



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of
Uganda

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: 2014

Requesting for support year: 2016

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	HPV quadrivalent, 1 dose(s) per vial, LIQUID	HPV quadrivalent, 1 dose(s) per vial, LIQUID	2016

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	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	HPV quadrivalent, 1 dose(s) per vial, LIQUID	2017	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 High Level Review Panel (HLRP) 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	Dr Elioda Tumwesigye	Name	Hon Matia Kasaija
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr Robert Mayanja	Program Manager- UNEPI	256 -772-664-776	mayanjarobati@gmail.com
Dr Henry Luzze	Deputy Program Manager - UNEPI	256-772-368-329	luzzehenry@hotmail.com
Dr Eva Kabwongera	Health Specialist EPI - UNICEF	256-717-171-403	ekabwongera@unicef.org
Dr Annet Kisakye	NPO/EPI -Team Leader/PEI - WHO	256-772-504-668	kisakye@who.int
Mr Eric Kakoole	GAVI Project Coordinator	256-782-544-185	ekarkeric24@yahoo.com
Ms Pamela Zaninka	Ass. Engineer - UNEPI	256-772-409-10	hzaninka@yahoo.com
Ms Lydia Nakasumba	GAVI Project Administrator	256-772-411-204	lydian28@yahoo.com
Mr Frehd Nghania	M & E Specialist UNEPI	256 -785-633-597	nghania@gmail.com
Dr Emmanuel Tenywa	NPO/EPI RIN - WHO	256-772-721-972	tenywa@yahoo.com
Mr Peter Ssebabanga	GAVI Project Accountant	256-752-307-738	ssebabp@gmail.com
Mr William Musubire	National Vaccine Store Manager - NMS	256-790-866-693	wmusubire@nms.go.ug
Dr Patrobas Mufubenga	National Coordinator - MACIS (CSO)	256-772-455-122	pmufubenga@gmail.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr Lukwago Asuman - Permanent Secretary	Ministry of Health		
Mr Sam Vanuytsel	Belgium Embassy		
Mr Fiuppo Cortale	Belgian Technical Cooperation		
Gauthier Dewoelnout	Belgian Technical Cooperation		
Dr Harold Bisase	Private Health Sector		
Dr Flavia Mpanga	UNICEF		
Dr Henry Mwebesa - Commissioner of Health Services	Ministry of Health		
Dr Lydia Mungerera	Mama's Club (CSO)		
Dr Patrobas Mufubenga	MACIS (CSO)		
Dr Alex Opio - Commissioner of Health Services	Ministry of Health		
Dr Philip Byaruhanga - Chemist	National Medical Stores		

Dr Grace Kabaniha	World Health Organization		
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ICC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Noted and endorsed the report

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
Mr Fiippo Cortale	Belgian Technical Cooperation		

HSCC may wish to send informal comments to: apr@gavi.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 2015

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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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	1,775,857	1,757,890	1,832,684	1,832,684		1,877,650		1,932,105
Total infants' deaths	201,386	199,348	207,830	207,830		101,393		219,105
Total surviving infants	1574471	1,558,542	1,624,854	1,624,854		1,776,257		1,713,000
Total pregnant women	1,830,780	1,812,258	1,889,365	1,889,365		1,877,650		1,991,861
Number of infants vaccinated (to be vaccinated) with BCG	1,687,064	1,580,461	1,741,050	1,741,050		1,802,544		1,879,603
BCG coverage[1]	95 %	90 %	95 %	95 %	0 %	96 %	0 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,574,471	1,550,930	1,624,854	1,624,854		1,776,257		1,713,000
OPV3 coverage[2]	100 %	100 %	100 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	1,574,471	1,695,821	1,624,854	1,624,854		1,776,257		1,713,000
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	1,527,237	1,582,650	1,576,108	1,576,108		1,722,970		1,713,000
DTP3 coverage[2]	97 %	102 %	97 %	97 %	0 %	97 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	10	10	10	10		10		10
Wastage[5] factor in base-year and planned thereafter for DTP	1.11	1.11	1.11	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	1,594,645	1,695,821	1,624,854	1,624,854		1,776,257		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,546,806	1,582,650	1,576,108	1,576,108		1,722,970		
DTP-HepB-Hib coverage[2]	98 %	102 %	97 %	97 %	0 %	97 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter	20	10	10	10		10		

(%) [6]								
Wastage[5] factor in base-year and planned thereafter (%)	1.25	1.11	1.11	1.11	1	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	1,594,645	1,489,388	1,624,854	1,624,854		1,776,257		
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	1,546,806	778,517	1,576,108	1,576,108		1,722,970		
Pneumococcal (PCV10) coverage[2]	98 %	50 %	97 %	97 %	0 %	97 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	10	10		5		
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.11	1.11	1	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of HPV quadrivalent		45,973		740,619		764,318		788,777
Number of infants vaccinated (to be vaccinated) with 3rd dose of HPV quadrivalent		14,688		658,328		679,394		701,135
HPV quadrivalent coverage[2]	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)		5		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)								
Maximum wastage rate value for HPV quadrivalent, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,527,327	1,500,021	1,576,108	1,576,108		1,659,885		1,713,000
Measles coverage[2]	97 %	96 %	97 %	97 %	0 %	93 %	0 %	100 %
Pregnant women vaccinated with TT+	1,373,085	1,018,323	1,511,492	1,511,492		1,930,098		1,991,861
TT+ coverage[7]	75 %	56 %	80 %	80 %	0 %	103 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	1,830,780	0	1,889,365	0		0		0

Vit A supplement to infants after 6 months	3,386,943	3,934,949	3,495,325	3,495,325	N/A	3,934,949	N/A	3,934,949
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	7 %	3 %	3 %	0 %	3 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

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

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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) has been providing the population estimates based on the projections from the 2002 population census. All official government documents are expected to use UBOS figures. The UBOS release of August 2014 has been used for the 2014 APR to estimate the births for 2014. This explains the change in population figures given in this 2014 APR compared to the 2013 APR.

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

Every year Uganda Bureau Of Statistics (UBOS) provides the population estimates based on the projections from the 2002 population census. All official government documents are expected to use UBOS figures. The UBOS release of August 2014 has been used for the 2014 APR to estimate the births for 2014. This explains the change in population figures given in this 2014 APR compared to the 2013 APR.

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

This is not applicable for Uganda.

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

No change in wastage rate for vaccines compared to the 2013 APR

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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 DHIS2	2014	49.7% (766449)	50.3% (777213)

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

From the 2014 data, there is no discrepancy noted as far as reaching both girls and boys is concerned and Uganda has not had any reported discrimination of boys and girls for immunization services.

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

5.2.4. 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/>)

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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\$ = 2650	Enter the rate only; Please do not enter local currency name
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	CDC/AFENET	MCHIP
Traditional Vaccines*	4,337,739	4,337,739	0	0	0	0	0	0
New and underused Vaccines**	23,211,000	1,438,000	21,773,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	24,000	24,000	0	0	0	0	0	0
Personnel	10,542,405	10,351,204	79,140	112,061	0	0	0	0
Other routine recurrent costs	5,356,687	0	0	3,128,397	927,606	333,263	300,000	667,421
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	5,358,468	0	0	55,130	5,303,338	0	0	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunisation	48,830,299							
Total Government Health		16,150,943	21,852,140	3,295,588	6,230,944	333,263	300,000	667,421

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **10**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

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

If **Yes**, which ones?

List CSO member organisations:
Malaria and Childhood Illness (MACIS) NGO Secretariat
Uganda National Health Consumers Organization
Mama' Club

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

Objective 1: To ensure safe, potent and zero stock outs of vaccines and logistics by the end of 2015

1. Develop SOPs and management systems for repair and maintenance
2. Strengthening Repair of fridges and Cold chain maintenance through providing funds to do that work to districts & training some HW cadres to work as DCCAs as we wait for recruitment of qualified cold chain technicians, support the Central cold chain workshop at NMS, technical capacity/financially, proposal by UNICEF, inventory –capacity
3. Conducting a pilot of last mileage delivery model
4. Introduction of a 30 days temperature monitoring devices
5. Distribution and installation of newly procured EPI fridges

Objective 2: To achieve at least 80% coverage for all routine childhood antigens (using DPT-HepB -Hib3 as a measure) in 80 % of districts by 2015

1. Support health facilities to develop/finalize community health facility REC micro plans
2. Strengthen functionality of outreach through continued financial support to facilities and VHTs
3. Building capacity of operational level health workers to provide quality immunization services through training them in OPL courses for immunization
4. Training of all DCCTs/DCCAs in cold chain and vaccine management
5. Capacity building on how to maintain solar direct drive refrigerators
6. Measles follow up campaign integrated with OPV

Objective 3: To ensure that 80% of districts achieve and maintain VPD surveillance quality indicators and high quality data by the end of 2015

1. IDSR training at operational level with special focus on case based NNT surveillance, AFP surveillance
2. Stop Transmission of Polio (STOP) team national and international
3. Vaccine pharmacovigilance integrated with National Drug Authority (NDA) activities
4. Financial and technical support of 10 out 14 Regional supervision strategy
5. Community based disease surveillance
6. Strengthening and facilitating Supportive supervision at all levels using Regional EPI

supervision structure so as to improve quality of services, mentor health workers in data improvement/use, help health workers to make facility microplans for RI (including mapping out schools to outreaches/static units for HPV)

2. 7. Conducting EPI coverage survey: this will need financial & technical support
3. 8. Implementation of data improvement team strategy
9. 9. To support implementation of a KAP study focusing on determining level of confidence in immunization

Objective 4: To achieve at least 90% of districts with a dropout rate of less than 10% by 2015

6. 1. Maintaining high community demand for immunization and improving community surveillance through financial support of operational levels to implement the communication strategy
3. 2. Implement 5th edition of African Vaccination Week

Monitoring and supervision

- 1.

Objective 5: To introduce new vaccines into the routine immunization in all districts by 2015

1. Roll out of HPV vaccine
2. 2. Introduction of IPV
3. 3. Submission of New vaccine introduction proposal for Rotavirus and Men A

- 1.

- 1.

- 1.

- 2.

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	BCG AD Syringe 0.05ml	Government of Uganda
Measles	AD syringe 0.5ml	Government of Uganda
TT	AD syringe 0.5ml	Government of Uganda
DTP-containing vaccine	AD syringe 0.5ml	GAVI
IPV	Not Applicable	Not Applicable
Measles	AD syringe Reconstitution 5ml	Government of Uganda

BCG	AD syringe Reconstitution 2ml	Government of Uganda
PCV	AD syringe 0.5ml	GAVI
HPV	AD syringe 0.5ml	Merck Sharp Dohme B.V

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)

The country has not experienced any challenges in implementing the policy.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

After use the sharps are put in a safety box then burn and bury or incineration are done depending on what is available.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Uganda is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Uganda is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Uganda is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV10)	2,736,700	3,830,000	1,830,000	Yes
DTP-HepB-Hib	4,452,200	3,574,000	0	No
HPV quadrivalent	0	0	0	No

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

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

There is a difference in utilization of Penta and PCV antigens. This is because:

- There were varied introduction times across districts because training was done at different times. In addition, challenges with cold chain capacity including fridges in need of repair further caused delays in some districts.
- Lastly, some districts erroneously immunized children who were older than 1 year. This increased demand initially. This however was mitigated by supervision efforts made during the year.

On the other hand Pentavalent vaccine was being used by all districts in all months of 2014. It should be noted that at the time of EPI review in March, 2015 - It was reported vaccine stock out was no longer a problem at district level. The Mtrac (SMS-based) showed that at facility level, 12% of facilities had some stock out of at least one vaccine. This is chiefly due to the fact that some facilities had no stand-by gas cylinder, some districts expect facilities to pick vaccines causing irregular distribution and finally, and some facilities are in

hard to reach areas.

- 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.

The following steps were taken in 2014:

1. Districts were trained in vaccine management
2. Improvement in communication between the districts and National Medical Stores
3. District cold chain assistants/technicians were urged to mentor the health facilities to improve vaccine management.

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.

Districts reported stock outs at different times of the year however there were no stock outs of PCV10 at the national level.

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	01/06/2002
Phased introduction	No	01/06/2002
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	0

When is the Post Introduction Evaluation (PIE) planned? **December 0**

HPV quadrivalent, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	01/10/2015
Phased introduction	No	01/10/2015
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **November 2016**

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Nationwide introduction	No	27/04/2013
Phased introduction	Yes	02/06/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was delayed of accessibility of funds at the sub national level.

When is the Post Introduction Evaluation (PIE) planned? **February 2015**

7.2.2. 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))

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**

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? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

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:

Not applicable, the NITAG was established in November 2014.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	1,337,000	3,701,885,600
Remaining funds (carry over) from 2013 (B)	590,098	1,491,740,334
Total funds available in 2014 (C=A+B)	1,927,098	5,193,625,934
Total Expenditures in 2014 (D)	229,518	491,827,793
Balance carried over to 2015 (E=C-D)	1,697,580	4,701,798,141

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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

Two hundred and twenty nine thousand five hundred and eighteen US dollars were utilized to pay arrears of activities conducted in 2013. In addition to the arrears mentoring of health workers was conducted in 21 districts following the assessment report by WHO.

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

Problems

- Delays by districts to submit new account numbers

Solution

- MoH continued to ask the concerned districts to submit the correct account numbers and they finally complied

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

We anticipate to use all HPV and PCV10 in 2015. The activities planned for 2015 include:

For HPV at central level

- Planning and Coordination meetings for introduction of HPV
- Sensitization of professional bodies
- Regional microplanning
- District and sub county training
- Cold chain maintenance
- Training for HPV introduction at national and sub national levels
- Conduct social mobilization activities
- Production of IEC materials
- Surveillance and monitoring
- Production and printing of training materials

For PCV

- Sensitization and orientation of religious leaders on immunization focussing on new vaccines
- Operational level training of health workers

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	322,136	434,700
Awarded Vaccine #2: HPV quadrivalent, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	156,700
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	322136	
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, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: HPV quadrivalent, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government

Awarded Vaccine #2: HPV quadrivalent, 1 dose(s) per vial, LIQUID	October	Government
Awarded Vaccine #3: 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	
	The country will need technical assistance to develop a financial sustainability plan for routine immunization program including new vaccine introductions.	

*Note: co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **October 2014**

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

Not applicable

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Uganda does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 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 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **HPV quadrivalent, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **HPV quadrivalent, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **HPV quadrivalent, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **HPV quadrivalent, 1 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

Not selected

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2013	2014	2015	2016	2017
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		3.40 %	4.30 %	3.60 %	4.40 %
HPV quadrivalent, 1 dose(s) per vial, LIQUID	HPV quadrivalent, 1 dose(s) per vial, LIQUID		3.80 %	3.80 %	3.80 %	4.60 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		4.40 %	4.50 %	4.40 %	4.50 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	1,574,471	1,624,854	1,776,257	4,975,582
	Number of children to be vaccinated with the first dose	Parameter	#	1,594,645	1,624,854	1,776,257	4,995,756
	Number of children to be vaccinated with the third dose	Parameter	#	1,546,806	1,576,108	1,722,970	4,845,884
	Immunisation coverage with the third dose	Parameter	%	98.24 %	97.00 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.25	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	696,980			
	Stock across second level Dec 31, 2014 (if available)*		#	696,980			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	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	Parameter	\$		0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.30 %	3.60 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There are no differences.

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.

3

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			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	2016
Number of vaccine doses	#	4,017,500	5,411,500	5,281,400
Number of AD syringes	#	3,581,800	6,029,000	5,873,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	39,775	66,325	65,100
Total value to be co-financed by GAVI	\$	8,439,500	11,209,500	10,067,500

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

		2014	2015	2016
Number of vaccine doses	#	434,700	598,500	635,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country [1]	\$	890,500	1,202,000	1,212,000

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,594,645	1,624,854	
B1	Number of children to be vaccinated with the third dose	Table 4	1,546,806	1,624,854	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	

D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	4,716,482	4,805,831		
E	Estimated vaccine wastage factor	Table 4	1.25	1.11		
F	Number of doses needed including wastage	$D \times E$		5,334,472		
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.25$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.25$ ≥ 0 				
H	Stock to be deducted	$H1 - (F \text{ (2015) current estimation} \times 0.25)$				
H1	Calculated opening stock	$H2 \text{ (2015)} + H3 \text{ (2015)} - F \text{ (2015)}$				
H2	Reported stock on January 1st	Table 7.11.1	182,883	696,980		
H3	Shipment plan	Approved volume		6,010,000		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		6,010,000		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$				
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$				
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$				
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

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	2014			
		Total	Government	GAVI	
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,776,257	190,822	1,585,435
B1	Number of children to be vaccinated with the third dose	Table 4	1,722,970	185,098	1,537,872
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	5,253,637	564,394	4,689,243

E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	5,831,537	626,478	5,205,059
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved): $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.25$</i> <i>else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.25 \geq 0$</i> 	124,267	13,350	110,917
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.25)$	38,892	4,179	34,713
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	1,372,509	147,448	1,225,061
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	5,917,000	635,659	5,281,341
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	5,872,914	0	5,872,914
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	65,088	0	65,088
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	10,632,849	1,142,278	9,490,571
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	263,107	0	263,107
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	355	0	355
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	382,783	41,123	341,660
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	11,279,094	1,211,704	10,067,390
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,183,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74 %		

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	# 1,574,471	1,624,854	1,776,257	4,975,582
	Number of children to be vaccinated with the first dose	Parameter	# 1,594,645	1,624,854	1,776,257	4,995,756
	Number of children to be vaccinated with the third dose	Parameter	# 1,546,806	1,576,108	1,722,970	4,845,884
	Immunisation coverage with the third dose	Parameter	% 98.24 %	97.00 %	97.00 %	
	Number of doses per child	Parameter	# 3	3	3	
	Estimated vaccine wastage factor	Parameter	# 1.05	1.11	1.05	
	Stock in Central Store Dec 31, 2014		# 800,400			
	Stock across second level Dec 31, 2014 (if available)*		# 800,400			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	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	Parameter	\$	0.20	0.20	
ca	AD syringe price per unit	Parameter	\$	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$	0	0	
cs	Safety box price per unit	Parameter	\$	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%	4.50 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no difference between the stock levels of 31st December 2014 and 1st January 2015.

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,594,645	1,624,854	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	4,783,935	4,874,562	
E	Estimated vaccine wastage factor	Table 4	1.05	1.11	
F	Number of doses needed including wastage	$D \times E$		5,410,764	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	800,400	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		4,861,600	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	4.28 %		
B	Number of children to be vaccinated with the first dose	Table 4	764,318	32,683	731,635
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,292,954	98,048	2,194,906
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	2,292,954	98,048	2,194,906
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	573,239	24,512	548,727
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,866,200	122,560	2,743,640
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	3,152,813	0	3,152,813
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,915,098	552,255	12,362,843
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	141,247	0	141,247
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	490,774	20,986	469,788
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	13,547,119	579,280	12,967,839
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	573,240		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	4.28 %		

Table 7.11.4: Calculation of requirements for HPV quadrivalent, 1 dose(s) per vial, LIQUID (part 3)

	Formula	2017			
		Total	Government	GAVI	
A	Country co-finance	V	5.12 %		
B	Number of children to be vaccinated with the first dose	Table 4	788,777	40,391	748,386
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,366,331	121,172	2,245,159
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	2,366,331	121,172	2,245,159
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	591,583	30,293	561,290
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,958,000	151,469	2,806,531
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	3,253,706	0	3,253,706
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	11,045,172	565,584	10,479,588
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	145,767	0	145,767
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	508,078	26,017	482,061
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	11,699,017	599,065	11,099,952
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	591,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.12 %		

Table 7.11.1: Specifications for HPV quadrivalent, 1 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	1,574,471	1,624,854	1,776,257	1,713,000	6,688,582
	Number of children to be vaccinated with the first dose	Parameter	#	0	0	764,318	788,777	1,553,095
	Number of children to be vaccinated with the third dose	Parameter	#			679,394	701,135	1,380,529
	Immunisation coverage with the third dose	Parameter	%	0.00 %	0.00 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.00	1.00	1.00	
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
cc	Country co-financing per dose	Parameter	\$		0.00	0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%			3.80 %	4.60 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Uganda has not received any HPV vaccine.

Co-financing tables for HPV quadrivalent, 1 dose(s) per vial, LIQUID

Co-financing group	Low
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	2014	2015	2016	2017
Minimum co-financing		0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20
Your co-financing			0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,594,645	1,624,854	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	4,783,935	4,874,562	
E	Estimated vaccine wastage factor	Table 4	1.05	1.11	
F	Number of doses needed including wastage	$D \times E$		5,410,764	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	0	800,400	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		4,861,600	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	4.28 %		
B	Number of children to be vaccinated with the first dose	Table 4	764,318	32,683	731,635
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,292,954	98,048	2,194,906
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	2,292,954	98,048	2,194,906
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	573,239	24,512	548,727
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,866,200	122,560	2,743,640
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	3,152,813	0	3,152,813
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,915,098	552,255	12,362,843
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	141,247	0	141,247
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	490,774	20,986	469,788
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	13,547,119	579,280	12,967,839
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	573,240		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	4.28 %		

Table 7.11.4: Calculation of requirements for HPV quadrivalent, 1 dose(s) per vial, LIQUID (part 3)

	Formula	2017			
		Total	Government	GAVI	
A	Country co-finance	V	5.12 %		
B	Number of children to be vaccinated with the first dose	Table 4	788,777	40,391	748,386
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,366,331	121,172	2,245,159
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	2,366,331	121,172	2,245,159
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	591,583	30,293	561,290
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,958,000	151,469	2,806,531
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	3,253,706	0	3,253,706
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	11,045,172	565,584	10,479,588
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	145,767	0	145,767
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	508,078	26,017	482,061
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	11,699,017	599,065	11,099,952
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	591,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.12 %		

8. 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 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

8.1. Report on the use of HSS funds in 2014 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.

30th June 2016

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).

8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.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 8.1.3.a](#) and [8.1.3.b](#).

8.1.2. 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 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
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	4372695	0
Remaining funds (carry over) from previous year (B)						3879616
Total Funds available during the calendar year (C=A+B)					4372695	3879616

Total expenditure during the calendar year (D)					5316	677748
Balance carried forward to next calendar year (E=C-D)					4367379	3201868
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]					0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	4856000000	4856000000	4856000000	4856000000	4841287200	4864377600
Revised annual budgets (if revised by previous Annual Progress Reviews)						0
Total funds received from GAVI during the calendar year (A)					1100170062	0
Remaining funds (carry over) from previous year (B)						9807669248
Total Funds available during the calendar year (C=A+B)					1100170062	9807669248
Total expenditure during the calendar year (D)					13437956	1972151733
Balance carried forward to next calendar year (E=C-D)					1098826266	7835517515
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]					0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	1970	1916	2315	2477	2693	
Closing on 31 December	1905	2314	2496	2690	2522	

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

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)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Objective 1: To improve the delivery of UNMHCP including immunisation by providing the necessary infrastructure, logistics supplies and management training			
1.1 Purchase 4 40 hp motorised boats 1 each for Namayingo, Kalangala, Mukono, and Buvuma districts with deep water Islands	Purchase 4 40 hp motorised boats 1 each for Namayingo, Kalangala, Mukono, and Buvuma districts with deep water Islands	5	Ministry of Health, GAVI Secretariat
1.2 Purchase 6 40hp motorised boats 1 each for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri	Purchase 6 40hp motorised boats 1 each for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri	5	Ministry of Health, GAVI Secretariat
1.3 Purchase 4 insulated trucks at the national level	Purchase 4 insulated trucks at the national level	5	Ministry of Health, GAVI Secretariat
1.4 Purchase 50 motor vehicles for districts	Purchase 50 motor vehicles for districts	5	Ministry of Health, GAVI Secretariat
1.5 Purchase 7 motor vehicles for central monitoring of GAVI activities (2 UNEPI, 2 for ESD & CS, 3 for coordination office)	Purchase 7 motor vehicles for central monitoring of GAVI activities (2 UNEPI, 2 for ESD & CS, 3 for coordination office)	5	Ministry of Health, GAVI Secretariat
1.6 Purchase 600 motorcycles for districts and HC III's	Purchase 600 motorcycles for districts and HC III's	5	Ministry of Health, GAVI Secretariat
1.7 Purchase 1,500 bicycles for HCII's in hard to reach areas	Purchase 1,500 bicycles for HCII's in hard to reach areas	5	Ministry of Health, GAVI Secretariat
1.8a Construction of national vaccine stores at national level (2000 SQM)	Construction of national vaccine stores at national level (2000 SQM)	0	
1.8b Consultancy services for design and supervision; National Vaccine Store and offices, District Stores, staff houses	Consultancy services for design and supervision; National Vaccine Store and offices, District Stores, staff houses	0	
1.9 Construct 20 district stores in new districts (170 SQM/store @ \$64,940)	Construct 20 district stores in new districts (170 SQM/store @ \$64,940)	0	
1.10a. Procurement, transportation and installation of 12 cold chain	Procurement, transportation and installation of 12 cold chain equipment for national	5	Ministry of Health, GAVI Secretariat

equipment for national vaccine stores	vaccine stores		
1.10b. Procurement of 2 generators for the national vaccine store, 50KVA	Procurement of 2 generators for the national vaccine store, 50KVA	5	Ministry of Health, GAVI Secretariat
1.10c. Procurement, transportation and installation of a freezer room for the national vaccine store	Procurement, transportation and installation of a freezer room for the national vaccine store	5	Ministry of Health, GAVI Secretariat
1.10d. Procurement, transportation and installation of 224 fridges at district level	Procurement, transportation and installation of 224 fridges at district level	5	Ministry of Health, GAVI Secretariat
1.10e. Procurement, transportation and installation of 150 freezers at district level	Procurement, transportation and installation of 150 freezers at district level	5	Ministry of Health, GAVI Secretariat
1.10f. Procurement of 112 generators for the district stores, 10KVA	Procurement of 112 generators for the district stores, 10KVA	5	Ministry of Health, GAVI Secretariat
1.10g. Procurement, transportation and installation of an end to end temperature monitoring system.	Procurement, transportation and installation of an end to end temperature monitoring system.	5	Ministry of Health, GAVI Secretariat
1.10h. Recruitment of three additional cold chain staff	Recruitment of three additional cold chain staff	67	Recruitment report
1.10i. Funds to support supervision at the regional level	Funds to support supervision at the regional level	0	
1.10j. Fuel for the running of 112 generators at the district level	Fuel for the running of 112 generators at the district level	0	
1.10k. Procurement, transportation and installation of 536 fridges at the health centre III level	Procurement, transportation and installation of 536 fridges at the health centre III level	5	Ministry of Health, GAVI Secretariat
1.11. Construct 26 semi-detached units providing 52 dwellings in hard to reach districts/areas for HWs (\$190 SQM) \$500 SQM	Construct 26 semi-detached units providing 52 dwellings in hard to reach districts/areas for HWs (\$190 SQM) \$500 SQM	0	
1.12. Install solar energy in 26 semi-detached units	Install solar energy in 26 semi-detached units	0	
1.13. Training middle and operational managers at district and lower levels in MLM	Training middle and operational managers at district and lower levels in MLM	40	Ministry of Health, GAVI Secretariat
1.14a. Supervision, Monitoring & Evaluation and Outreaches at district level	Supervision, Monitoring & Evaluation and Outreaches at district level	0	
1.14b. Supervision, Monitoring & Evaluation at national level	Supervision, Monitoring & Evaluation at national level	50	Ministry of Health, GAVI Secretariat
1.14c. Support of internal audit activities	Support of internal audit activities	25	2013/2014 Internal Audit Report
1.15. Recruit an M&E Specialist for UNEPI	Recruit an M&E Specialist for UNEPI	100	Recruitment reports

1.16. Recruit an accountant to manage internal GAVI funds and accountability	Recruit an accountant to manage internal GAVI funds and accountability	100	Recruitment reports
1.17. Recruit a project administrative officer	Recruit a project administrative officer	100	Recruitment reports
1.18. Administrative costs	Administrative costs	40	Unit Reports
1.19. Engagement of an external audit firm	Engagement of an external audit firm	80	Draft 2012/2013 External Audit Reports
Objective 2: 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.			
2.1a. Operationalise the VHT strategy targeting poorly performing districts (36 districts each with 320 VHTs)	Operationalise the VHT strategy targeting poorly performing districts (36 districts each with 320 VHTs)	0	
2.1b. Train 100 Health Educators in 50 districts to support operations of VHT	Train 100 Health Educators in 50 districts to support operations of VHT	0	
2.2 Purchase 52347 kits for VHTs	Purchase 52347 kits for VHTs	0	
2.3 Conduct a comprehensive assessment of VHTs	Conduct a comprehensive assessment of VHTs	80	Assessment Reports at UNFPA/Pathfinder
Objective 3:To strengthen the capacity of the health workers at all levels of health care delivery at district level to manage and utilise their data.			
3.1 Train Health Workers at health sub-district level in data management	Train Health Workers at health sub-district level in data management	50	Training Reports by Resource Centre, MoH
3.2 Support Resource Centre to carry out data validation exercises at health sub-district level	Support Resource Centre to carry out data validation exercises at health sub-district level	80	Activity Reports at Resource Centre, MoH
3.3 Purchase 35 computers with all accessories for requiring districts	Purchase 35 computers with all accessories for requiring districts	5	Ministry of Health, GAVI Secretariat
3.4 Install email connectivity in 35 requiring districts	Install email connectivity in 35 requiring districts	0	
Objective 4: To strengthen the capacity of the private sector to deliver immunisation and other child health services by providing cold chain and training and other related issues.			
4.5 Purchase of 1000 vaccine carriers 1 per facility for 1000 clinics at a unit cost of \$30.	Purchase of 1000 vaccine carriers 1 per facility for 1000 clinics at a unit cost of \$30.	5	Ministry of Health, GAVI Secretariat
4.4 Evaluate private sector involvement in EPI and other	Evaluate private sector involvement in EPI and other	40	FPHR Recruitment report of M&E specialist

MCH activities	MCH activities		
4.3 Train 200 health workers from private clinics in immunization, IDSR and reporting	Train 200 health workers from private clinics in immunization, IDSR and reporting	100	FPHP quarterly Reports
4.2 Purchase 100 refrigerators for 100 private clinics	Purchase 100 refrigerators for 100 private clinics	5	Ministry of Health, GAVI Secretariat
4.1 Conduct accreditation and mapping of private clinics in Kampala	Conduct accreditation and mapping of private clinics in Kampala	100	Activity Reports by FPHP

8.2.1 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
Objective 1: To improve the delivery of UNMHCP inc	
1.1 Purchase 4 40 hp motorised boats 1 each for N	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for motorized boats on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.2 Purchase 6 40hp motorised boats 1 each for Wak	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for motorized boats on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.3 Purchase 4 insulated trucks at the national le	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for insulated trucks on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.4 Purchase 50 motor vehicles for districts	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for motor vehicles on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.5 Purchase 7 motor vehicles for central monitori	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for motor vehicles on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014

	<p>UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>
1.6 Purchase 600 motorcycles for districts and HC	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>
1.7 Purchase 1,500 bicycles for HCIs in hard to r	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>
1.8a Construction of national vaccine stores at na	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. Catholic Relief Services (CRS) was tasked by GAVI Alliance to provide cost estimates for the constructions of district medicine stores and staff houses. The first draft cost estimates were completed in October 2014 and submitted to MOH and GAVI Alliance. However the costs were found to be relatively high and a decision on them was deferred by December 2014.</p> <p>JSI was tasked to provide cost estimates for construction of national vaccine stores but declined. JSI declined in September 2014. In December 2014 NMS proposed to first expand the current capacity at the National Medical Stores to handle new vaccines which was approved by Top management MOH.</p>
1.8b Consultancy services for design and supervis	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. Catholic Relief Services (CRS) was tasked by GAVI Alliance to provide cost estimates for the constructions of district medicine stores and staff houses. The first draft cost estimates were completed in October 2014 and submitted to MOH and GAVI Alliance. However the costs were found to be relatively high and a decision on them was deferred by December 2014.</p> <p>JSI was tasked to provide cost estimates for construction of national vaccine stores but declined. JSI declined in September 2014. In December 2014 NMS proposed to first expand the current capacity at the National Medical Stores to handle new vaccines which was approved by Top management MOH.</p>
1.9 Construct 20 district stores in new districts	<p>Changes in Implementation Modalities, Activity to be executed by CRS, to be confirmed by Gavi, Alliance, Geneva</p>
1.10a. Procurement, transportation and installatio	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>

	budgeted.
1.10b. Procurement of 2 generators for the natio	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.10c. Procurement, transportation and installatio	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.10d. Procurement, transportation and installatio	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.10e. Procurement, transportation and installatio	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.10f. Procurement of 112 generators for the distr	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.10g. Procurement, transportation and installatio	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared.

	Unit cost of items were found to be higher than originally budgeted.
1.10h. Recruitment of three additional cold chain	Ten shortlisted cold chain technicians were interviewed, three were appointed in August 2014, two accepted and reported and started working in September 2014. The third one did not report. UNEPI recommended that the fourth best candidate be contacted for the offer.
1.10i. Funds to support supervision at the regiona	This activity was done using other sources of funds (ISS, UNICEF, WHO).
1.10j. Fuel for the running of 112 generators at t	Activity dependant on procurement of generators by UNICEF
1.10k. Procurement, transportation and installatio	Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.
1.11. Construct 26 semi-detached units providing 5	Changes in Implementation Modalities, Activity to be executed by CRS, to be confirmed by Gavi, Alliance, Geneva
1.12. Install solar energy in 26 semi-detached unit	Changes in Implementation Modalities, Activity to be executed by CRS, to be confirmed by Gavi, Alliance, Geneva. Dependent on implementation of activity 1.11
1.13. Training middle and operational managers at	This activity was conducted by Pharmacy division of MOH, 200 participants were drawn from 36 districts and trained in vaccine logistics management.
1.14a. Supervision, Monitoring & Evaluation and O	Delayed submission of accountabilities by districts and the need to clear ISS funds first to reduce financial risks to the districts
1.14b. Supervision, Monitoring & Evaluation at nat	Two out of four expected supervision activities were carried out due other national immunization competing activities such as PIRI and preparations for a national POLIO campaigns.
1.14c. Support of internal audit activities	
1.15. Recruit an M&E Specialist for UNEPI	Recruitment was finalized and the officer is working.
1.16. Recruit an accountant to manage internal GAVI	Recruitment was finalized and the officer is working.
1.17. Recruit a project administrative officer	Recruitment was finalized and the officer is working.
1.18. Administrative costs	Most of the administrative costs are dependent on procurement processes.
1.19. Engagement of an external audit firm	The activity has been implemented. A draft report is available.
Objective 2: To support the participation of commu	
2.1a. Operationalise the VHT strategy targeting po	MOH has proposed a change in VHT strategy and decided to start with a VHT comprehensive assessment in order to inform the way forward.
2.1b. Train 100 Health Educators in 50 districts	MOH has proposed a change in VHT strategy and decided to start with a VHT comprehensive assessment in order to inform the way forward.
2.2 Purchase 52347 kits for VHTs	MOH has proposed a change in VHT strategy and decided to start with a VHT comprehensive assessment in order to inform the way forward.
2.3 Conduct a comprehensive assessment of VHTs	The VHT assessment was conducted between October and December 2014. A final report to be submitted in 2015.
3.1 Train Health Workers at health sub-district le	222 operational level health workers were trained in DHIS2 from 3 districts. 81 national TOTs were trained for data improvement teams that would train and supervise the district data improvement teams.
Objective 3: To strengthen the capacity of the heal	
3.2 Support Resource Centre to carry out data vali	One data validation exercise was conducted in 8 districts in 40 health facilities.

3.3 Purchase 35 computers with all accessories for	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>
3.4 Install email connectivity in 35 requiring dis	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>
Objective 4: To strengthen the capacity of the pri	
4.1 Conduct accreditation and mapping of private c	<p>FPHP mapped 1,517 Private Health Clinics in Kampala Capital City Authority (KCCA).</p>
4.2 Purchase 100 refrigerators for 100 private cli	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>
4.3 Train 200 health workers from private clinics	<p>FPHP in close collaboration with UNEPI trained 200 health workers from 179 private clinics and hospitals on immunization, IDSR and HMIS reporting.</p>
4.4 Evaluate private sector involvement in EPI and	<p>FPHP has conducted 3 quarterly review meetings, one support supervision visit and hired an M&E specialist.</p>
4.5 Purchase of 1000 vaccine carriers 1 per facili	<p>Changes in Implementation Modalities were effected by March 2014 after GAVI mission in Uganda in February 2014. UNICEF became the procurement organization for vehicles, cold chain equipment and data collection tools on behalf of MOH. Cost estimates for the above items were finalized in August 2014. In October 2014, a Tripartite Agreement between MOH, UNICEF and GAVI Alliance was signed. In November 2014 UNICEF received funds from GAVI alliance for the procurements. In December 2014 procurement order placements were prepared. Unit cost of items were found to be higher than originally budgeted.</p>

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

Generally, 75% of the HSS component is procurements. However, by 31st December 2013, none of the planned procurements was successful. To reduce the procurement burden to GoU, GoU requested GAVI Secretariat - Geneva to source for the procurement implementing agencies. By December 2014, Gavi, the vaccine alliance had identified UNICEF as a procurement agent for transport equipment, cold chain equipment and monitoring tools. The procurement agent for constructions had not been identified yet although Gavi had proposed CRS and CRS had developed BoGs which were yet to be discussed and agreed upon with GoU. The processes for identifying the agencies and signing a tripartite agreement with UNICEF were protracted hence delay.

The UNEPI programme that implements most of the district based activities under the HSS component was involved in campaigns which were occasioned by disease outbreaks and threats

from neighboring countries. With the thin human resource capacity of the programme activities delayed.

8.2.3 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?

To boost human resources capacity and in line with human resource needs of UNEPI, Gavi HSS grant has been utilized to recruit and remunerate two cold chain technicians at a rate commensurate with the government rate with the intention of GoU taking over their remuneration after 2 years of recruitment by Gavi.

Part of the HSS funds was utilized to support coordination, administration and harmonization of GAVI/UNEPI priorities and action plans which are derived from the coverage improvement plan.

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
DTP3 coverage - % of surviving infants receiving three doses of the diphtheria-tetanus-pertussis vaccine (DTP3)	78	2012	90	88	80	82	78	86	101	DHIS2 and UBOS	
DTP3 coverage numerator (number of doses administered through routine services)	1,149,656	2012	1598631	1,467,671					1,570,908	DHIS2	
DTP3 coverage denominator (number in target group)	1,467,650	2012	1776257	1,667,809					1,558,542	UBOS	
MCV1 coverage - % of surviving infants receiving first dose of measles containing vaccine	82	2012	90	88	73	75	82	86	96	DHIS2 and UBOS	
MCV1 coverage numerator (number of doses administered through routine services)	1,203,473	2012	1598631	1,467,672					1,492,671	DHIS2	
MCV1 coverage denominator (number in target group)	1,467,650	2012	1776257	1,667,809					1,558,542	UBOS	
Geographic equity of DTP 3 coverage - % of	42	2012	95	75					86	DHIS2	

districts that have at or above 80% DTP3 coverage											
Socio-economic equity in immunisation coverage - DTP3 coverage in the lowest wealth quintile is +/- X % points of the coverage in the highest wealth quintile	0.9	2011								UDHS	
Drop out rate - percentage point difference between DTP1 and DTP3 coverage	7	2012	6	8			7	9	7	DHIS2	
Proportion of children fully immunised - % of children aged 12-23 months who receive all basic vaccinations in a country's routine immunisation program	51.6	2011	59.5	58						UDHS	

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The current HSS grant is supporting four main objectives namely i) provision of necessary infrastructure at the service delivery points ii) scaling up, establishment and training of VHTs iii) capacity building in data management of operational level health workers iv) strengthening the capacity of private sector in Uganda to provide high quality immunization services. Almost all accomplishments in 2014 were processes so the impact could not be assessed now but during subsequent annual performance reports.

Under objective 1 following the decision to transfer procurements to procurement agencies, a tripartite agreement was signed between GAVI alliance, Government of Uganda and UNICEF. Procurement of cold chain equipment, vehicles, data management tools was initiated in 2014. The expected delivery time beginning 2015. This activity was conducted during the 4th quarter of 2014.

Objective 2: A national assessment of Village Health Teams was conducted during the last quarter of 2014 to assess the status and functionality of VHTs in order to improve the planning and delivery of health services to households and communities. This activity will inform future plans of operationalization of VHTs.

Objective 3: GAVI HSS funds supported the capacity building of 81 national data improvement teams comprising of officers from Ministry of Health/Resource Centre, Epidemiological Surveillance Division, UNEPI, UVRI, GAVI coordination unit; partners (WHO, UNICEF, CDC, AFNET, CHAI) and Students from School of Public Health. This activity was conducted during the 4th quarter of 2014. Data quality validation was conducted in 8 out of 35 poor performing districts.

Objective 4: private sector strengthening: Mapping and assessment of private health facilities in Kampala Capital City Authority was done during the third quarter of 2014. A total of 1,517 private for profit health facilities were mapped, which was followed by training of 100 health workers in basic immunization service delivery. The same opportunity was used to identify gaps in cold chain capacity (lack of fridges, vaccine carriers etc) and also align them with the Ministry of Health regular

reporting system.

8.4.2. 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 and installation is complete.

The Procurement process for items planned for in the HSS component was slow. The alternative modality agreed upon by Ministry of Health and GAVI Secretariat has relatively been slow. Provision of TA to support huge procurement in government will need to be explored. <?xml:namespace prefix = "o" />

Delay in recruitment of key staff such as M&E Specialist and Administrator affected the pace of implementation. Need to expedite processes for recruitment in future.

8.4.3. 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 secretariat has resource persons to follow up on various financial transactions working hand in hand with UNEPI program officers. <?xml:namespace prefix = "o" />

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

The GAVI technical advisory team monitors and reviews the financial flows, implementation and reporting.

The full country evaluation team implements process evaluations on different areas of the project including, funds flow, NIG, activity implementation and service delivery.

8.4.4. 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 adopted most of the already existing health indicators in the HMIS, in alignment with the Health Sector Strategic and Investment Plan III. <?xml:namespace prefix = "o" />

Most of the variables that feed into the indicators are already captured in the existing HMIS data collection tools except process/activity indicators. During the biannual and annual joint health sector reviews, Gavi implementation is also reviewed in line with sector wide planning principles. Planning, monitoring and reporting on Gavi HSS is also embedded in the Output Budgeting Tool framework of the GoU.

8.4.5. 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 including;

1. GAVICSO platform - Advocacy, demand creation, ensuring transparency and accountability and harmonization of all CSOs in Uganda for immunization services.
2. Federation for Private Health Practitioners - Strengthening the Private sector-Public health partnership for immunization
3. WHO & UNICEF - UN agencies-Technical assistance
4. Health Policy Advisory Committee-Health sector oversight-Policy setting <?xml:namespace prefix = "o" />

5. UNFPA and pathfinder - implementing the VHT interventions of the HSS grant

6. UNEPI - providing the technical direction of the grant and harmonizing initiatives with national priorities

8.4.6. 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.

8.4.7. 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

Generally, the management of GAVI funds has been effective. The decision by top management to request Gavi to identify procurement agents for most of the procurement is testimony to GoU's trust in the effectiveness of HSS funds. Although, the process of procurement is slow, it is clear that the objective of GoU and procurement agencies such as UNICEF is financial prudence.

The constraint to internal disbursement of funds was delays by districts to update bank accounts and also the delay by districts to submit accountabilities for previously disbursed funds. To address these challenges, the MoH/GAVI secretariat persistently wrote to districts requesting them to provide valid accounts as well as submit accountabilities that were due for accountability according to the financial guidelines provided and the MoU signed between the districts and MoH.

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned 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)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Purchase 10 25hp motorised boats 1 each for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri	Purchase 10 25hp motorised boats 1 each for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri	144000	0		The HSS budget was developed in 2007. When MoH and GAVI agreed to use UNICEF as a procurement agent, the items were costed again in 2014 and the horsepower for 4 of the boats was increased to 40.	220000
Purchase 4 insulated trucks at the national level	Purchase 4 insulated trucks at the national level	792000	0		The HSS budget was developed in 2007. When MoH and GAVI agreed to use UNICEF as a procurement agent, the items were costed again in 2014 and the prices had increased	920000
Purchase 50 motor vehicles for districts	Purchase 50 motor vehicles for districts	1500000	0		The supplier offered a lower price	1085000

Purchase 7 motor vehicles for central monitoring of GAVI activities (2 UNEPI, 2 for ESD & CS, 3 for coordination office)	Purchase 7 motor vehicles for central monitoring of GAVI activities (2 UNEPI, 2 for ESD & CS, 3 for coordination office)	287000	0	The supplier offered a lower price	181650
Purchase 616 motorcycles for districts and HC III's (600 units)	Purchase 616 motorcycles for districts and HC III's (600 units)	2094400	0	The supplier offered a lower price and number of bicycles has been reduced to 600	1295248
Purchase 1,720 bicycles for HCII's in hard to reach areas (1,500 units)	Purchase 1,720 bicycles for HCII's in hard to reach areas (1,500 units)	146200	0	The prices has increased	175794
Construction of national vaccine stores at national level (2000 SQM)	Construction of national vaccine stores at national level (2000 SQM)	1780000	0	MoH and GAVI have agreed to postponed this to the next HSS grant and only focused the current grant on remodeling and refurbishing the existing stores	255625
Consultancy services for design and supervision; National Vaccine Store and offices, District Stores, staff houses	Consultancy services for design and supervision; National Vaccine Store and offices, District Stores, staff houses	400000	0	This is an estimate provided by Catholic Relief Services that GAVI and MoH have selected to construct the district medical stores and staff houses	2776367
Procurement, transportation and installation of 12 cold chain equipment for national vaccine stores(12 WICR)	Procurement, transportation and installation of 12 cold chain equipment for national vaccine stores(12 WICR)	428315	0	The supplier offered a lower price	361020
Procurement of 2 generators for the national vaccine store, 50KVA (changed to 75KVA)	Procurement of 2 generators for the national vaccine store, 50KVA (changed to 75KVA)	30000	0	The prices have increased	33500
Procurement, transportation and installation of a freezer room for the national vaccine store	Procurement, transportation and installation of a freezer room for the national vaccine store	52000	0	The supplier has offered the items at a lower price	36689
Procurement, transportation and installation of 224 fridges at district level	Procurement, transportation and installation of 224 fridges at district level	224000	0	The models of the fridges changed as well the price per unit	513234
Procurement, transportation and installation of 150 freezers at district level	Procurement, transportation and installation of 150 freezers at district level	117390	0	The prices had increased	126850
Procurement of 112	Procurement of 112	448000	0	The psecifications were changed	962500

generators for the district stores, 10KVA (Changed to 90 units 50KVAs))	generators for the district stores, 10KVA (Changed to 90 units 50KVAs))					
Procurement, transportation and installation of an end to end temperature monitoring system.	Procurement, transportation and installation of an end to end temperature monitoring system.	117825	0			122750
Recruitment of three additional cold chain staff	Recruitment of three additional cold chain staff	18000	4216			9600
Funds to support supervision at the regional level	Funds to support supervision at the regional level	204288	0			292649
Fuel for the running of 112 generators at the district level	Fuel for the running of 112 generators at the district level	107520	0			53760
Procurement, transportation and installation of 536 fridges at the health centre III level	Procurement, transportation and installation of 536 fridges at the health centre III level	482400	0			1532986
Supervision, Monitoring & Evaluation and Outreaches at district level	Supervision, Monitoring & Evaluation and Outreaches at district level	2218873	32339			1109437
Supervision, Monitoring & Evaluation at national level (UNEPI & HID)	Supervision, Monitoring & Evaluation at national level (UNEPI & HID)	120000	15446			82905
Support of internal audit activities	Support of internal audit activities	40000	21058			20000
Salary for M&E Specialist for UNEPI	Salary for M&E Specialist for UNEPI	60000	16494			25000
Salary for accountant to manage internal GAVI funds and accountability	Salary for accountant to manage internal GAVI funds and accountability	60000	39514			25000
Salary for the project administrative officer	Salary for the project administrative officer	60000	33308			25000
Administrative costs	Administrative costs	495324	294272			399135
Engagement of an external audit firm	Engagement of an external audit firm	50000	0			50000
Operationalise the VHT strategy targeting poorly performing districts (36 districts each	Operationalise the VHT strategy targeting poorly performing districts (36 districts each	1176589	0			475000

with 320VHTs)	with 320VHTs)					
Purchase 52347 kits for VHTs (capacity for CHEW and central coordination)	Purchase 52347 kits for VHTs (capacity for CHEW and central coordination)	523470	0			62000
Train Health Workers at health sub-district level in data management (112 groups of 30 per group across 105 functional health sub-districts)	Train Health Workers at health sub-district level in data management (112 groups of 30 per group across 105 functional health sub-districts)	443473	85919			330817
Purchase 35 computers with all accessories for requiring districts	Purchase 35 computers with all accessories for requiring districts	63119	0			25935
Conduct accreditation and mapping of private clinics in Kampala	Conduct accreditation and mapping of private clinics in Kampala	101694	89585			19041
Purchase 100 refrigerators for 100 private clinics	Purchase 100 refrigerators for 100 private clinics	160000	0			97400
Train 200 health workers from private clinics in immunization, IDSR and reporting (4 groups of 50 participants each)	Train 200 health workers from private clinics in immunization, IDSR and reporting (4 groups of 50 participants each)	25201	22957			26626
Evaluate private sector involvement in EPI and other MCH activities	Evaluate private sector involvement in EPI and other MCH activities	24089	2498			19557
Purchase of 1000 vaccine carriers 1 per facility for 1000 clinics at a unit cost of \$30.	Purchase of 1000 vaccine carriers 1 per facility for 1000 clinics at a unit cost of \$30.	30000	0			23750
		15025170	657606			13771825

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
Consultancy services for design and supervision; National Vaccine Store and offices, District Stores, staff houses	Consultancy services for design and supervision; National Vaccine Store and offices, District Stores, staff houses	400000			5338904
Fuel for the running of 112 generators at the district level	Fuel for the running of 112 generators at the district level	107520			53760
Support of internal audit activities	Support of internal audit activities	40000			20000
Salary for M&E Specialist for UNEPI	Salary for M&E Specialist for UNEPI	60000			17500
Salary for accountant to manage internal GAVI funds and accountability	Salary for accountant to manage internal GAVI funds and accountability	60000			17500
Salary for the project administrative officer	Salary for the project administrative officer	60000			17500
Administrative costs	Administrative costs	495324			366263
Engagement of an external audit firm	Engagement of an external audit firm	50000			50000
Train 100 Health Educators in 50 districts to support operations of VHT	Train 100 Health Educators in 50 districts to support operations of VHT	278542			230000
		1551386			

8.7. 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@gavi.org

8.8. 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 8.8: 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

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

8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
District Health Management Information System Two	Data run by different entities (MoH & WHO)	
Uganda Bureau of Statistics		

8.9.2. 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.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?10

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

9.1. 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 2014

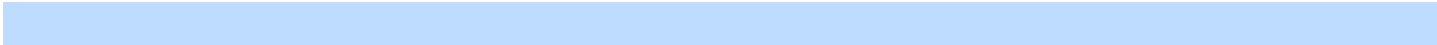
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Uganda is not reporting on GAVI TYPE B CSO support for 2014

10. 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



11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Ministers of Health & Finance.pdf File desc: Date/time : 14/05/2015 10:03:41 Size: 756 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Ministers of Health & Finance.pdf File desc: Date/time : 14/05/2015 10:04:22 Size: 756 KB
3	Signatures of members of ICC	2.2	✓	HPAC report endorsement.pdf File desc: Date/time : 06/05/2015 04:09:14 Size: 463 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	HPAC Minutes.pdf File desc: Date/time : 14/05/2015 03:36:12 Size: 5 MB
5	Signatures of members of HSCC	2.3	✓	HPAC report endorsement.pdf File desc: Date/time : 06/05/2015 05:13:57 Size: 463 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	HPAC Minutes.pdf File desc: Date/time : 14/05/2015 03:41:19 Size: 5 MB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	2014 GAVI FINANCIAL REPORT USD & UGX.pdf File desc: Date/time : 14/05/2015 05:58:49 Size: 5 MB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	Document Number 8 & 21 External audit report for ISS and HSS grants.pdf File desc: Date/time : 15/05/2015 05:59:54 Size: 13 KB

9	Post Introduction Evaluation Report	7.2.1	X	UGANDA Combined EPI Review Rpt FD.pdf File desc: Date/time : 06/05/2015 05:45:42 Size: 2 MB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	2014 GAVI FINANCIAL REPORT USD & UGX.pdf File desc: Date/time : 14/05/2015 06:03:12 Size: 5 MB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	Document Number 11.pdf File desc: Date/time : 14/05/2015 01:05:44 Size: 19 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Uganda 2014 EVMA report_final.pdf File desc: Date/time : 09/04/2015 03:17:58 Size: 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Uganda EVMA Oct 2014 Improvement plan.xls File desc: Date/time : 09/04/2015 03:15:22 Size: 48 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Implementation Status -Uganda EVMA Oct 2014 Improvement plan.xls File desc: Date/time : 09/04/2015 04:33:35 Size: 50 KB
16	Valid cMYP if requesting extension of support	7.8	✓	UGANDA EPI cMYP 2012-2016 update_2013 (Repaired).doc File desc: Date/time : 09/04/2015 04:43:11 Size: 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_V3.3 July 2013_UGANDA2.xlsm File desc: Date/time : 09/04/2015 04:46:25 Size: 2 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	HPAC Minutes.pdf File desc: Date/time : 14/05/2015 03:43:06 Size: 5 MB

19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	2014 GAVI FINANCIAL REPORT_USD & UGX.pdf File desc: Date/time : 14/05/2015 06:00:33 Size: 5 MB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	Document Number 20 Financial Statement for HSS Jan - Apr 2015.pdf File desc: Date/time : 15/05/2015 05:59:26 Size: 21 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	Document Number 8 & 21 External audit report for ISS and HSS grants.pdf File desc: Date/time : 15/05/2015 05:59:40 Size: 13 KB
22	HSS Health Sector review report	8.9.3	✓	Final AHSPR 2013_2014.pdf File desc: Date/time : 09/04/2015 04:44:32 Size: 7 MB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	REPORT OF THE MAPPING EXERCISE CSO TYPE A.doc File desc: Date/time : 09/04/2015 04:50:31 Size: 22 KB
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	FINANCIAL STATEMENT FOR CSO TYPE B GRANT.doc File desc: Date/time : 09/04/2015 04:54:32 Size: 22 KB
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	EXTERNAL AUDIT REPORT FOR CSO TYPE B GRANT.doc File desc: Date/time : 09/04/2015 04:55:21 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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	Bank Statements Jan 2014 & Dec 2014.pdf File desc: Date/time : 14/05/2015 05:56:12 Size: 2 MB

27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	MINUTES ICC MEETING ENDORSING CHANGE OF VACCINE PRESENTATION.doc File desc: Date/time : 09/04/2015 04:59:18 Size: 22 KB
28	Justification for changes in target population	5.1	X	Document Number 28 Justification for changes in population targets.pdf File desc: Date/time : 15/05/2015 05:58:39 Size: 18 KB
	Other		X	Other Documents.pdf File desc: Date/time : 15/05/2015 05:58:54 Size: 15 KB

