498
U	Total country co-financing	*I x country co-financing per dose (cc)*		938,240		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.73 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	5.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,624,854	93,622	1,531,232
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	4,874,562	280,866	4,593,696
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	5,118,291	294,909	4,823,382
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	23,790	1,371	22,419
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	5,142,400	296,298	4,846,102
J	Number of doses per vial	*Vaccine Parameter*	2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	5,388,188	0	5,388,188
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	59,271	0	59,271
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	17,329,888	998,525	16,331,363
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	242,469	0	242,469
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)*	297	0	297
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	519,897	29,956	489,941
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)*	18,092,551	1,028,480	17,064,071
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,028,480		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.76 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

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

   c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2013

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

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

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

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

In June 2013 the GAVI Alliance Secretariat disbursed USD 4,372,695 for HSS out of the expected USD 19,242,000. The majority of funds are for procurement and construction activities. There has been a delay in implementation of the activities due to proctracted procurement procedures. Necessary action is being taken by Ministry of health to address these challenges.

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

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

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

NOT APPLICABLE

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

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

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

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

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

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

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

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

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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

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

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	19242000	19242000	19242000	19242000	19242000	19242000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0

Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	4372695
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	4372695
Total expenditure during the calendar year (*D*)	0	0	0	0	0	5341
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	4367354
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	14869305			

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	4856000000	4856000000	4856000000	4856000000	4856000000	4841287200
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	1100170062
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)						1100170062
Total expenditure during the calendar year (*D*)	0	0	0	0	0	13437956
Balance carried forward to next calendar year (*E=C-D*)						1098826266
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	3750038721			

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	1704	1970	1916	2315	2477	2693
Closing on 31 December	1957	1905	2314	2496	2690	2522

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

The financial management of the HSS funds follows the Government of Uganda (GoU) established system, the Integrated Financial Management System (IFMS). GAVI funds are captured in the national budget (included in OBT) 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 reflects activities that will be implemented at the central, local government levels and other Sub Recipients like the Private Health Sector.

The funds captured in the MoH and local government budgets for GAVI supported HSS activities are additional to the sector ceilings.

The major problems experienced during the year of review (2013) are; <?xml:namespace prefix = o />

2. Challenges in IFMS systems caused some initial delays in access to GAVI funds. Forexample, there was a system breakdown and re-configuration (upgrade) of the IFMIS which took over 3 months (August to October 2013). However, this was sorted out and the system is now running

3. Due to procurement procedures and delay of access to GAVI funds, the process of recruiting GAVI project officers was delayed. Delay in recruitment of critical staff like project accountant affected activity implementation. The project staff have been however recruited and started work. They have undergone a process of training in IFMS.

4. In the past year, the GAVI accountant has had limited user access rights that has affected generation of financial report. This is however being resolved as the Ministry of Heatlh has decided that the Accountant will be granted more user rights as to generate reports on time.

5. Limitted user access rights of IFMS at Ministry of Health has affected generation of financial reporting.

The Bank Accounts used are Government accounts with a holding account (USD) maintained by Ministry of Finance,Planning 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 including projects 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? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Salaries for project office	Recruit an accountant to mange internal GAVI funds and accountability and project administrative officer	3	GAVI country project office
Facilitation for evaluation committee for consultancy to supervise construction of district stores	Administrative costs	0	GAVI country project office

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1.1 Purchase 6 boats for Kisoro, Nakasongola, Mayu	Not achieved due to delayed procurement process
1.2 Purchase 6 25hp motorised boats 1 each for Wak	Not achieved due to delayed procurement process
1.3 Purchase 4 insulated trucks at the national le	Not achieved due to delayed procurement process
1.4 Purchase 50 motor vehicles for districts	Not achieved due to delayed procurement process
1.7 Purchase 1,720 bicycles for HCIIs in hard to	Not achieved due to delayed procurement process
1.8b Consultancy services for design and supervis	Not achieved due to delayed procurement process
1.9 Construct 20 district stores in new districts	Not achieved due to delayed procurement process
1.10g Procurement, transportation and installatio	Not achieved due to delayed procurement process
1.10h Recruitment of three additional cold chain s	Not achieved due to changes in vaccine and logistics management as a result of UNEPI NMS transition. Plans are underway to finalize roles of cold chain management
1.11 Construct 26 semi-detached units providing 5	Not achieved due to delayed procurement process
1.12 Install solar energy in 26 semi-detached unit	Not achieved due to delayed procurement process
1.14b Supervision, monitoring & evaluation at nati	Not achieved due to delayed release of funds by MOH
1,14c Support of internal audit activitie	Not achieved due to delayed implementation of activities
1.15 Recruit an M&E Specialist for UNEP	In progress, the recruited person was rejected by GAVI and the process had to be repeated.
1.16 : Recruit an accountant to mange internal GAV	fully achieved.
1.17 Recruit a project administrative office	Fully achieved
1.18 Administrative cost	In progress
2.2 Purchase 52347 kits for VHT	Not achieved due to delayed procurement process
3.1 Train health workers at health sub-district le	Not achieved due to delayed release of funds by MOH
3.3 Purchase 35 computers with all accessories for	Not achieved due to delayed procurement process
4.1 Conduct accreditation and mapping of private c	In progress to be accomplished in 2014, main reason was delayed release of funds by MOH to the beneficiary

4.3 Train 200 health workers from private clinics	In progress to be accomplished in 2014, main reason was delayed release of funds by MOH to the beneficiary
4.4 Evaluate private sector involvement in EPI and	In progress to be accomplished in 2014, main reason was delayed release of funds by MOH to the beneficiary

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

- Following the MoU that was signed between GAVI and the Government of Uganda, it was a requirement that all financial transactions were to be undertaken following the existing Government of Uganda Financial Management System. Delayed complete installation of the IFMIS for GAVI financial operations caused delayed release of funds to the country.

- Due to loss of time attributed to delayed implementation, there was a protracted process of re-programming of the work plans and budgets.

Generally, 75% of the HSS component is procurements. However, by 31st December 2013, none of the planned procurements was successful. This was mainly due to the lengthy procurement process.

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?

This was not done in 2013 due to delayed procurement processes. One of the incentives in the GAVI HSS grant is construction of staff houses in hard to reach areas to motivate health workers to work in hard to reach areas to avoid disparity in service delivery.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
DTP3 coverage - % of surviving infants receiving three doses of the diphtheria-tetanus-pertussis vaccine (DTP3)	78	Country administrative data - HMIS	90	86	79	80	82	78	97	WHO/UNICEF ESTIMATES and administrative data for 2013	None, the set targets were achieved
MCV1 coverage - % of surviving infants receiving first dose of measles containing vaccine	82	Country administrative data - HMIS	90	86	77	73	75	82	97	WHO/UNICEF ESTIMATES and administrative data for 2013	
Geographic equity of DTP 3 coverage - % of districts that have at or above 80% DTP3 coverage	41	Country administrative data - HMIS	90	90	58	58	59	41	83	HMIS administrative data	
Drop out rate - percentage point difference between DTP1 and DTP3 coverage	7	Country administrative data - HMIS	8	9	13	8	10	7	8	HMIS administrative data	

Proportion of children fully immunised - % of children aged 12-23 months who receive all basic vaccinations in a country's routine immunisation program	47	UDHS	88				52			UDHS 2011	Not achieved due to challenges related to vaccine and other EPI logistics availability at operational level and limited support to promote demand for routine immunization services

9.4. Programme implementation in 2013

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

There was no disbursement of HSS funds to Sub recipients/implementers in 2013 and therefore no expenditure to immunization programme.

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 IFMIS for management of GAVI funds. The responsible officers of the entity were trained on IFMIS during the fourth quarter of 2013 and installation was complete by December 2013.

The Procurement process for items planned for in the HSS component was slow. The Ministry of Health and GAVI Secretariat have proposed alternative procurement modalities to expedite the process. This was done in March 2014.

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

The GAVI funds are streamlined within the existing Ministry of Health finance and accounting system that has various check points with accounting officers and auditors.

The GAVI Project Administrations is supposed to be having 3 specific resource person though currently has 2 (accountant and administrator) to follow up on various financial transactions working hand in hand with UNEPI program officers. On top of this, there is a GAVI Technical Coordination committee composed of UNEPI, Planning (Budget and Finance, Policy Analysis), Accounts, and Ministry of Finance representatives. This oversees the program implementation by receiving and reviewing reports, setting targets as well as offer support supervision. Also, there is a team of Technical Assistance by an independent firms that monitors the activities of GAVI in the country. They provide quarterly reports that are meant to give guidance on the running of the program.

The project is also supported by the Internal Audit Unit that checks the consistency of use of funds and carries out routine district financial monitoring as well as Procurement unit that supports the projects in procurement related activities.

At ICC level, there are; Maternal and Child Health Cluster, a Technical Working Group that supports policy and strategic management of the project, The Senior Management Committee that approves the project's workplans, policies and guidelines, The Health Policy Advisory Committee which oversees the project management at a policy level as well as the Top Management Committee which is involved in decision and approval of funding proposals.

Funds are requisitioned through the program and endorsed through the Ministry of Health institutional framework to ensure ownership of the activities.

There is a GAVI technical advisory team that monitors and reviews the financial flows, implementation and reporting

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.

The M&E framework has adopted most of the already existing health indicators in the HMIS, in alignment with the Health Sector Strategic and Investment Plan III.
Most of the variables that feed into the indicators are already captured in the existing HMIS data collection tools.

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.

There was wide representation of various key stakeholders during the HSS reprogramming in September 2013 that is in line with the 2 year EPI revitalization plan. And therefore implementation of the planned activities is premised on consensus of all key players;

1. GAVI CSO platform-Advocacy, demand creation ,ensuring transparency and accountability and harmonization of all CSOs in Uganda for immunization services.

2. Federation for Private HealthPractitioners- Strengthening the Private sector-Public health partnership for immunization

3. WHO & UNICEF -UN agencies-Technical assistance

4. Health Policy AdvisoryCommittee-Health sector oversight-Policy setting

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 GAVI CSO platform was established to coordinate CSOs for advocacy, communication, social mobilization and foster transparency and accountability.

In the reprogrammed work plan and budget, an indicator has been included to monitor CSO participation.

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

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

The money has not been utilized due to delayed release to the Government of Uganda.

The funds are managed through the Government accounting procedures as other funds released by Ministry of Finance, Planning and Economic Development. Prior to implementation of the GAVI supported activities, it was a requirement for institutionalizing GAVI cash support in the GoU's IFMIS and to make sure that all fiduciary arrangements are in place. Funds disbursed to local governments are transferred directly to the respective District General Collection bank accounts. The first released was done in December 2013.

9.5. Planned HSS activities for 2014

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

Table 9.5: Planned activities for 2014

Major Activities	Planned Activity for	Original budget for 2014 (as approved in the HSS proposal	2014 actual expenditure (as at	Revised activity (if relevant)	Explanation for proposed changes to	Revised budget for 2014 (if

(insert as many rows as necessary)	**2014**	or as adjusted during past annual progress reviews)	April 2014)		**activities or budget** (if relevant)	relevant)
Procurement	Procurement of 10 motorized boats for districts with Islands	256000	0			
	Procurement of office equipment (1 LCD projector, 2 colored Printers, 10 modems, staionery, printer)	23250	0			
	Procurement of construction services of the central Vaccine Stores	1780000				
	Procurement of 4 insulated trucks to transport vaccine supplies	792000	0			
	Procurementof 71 motor vehicles for districts		0			
	Procurement of 788 motor cycles for districts and HC 111s	2094000	0			
	Procurement of 1720 bicycles for HC 11s in hard to reach areas	146200	0			
	Procurement of Consultancy services	400000	0			
	Procurement, transportation and installation of 12 cold chain equipment for national vaccine stores	428315	0			
	Procurement of 112 generators for the district stores, 10KVA	448000	0			
	Procurement, transportation and installation of an end to end temperature monitoring system.	117825	0			
	Procurement, transportation and installation of 536 fridges at the health centre III level	482400	0			
	Procurement of office equipment (4 desktop	14283	0			

	Computers, printers& Furniture - Filing cabinet, tables, chairs, shelves)					
	Purchase 52,347 kits for VHTs	523470	0			
	Procurement of 35 computers and e-mail connectivity for new districts	116669	0			
	Purchasing 100 fridges for private clinics	160000	0			
	Purchase 1000 vaccine careers	30000	0			
	Recruitment of three additional cold chain staff , GAVI Project Staff	198000	0			
	Engagement of an external audit firm	50000	0			
To support the participation of communities in health care delivery and decision making through scaling up of the establishment and training of village health teams.	Operationalize VHT Strategy , targeting poorly performing districts	1176589	0			
	Train 100 health educators in newly created districts	278542	0			
	Conduct a comprehensive assessment for VHTs	166386	0			
To strengthen the capacity of the health workers at all levels of health care delivery at district level to manage and utilize their data.	Train 30 health workers at health sub district level in data management	443473	0			
	Support Resource Centre to carry out data validation exercises at health sub-district level	77840	0			
To strengthen the capacity of the private sector to deliver	Accreditation and mapping of private clinics in Kampala	101694				

immunization and other child health services by providing cold chain, training and other related issues						
	Train 200 health workers for private clinics in Immunization	25201				
	Evaluate private sector involvement in EPI	24201				
	Procurement of 2 generators for the national vaccine store, 50 KVA	30000				
Construction	Construction of 26 staff houses and installation of solar power	2054000				
	Install solar energy in 26 semi-detached units	234000				
	Procurement, transportation and installation of 374 fridges at district level	341390				
	Construction of 20 district stores in new districts	1298800				
		14312528	0			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Global Fund to Fight AIDS, Tuberculosis and Malaria	1019520	2 years	Human Resource Support to Regional Performance and Monitoring Teams

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

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.

GAVI HSS funds were not utilized in 2013.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?12

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

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

Uganda is not reporting on GAVI TYPE A CSO support for 2013

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

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

Uganda is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	GAVI MoH signature.pdf **File desc:** **Date/time :** 15/05/2014 10:16:17 **Size:** 106 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	GAVI MoF signature.pdf **File desc:** **Date/time :** 15/05/2014 10:18:48 **Size:** 172 KB
3	Signatures of members of ICC	2.2	✓	scan.pdf **File desc:** **Date/time :** 07/05/2014 11:16:10 **Size:** 728 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	HPAC Minutes02-50-14.pdf **File desc:** **Date/time :** 14/05/2014 02:18:38 **Size:** 2 MB
5	Signatures of members of HSCC	2.3	✓	scan.pdf **File desc:** **Date/time :** 07/05/2014 11:17:13 **Size:** 728 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	HPAC Minutes02-50-14.pdf **File desc:** **Date/time :** 14/05/2014 02:24:17 **Size:** 2 MB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	ISS FINANCIAL STATEMENT 2013.pdf **File desc:** **Date/time :** 13/05/2014 11:50:05 **Size:** 302 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	External audit report for ISS grant.doc **File desc:** **Date/time :** 07/05/2014 11:19:17 **Size:** 22 KB
9	Post Introduction Evaluation Report	7.2.2	✓	Post Introduction Evaluation Report.doc **File desc:** **Date/time :** 07/05/2014 11:21:08 **Size:** 22 KB

10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	VACCINE INTRODUCTION GRANT FINANCAIL STATEMENT 2013.pdf **File desc:** **Date/time :** 13/05/2014 11:48:05 **Size:** 225 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	External audit report for NVS introduction grant.doc **File desc:** **Date/time :** 07/05/2014 11:23:18 **Size:** 22 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_Uganda_report_Draft_Final - Kone 26092011version.doc **File desc:** **Date/time :** 10/04/2014 11:27:39 **Size:** 3 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	May 2014-UNEPI_EVM-NVS-Improvement-Plan_NMS.xlsx **File desc:** **Date/time :** 01/05/2014 09:29:10 **Size:** 30 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	May 2014-UNEPI_EVM-NVS-Improvement-Plan_NMS.xlsx **File desc:** **Date/time :** 01/05/2014 09:22:10 **Size:** 30 KB
16	Valid cMYP if requesting extension of support	7.8	✗	UGANDA EPI cMYP 2012-2016_update_2013.doc **File desc:** **Date/time :** 07/05/2014 11:26:22 **Size:** 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	02 August UGA cMYP Costing tool for financial analysis.xls **File desc:** **Date/time :** 07/05/2014 11:30:24 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	HPAC Minutes02-50-14.pdf **File desc:** **Date/time :** 15/05/2014 02:09:54 **Size:** 2 MB
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS FINANCIAL STATEMENT 2013.pdf **File desc:** **Date/time :** 13/05/2014 11:52:15 **Size:** 327 KB

20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS_APR.pdf **File desc:** **Date/time :** 15/05/2014 08:59:01 **Size:** 226 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	External audit report for HSS grant.doc **File desc:** **Date/time :** 07/05/2014 11:32:29 **Size:** 22 KB
22	HSS Health Sector review report	9.9.3	✓	MTRRVOL_1.pdf **File desc:** **Date/time :** 07/05/2014 11:36:45 **Size:** 1 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	Report for Mapping Exercise CSO Type A.doc **File desc:** **Date/time :** 07/05/2014 11:38:50 **Size:** 22 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	Financial statement for CSO Type B grant.doc **File desc:** **Date/time :** 07/05/2014 11:40:50 **Size:** 22 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	External audit report for CSO Type B.doc **File desc:** **Date/time :** 07/05/2014 11:42:34 **Size:** 22 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	BANK STATEMENT US DOLLAR ACCOUNT 2013.pdf **File desc:** **Date/time :** 13/05/2014 11:56:30 **Size:** 279 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	Minutes ICC meeting endorsing change of vaccine prensentation.doc **File desc:** **Date/time :** 07/05/2014 11:45:46 **Size:** 22 KB

	Other		✕	BANK STATEMENTUGANDA SHILLINGS ACCOUNT 2013.pdf **File desc:** **Date/time :** 13/05/2014 12:02:33 **Size:** 593 KB
				COST CATEGORY .pdf **File desc:** **Date/time :** 13/05/2014 11:58:30 **Size:** 251 KB
				FUND ACCOUNTABILITY STATEMENT 2013.pdf **File desc:** **Date/time :** 13/05/2014 12:00:25 **Size:** 126 KB
				IFMIS BALANCE SHEET.pdf **File desc:** **Date/time :** 13/05/2014 12:04:09 **Size:** 126 KB
				IFMIS BANK RECONCILIATION STATEMENT 2013.pdf **File desc:** **Date/time :** 13/05/2014 12:05:54 **Size:** 179 KB
				IFMIS STATEMENT OF FINANCIAL PERFORMANCE 2013.pdf **File desc:** **Date/time :** 13/05/2014 12:07:36 **Size:** 121 KB
				IFMIS TRIAL BALANCE 2013.pdf **File desc:** **Date/time :** 13/05/2014 12:09:09 **Size:** 139 KB
				NOTES TO THE ACCOUNTS 2013.pdf **File desc:** **Date/time :** 13/05/2014 12:11:01 **Size:** 472 KB