



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Zambia

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 04:07:32**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

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

Note: 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/performance/country_results/index.php

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010
ISS	2010

2. Signatures

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

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

By signing this page, the Government of Zambia 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 Zambia

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Hon. Kapembwa Simbao, MP	Name	Dr. Situmbeko Musokotwane
Date		Date	
Signature		Signature	

This report has been compiled by

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr. Penelope Kalesha-MASUMBU	Child Health Specialist- MOH	+260 211 222 692	pennykalesha@yahoo.co.uk	
Ms Josephine Simwinda	Chief EPI Office-MOH	+260 211 222 692	jsimwinda@yahoo.com	
Ms Elicah Kamiji	Chief EPI Office-MOH	+260 211 222 692	elicahekamiji@yahoo.com	
Ms Nelacy Mwale	Accountant - MOH	+206 955 772 453	nyasimwale@yahoo.co.uk	
Dr Ngawa Ngoma	Epi Officer-UNICEF	+260 211 252 055	nnngoma@unicef.org	

Full name	Position	Telephone	Email	Action
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Mr Belem Matapo	Logistician- WHO	+260 211 255 336	matapob@zm.afro.who.int	
Ms Cheryl Rudd	CIDRZ	+260 969 320 638	Cheryl.Rudd@cidrz.org	
Ms Mary Kaoma	Child Health-ZISSP			
Mr Charles Zulu	Cold Chain Technician-MOH	+260 211 222 692		
Mr Obert Silwimba	Cold Chain Technician-MOH	+260 211 222 692	osilwimba@yahoo.co.uk	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Hon. Kapembwa Simbao, Minister	Ministry of Health			
Dr. Victor Mukonka, Director Public Health and Research	Ministry of Health			
Dr. Olusegun Babaniyi, Country Representative	World Health Organisation			
Dr. Nilda Lambo, Chief of Health	UNICEF			
Ms. Angela Spilsbury, Health Advisor	DFID			
Dr	CIDA			
Dr. Randy Kolstad, Director, HPN	USAID			
Dr. Jeff Stringer, Director	CIDRZ			
Mr. Mark Vandervolt, Country Director	CARE International			
Mr. Dev Barbbar, Rotarian	Rotary International			
Dr. Nanthalile Mugala, President	Paediatric Association of Zambia			
Ms. Yvonne Mulenga, Country Director	Valid International			
Ms. Karen Simwinga, Executive Director	CHAZ			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr. Christopher Kalila, Deputy Minister	Ministry of Health			
Dr. Victor Mukonka, Director Public Health and Research	Ministry of Health			
Dr. Olusegun Babaniyi, Country Representative	World Health Organisation			
Dr. Nilda Lambo, Chief of Health	UNICEF			
Ms. Angela Spilsbury, Health Advisor	DFID			
Dr. Madani Thiam, Head of Cooperation	CIDA			
Dr. Randy Kolstad, Director, HPN	USAID			
Dr. Jeff Stringer, Director	CIDRZ			
Mr. Mark Vandervolt, Country Director	CARE International			
Mr. Dev Barbbar, Rotarian	Rotary International			
Dr. Nanthalile Mugala, President	Paediatric Association of Zambia			
Ms. Yvonne Mulenga, Country Director	Valid International			
Ms. Karen Simwinga, Executive Director	CHAZ			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

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

Name/Title	Agency/Organisation	Signature	Date	Action
NOT APPLICABLE				

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - **Inter Agency Coordinating Committee**, endorse this report on the GAVI Alliance CSO Support.

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

Name/Title	Agency/Organisation	Signature	Date	Action
NOT APPLICABLE				

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

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	652,325	670,591	689,367	708,669	728,512	748,910
Total infants' deaths	45,663	43,588	41,362	38,977	36,426	33,701
Total surviving infants	606,662	627,003	648,005	669,692	692,086	715,209
Total pregnant women	704,511	737,650	758,304	779,536	801,363	823,801
# of infants vaccinated (to be vaccinated) with BCG	598,935	637,061	661,792	680,322	706,657	726,443
BCG coverage (%) *	92%	95%	96%	96%	97%	97%
# of infants vaccinated (to be vaccinated) with OPV3	483,732	532,932	583,205	629,511	664,403	693,753
OPV3 coverage (%) **	80%	85%	90%	94%	96%	97%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	551,700	576,842	615,605	642,905	671,323	700,905
# of infants vaccinated (to be vaccinated) with DTP3 ***	497,464	539,223	583,205	629,511	664,403	693,753
DTP3 coverage (%) **	82%	86%	90%	94%	96%	97%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	545,997	576,842	615,605	636,208	671,323	700,905
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	497,464	564,302	596,164	626,511	664,403	700,905
3 rd dose coverage (%) **	82%	90%	92%	94%	96%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	579,681	601,922	622,085	649,602	671,323	693,753
Measles coverage (%) **	96%	96%	96%	97%	97%	97%
Pregnant women vaccinated with TT+	500,203	502,943	591,477	615,833	641,090	700,231
TT+ coverage (%) ****	71%	68%	78%	79%	80%	85%
Vit A supplement to mothers within 6 weeks from delivery			615,605	636,208	671,323	700,905
Vit A supplement to infants after 6 months	288,165	297,826	307,802	318,104	328,741	339,724
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	10%	7%	5%	2%	1%	1%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

The changes are in line with the 2010 population census figures provided through the Central Statistical Office. The infant mortality rates for 2010 is 70/1000 live births. Projections of IMR from 2010 progressively decline.

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

The changes are in line with the 2010 population census figures provided through the Central Statistical Office. The infant mortality rates for 2010 is 70/1000 live births. Projections of IMR from 2010 progressively decline.

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

The changes are in line with the 2010 population census figures provided through the Central Statistical Office. The infant mortality rates for 2010 is 70/1000 live births. Projections of IMR from 2010 progressively decline.

Basically when the cMYP was updated, we took into account - new census data from the latest CSO of 2010 - our performance was for the previous year for each antigen. Given the decline in performance for the previous year especially for OPV and Penta, we could not maintain a high target as before but adjusted them downwards to make them more realist and achievable in relation 2010 achievements, while noting the challenges particularly in funding for outreach programs (recovery period). It is hoped that as funding for immunisation activities normalises with time our performance would revert back to our previous high performance.

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

NOT APPLICABLE

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

There was a decline in performance for DTP3 in 2010 as compared to 2009. Key activities conducted were limited due to constraints in finances at district level. Special efforts through ICC were made to mobilise resources to support implementation of the Child Health Weeks at district level.

5.2.2.

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

Financial constraints resulting in significant reduction in outreach activities as has been noted in other assessments including the Joint Annual Review of 2011.

5.2.3.

Do males and females have equal access to the immunisation services? **Unknown**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

There will be advocacy meetings with HMIS unit in the planning department to include immunisation data disaggregation by sex.

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

If Yes, please give a brief description on how you have achieved the equal access.

NO DATA

5.2.4.

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

NO DATA DISAGGREGATION BY SEX

5.3. Data assessments

5.3.1.

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

There are discrepancies between official country estimates and WHO/UNICEF estimates. These discrepancies are due to denominators issues reported by districts.

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

5.3.2.

Have any assessments of administrative data systems been conducted from **2009** to the present? **No**

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

Not applicable

5.3.3.

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

NONE

5.3.4.

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

The country plans to undertake an EPI Coverage and Data Quality Self Assessment with support from partner in 2011.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 4705	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name JICA	Donor name CIDA	Donor name MVN	
Traditional Vaccines*	896,500	896,500				152,856			
New Vaccines	5,961,195	586,447	4,631,104						
Injection supplies with AD syringes	532,079	437,092	94,987						
Injection supply with syringes other than ADs									
Cold Chain equipment									
Personnel	11,895,696	11,895,696							
Other operational costs	3,143,917	1,860,141		387,093	656,325			150,000	
Supplemental Immunisation Activities	2,471,822	724,832		1,160,000	173,452		413,538		
Routine capital costs	50,300	50,300							

<i>Expenditures by Category</i>	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name JICA	Donor name CIDA	Donor name MVN	
<i>Total Expenditures for Immunisation</i>	24,951,509								
Total Government Health		16,451,008	4,726,091	1,547,093	829,777	152,856	413,538	150,000	

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	1,538,470	1,627,153	
New Vaccines	13,542,853	23,090,415	
Injection supplies with AD syringes	806,263	853,168	
Injection supply with syringes other than ADs			
Cold Chain equipment			
Personnel	12,204,847	12,453,438	
Other operational costs	3,313,096	4,300,733	
Supplemental Immunisation Activities	894,670	6,833,632	
Routine capital costs	52,122	52,122	
Total Expenditures for Immunisation	32,352,321	49,210,661	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 6) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

Recommendations from ICC were to sustain high immunisation coverage in view of the declining coverages. It was with this in view that there efforts to mobilise financial resources to support the child health week activities in order to provide districts an opportunity to vaccine children

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

If Yes, which ones?

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

List CSO member organisations:	Actions
CARE International	
CHAZ	
Rotary International	
Paediatric Association of Zambia	
World Vision	

List CSO member organisations:	Actions
Save the Children	
Plan International	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The country's main objective are guided by the Immunisation strategic plan 2011-2015 which are highlighted as follows:

98% Penta3 and fully immunized nationally by 2015

80% of districts to have 80% fully immunized by 2013

Sustain Certification of polio-free status

Sustain Measles mortality reduction by 90%

Sustain Elimination of MNT by 2015

PCV10 introduced by 2012

Rotavirus vaccine introduced by 2013

Measles vaccine second dose introduced by 2012

Sustain the use of only auto-disable syringes for immunization.

Incinerator available in 85% of districts by 2015

5.7. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05 mls AD	Country	
Measles	0.5 mls AD	Country	
TT	0.5 mls AD	Country	
DTP-containing vaccine	0.5 mls AD	Country	

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

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

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

NOT APPLICABLE

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

Sharps and injection waste were disposed of in safety boxes which are disposed of in incinerators where available or through and bury method in standard pits

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 725,803
Balance carried over to 2011	US\$ 562,031

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

Immediately below is a table of detailed expenditure for ISS.

GAVI ISS	
2010	
ISS	
Original annual budget	
Revised annual budget	
Balance b/f	725,803.76
Total funds received	
Other income	14,197.24
Exchange gain/loss	(13,980.49)
Total expenditure	161,272.04
Other charges	2,717.53
Balance c/d	562,030.94

Note that the exchange gain or loss is due to the fluctuations in the exchange rate . The detailed calculations are in the Audited Financial Statements for 2007,2008,2009 and Unaudited Financial report for 2010

No activities were carried in 2010. With the audit of the GAVI account it is possible to separate HSS funds from ISS. Audited financial statements were sent to the GAVI Alliance early in 2011.

All the expenses under ISS funds apart from operational costs in 2010 (i.e. bank charges) are part of the unretired imprests for 2009 that have been retired and are being expensed in 2010. Detailed information is in the 2010 financial statement awaiting audit by the auditor general's office.

A proposed budget was submitted to ICC for approval of balance of GAVI funds (ISS) as program is now informed that all HSS funds have been expended as revealed by audited financial statements. The ICC approved the use of these balances. See ICC minutes of 30 march 2011 where the issue was discussed.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.

If No, please complete Part B below.

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

NOT APPLICABLE

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

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

ISS and HSS funds are held in a commercial bank. ISS funds are included in national health sector plan and budget. During the annual planning process activities to be funded by GAVI funds are indicated and included in the annual plans. The approval process of the health sector plan is done during consultative meetings with all CPs together with approval for all other funding sources. Of activities undertaken at sub national level these are disbursed to sub-national level through bank transfers to district basket accounts.

The Ministry of Health awaits for GAVI's response after submission of audited financial statements for the period 2006-2009 and Auditor General's management letter.

Is GAVI's ISS support reported on the national health sector budget? **No**

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

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify				497,464
2	Number of additional infants that are reported to be vaccinated with DTP3				
3	Calculating	\$20	per additional child vaccinated with DTP3		
4	Rounded-up estimate of expected reward				

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

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

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP- HepB- Hib		1,164,000	0	

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

If numbers [A] and [B] above are different

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

There were no problems encountered in the year under review.

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)

In view of the introduction of new vaccines the country has undertaken to expand cold chain capacity at national and provincial levels and this will be followed by the district and health facility level.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last? NOT APPLICABLE

Please describe the reason and impact of stock-out

NOT APPLICABLE

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	NOT APPLICABLE	
Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned? NOT APPLICABLE

If your country conducted a PIE in the past two years, please attach relevant reports (Document No Last PIE Conducted in 2008 on switch from lyophilized to fully liquid penta)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

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

NOT APPLICABLE

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	0
Receipt date	

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

NOT APPLICABLE

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

NOT APPLICABLE

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

If Yes, how much? US\$

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

NOT APPLICABLE

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	586,447	191,540
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	Gouvernement	
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. Existence of budget line in yellow book and MOH action plan		
2. Early approval by parliament of sector plan, by December of the previous year		
3. Early request by MOH for release of funds from MOFNP		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2 nd Awarded Vaccine		
3 rd Awarded Vaccine		

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

NOT APPLICABLE

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

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted? **15.12.2009**

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° **12**)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

VAR: there is need to install a cold room with the appropriate range of temperatures for the purpose of receiving vaccines at the airport. (Central level)

The Ministry has made arrangements for vaccines to be immediately cleared by a contracted clearing agent on arrival to the central store. The Ministry of Health is given prior notification of any shipments arriving. For any shipment that may arrive on weekends and public holidays special arrangements are made to receive them at the central cold store during that period

Procurement of cold room for storage of vaccines at the airport

Vaccines storage Temperatures: Temperatures recording to be made 7days a week and at least twice/24 hours. All levels to prepare an elaborate contingency plan and display it at the appropriate place within the vaccine store. Conduct training and support supervision for new MCH staff at the provincial and district levels

1. Temperature monitoring is conducted twice on daily basis including weekends and public holidays and documented on standardized temperature monitoring charts.
2. For the newly installed cold room in one of the regions an automatic and manual Temperature monitoring system is in place.
3. MLM trainings targeting all provincial MCH and Cold Chain Officers as well as MCH and Cold Chain Technicians from selected districts whose first module is cold chain and vaccine management.
4. Supportive supervision and mentorship for cold chain management has been conducted for selected district

1. EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians.

2. MLM trainings for in-service and tutors in pre-service Nursing training institutions

Cold store capacity: Install two additional cold rooms at national level; establish a zonal cold store to cater for three provinces.

Building, cold chain equipment and transport: Procure and install standby generators in all provincial and district cold stores. Update the cold inventory status for all levels in line with the Ministry of Health phased replacement plan

1. With a view to address additional cold chain requirements for new vaccine introduction a vaccine cold chain expansion strategy has been developed to address cold chain needs and used to mobilize resources. To date funding has been secured to procure 5 cold rooms (40m³ each) for central level as well as 4 additional cold rooms (30m³ each) for the provincial level along with standby generators. Orders have been placed.

2. A Zonal cold room with backup generator (30,000 litres) has been installed and is operational. This zonal store will cater for three of the nine provinces.

3. Cold chain inventory is collected and updated on a quarterly basis using both manual and an electronic tool at central level while at the lower levels the manual tool is in use. On site mentorship and supervision has been conducted for Cold Chain Technicians to strengthen updating of the inventory.

1. EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians.

2. Receiving, distribution and Installation of nine cold rooms for the central and provincial levels.

3. Continued resource mobilization for cold chain expansion for district and health centre levels.

4. To roll out the electronic chain inventory tool to the provincial and district levels

Maintenance of cold chain equipment and transport: Provide reliable transport for cold chain technician to enable them carry out regular maintenance and repair works (Provincial and district levels). Provinces and districts should prioritize the purchase of adequate stocks of spare parts

1. Through the GAVI Health Systems support window 200 motor bikes were procured. This is in addition to similar efforts by other programmes such as malaria, TB, HIV and Nutrition resulting in all districts being adequately serviced with motor bikes for Cold Chain Technicians.

2. Repair and maintenance of the existing transport fleet is planned for and undertaken by the respective districts

Plans to replace part of this fleet is indicated in the cMYP.

Stock management: Provinces should procure computers and to facilitate computerisation of the stock management system, and train staff accordingly. Management at provincial, district and health facility levels to ensure that standardised stock cards are consistently used.

1. MCH and Cold Chain staff at provincial and district levels have access to shared computers provided through shared programmes.

2. Standardized stock registers have been introduced countrywide

1. EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians.

Effective vaccine delivery: Strengthen stock management and carrying out monthly physical stock counts for vaccines, injection materials and diluents

1. Vaccine Management training through MLM trainings targeting all provincial MCH and Cold Chain Officers as well as MCH and Cold Chain Technicians from selected districts.

2. Two 10 ton trucks have been procured using GAVI funds for the purpose of distributing vaccines and devices to the provincial centres on a quarterly basis, using a mix of the pull and push distribution system

2. Through the planned vaccine cold chain expansion at provincial levels computer shall be procured

1. Introduction of an electronic monitoring system to manage vaccine stocks.

2. MLM trainings for in-service and tutors in pre-service Nursing training institutions

Correct use of diluents for freeze-dried vaccines: Monitoring of stock movements should include the diluents and injection materials at all levels

Vaccine Management training through MLM trainings targeting all provincial MCH and Cold Chain Officers as well as MCH and Cold Chain Technicians from selected districts have been conducted

EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians

MDVP: provide more support by way of job aids, technical guidelines and training staff at all sub national levels and facility in the application and importance of MDVP and vaccine management

Vaccine Management training through MLM trainings targeting all provincial MCH and Cold Chain Officers as well as MCH and Cold Chain Technicians from selected districts have been conducted.

EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians.

Printing and distribution of Job Aids for use at all levels particularly at the service delivery level

Developing Job Aids for Health Workers for use at all levels particularly at the service delivery level

VVM: Prepare and print and display posters and stickers at appropriate places. Train staff on the reading and interpretation and use of VVM for management purposes.

1. Vaccine Management training through MLM trainings targeting all provincial MCH and Cold Chain Officers as well as MCH and Cold Chain Technicians from selected districts have been conducted.

2. Developing Job Aids for Health Workers for use at all levels particularly at the service delivery level

EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians.

Printing and distribution of Job Aids for use at all levels particularly at the service delivery level.

Vaccine wastage control: The wastage monitoring to be activated at all levels of the EPI system in the country, with subsequent relevant training of staff.

1. Vaccine Management training through MLM trainings targeting all provincial MCH and Cold Chain Officers as well as MCH and Cold Chain Technicians from selected districts have been conducted.

EVM training will be conducted in June 2011 for MCH staff and logisticians/cold chain technicians.

Printing and distribution of Job Aids for use at all levels particularly at the service delivery level

2. Developing Job Aids for Health Workers for use at all levels particularly at the service delivery level

When is the next Effective Vaccine Management (EVM) Assessment planned? 13.07.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form

(liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

NOT APPLICABLE

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

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

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

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of NOT APPLICABLE vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of NOT APPLICABLE vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No NOT APPLICABLE).

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

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

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

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	627,003	648,005	669,692	692,086	715,209		3,351,995
Number of children to be vaccinated with the third dose	Table 1	#	564,302	596,164	626,511	664,403	700,905		3,152,285
Immunisation coverage with the third dose	Table 1	#	90%	92%	94%	96%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	576,842	615,605	636,208	671,323	700,905		3,200,883
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		476,000					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

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

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

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		1,379,900	1,856,800	1,945,000	2,006,400	7,188,100
Number of AD syringes	#		1,437,000	1,963,700	2,057,500	2,122,100	7,580,300
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		15,950	21,800	22,850	23,575	84,175

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Total value to be co-financed by GAVI	\$		3,623,000	4,588,500	4,222,500	3,982,000	16,416,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		113,800	163,600	197,400	224,900	699,700
Number of AD syringes	#		118,600	173,000	208,800	237,900	738,300
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,325	1,925	2,325	2,650	8,225
Total value to be co-financed by the country	\$		299,000	404,500	428,500	446,500	1,578,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.62%			8.09%			9.21%			10.08%		
B	Number of children to be vaccinated with the first dose	Table 1	576,842	615,605	46,898	568,707	636,208	51,492	584,716	671,323	61,846	609,477	700,905	70,632	630,273
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	1,730,526	1,846,815	140,694	1,706,121	1,908,624	154,475	1,754,149	2,013,969	185,536	1,828,433	2,102,715	211,895	1,890,820
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	1,817,053	1,939,156	147,729	1,791,427	2,004,056	162,199	1,841,857	2,114,668	194,812	1,919,856	2,207,851	222,490	1,985,361
G	Vaccines buffer stock	(F – F of previous year) * 0.25		30,526	2,326	28,200	16,225	1,314	14,911	27,653	2,548	25,105	23,296	2,348	20,948
H	Stock on 1 January 2011			476,000	36,263	439,737									
I	Total vaccine doses needed	F + G - H		1,493,682	113,792	1,379,890	2,020,281	163,512	1,856,769	2,142,321	197,360	1,944,961	2,231,147	224,838	2,006,309
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		1,555,489	118,501	1,436,988	2,136,583	172,925	1,963,658	2,266,201	208,772	2,057,429	2,359,873	237,810	2,122,063
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		17,266	1,316	15,950	23,717	1,920	21,797	25,155	2,318	22,837	26,195	2,640	23,555
N	Cost of vaccines	I x g		3,689,3	281,066	3,40	4,687,0	379,347	4,30	4,348,9	400,640	3,94	4,127,6	415,950	3,711,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed			95		8,329	52		7,705	12		8,272	22		672
O	Cost of AD syringes needed	K x ca		82,441	6,281	76,160	113,239	9,166	104,073	120,109	11,065	109,044	125,074	12,604	112,470
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		11,051	842	10,209	15,179	1,229	13,950	16,100	1,484	14,616	16,765	1,690	15,075
R	Freight cost for vaccines needed	N x fv		129,129	9,838	119,291	164,047	13,278	150,769	152,212	14,023	138,189	144,467	14,559	129,908
S	Freight cost for devices needed	(O+P+Q) x fd		9,350	713	8,637	12,842	1,040	11,802	13,621	1,255	12,366	14,184	1,430	12,754
T	Total fund needed	(N+O+P+Q+R+S)		3,921,366	298,737	3,622,629	4,992,359	404,057	4,588,302	4,650,954	428,465	4,222,489	4,428,112	446,230	3,981,882
U	Total country co-financing	I 3 cc		298,737			404,057			428,465			446,230		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.09%			9.21%			10.08%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

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

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1, 14	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3, 11	Yes
Signatures of members of HSCC		4	Yes
Minutes of ICC meetings in 2010		5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		6	Yes
Minutes of HSCC meetings in 2010		12	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		13	Yes
Financial Statement for ISS grant in 2010		15	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		16	Yes
EVSM/VMA/EVM report		10	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		8, 9	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: C:\Users\penelope\Pictures\2011-05-11 APR Minister Sign\APR Minister Sign 001.jpg Date/Time: 11.05.2011 12:22:15 Size: 592 KB		
2	File Type: Signature of Minister of Finance (or delegated	File name: C:\Users\user\Desktop\GAVI APR Signatures Zambia 2011.pdf Date/Time: 31.05.2011 06:55:09 Size:		

I D	File type	File name	Ne w file	Actio ns
	Description	Date and Time Size		
	<u>authority) *</u> File Desc:	340 KB		
3	File Type: Signatures of members of ICC * File Desc:	File name: ICC Endorsement of APR 001.jpg Date/Time: 17.06.2011 05:03:18 Size: 822 KB		
4	File Type: Signatures of members of HSCC * File Desc:	File name: HSS Endorsement of APR 001.jpg Date/Time: 17.06.2011 05:03:46 Size: 834 KB		
5	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: C:\Users\penelope\Desktop\2010 ICC minutes\Document 2. MINUTES OF THE ICC FOR 2010.doc Date/Time: 11.05.2011 12:17:44 Size: 159 KB		
6	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: C:\Users\penelope\Desktop\ICC EXTRAORDINARY MEETING 11 MAY 2011 Finall.doc Date/Time: 11.05.2011 11:58:15 Size: 103 KB		
7	File Type: other File Desc: APR HSS Section	File name: C:\Users\penelope\Desktop\HSS section of the APR 2010 Updated 10 May 2011[1][1].doc Date/Time: 11.05.2011 11:59:30 Size: 306 KB		
8	File Type: new cMYP starting 2012 File Desc:	File name: C:\Users\penelope\Desktop\Zambia cMYP 2011-2015 Revised 9May11.doc Date/Time: 10.05.2011 12:51:42 Size: 1 MB		
9	File Type: new cMYP starting 2012 File Desc:	File name: C:\Users\penelope\Desktop\ZAM cMYP Costing Tool Vs%202.5 En(1)FINAL10.05.11.xls Date/Time: 10.05.2011 12:56:08 Size: 3 MB		
10	File Type: EVSM/VMA/E VM report File Desc:	File name: C:\Users\penelope\Desktop\Vaccine Management Assessment 2009.doc Date/Time: 10.05.2011 13:01:27 Size: 1 MB		
11	File Type: Signatures of members of ICC * File Desc:	File name: C:\Users\penelope\Pictures\2011-05-11 APR ICC report endorsement\APR ICC report endorsement 001.jpg Date/Time: 11.05.2011 12:26:31 Size: 748 KB		

I D	File type	File name	Ne w file	Actio ns
	Description	Date and Time Size		
1 2	File Type: Minutes of HSCC meetings in 2010 *	File name: C:\Users\penelope\Desktop\2010 ICC minutes\Document 2. MINUTES OF THE ICC FOR 2010.doc Date/Time: 11.05.2011 12:31:10 Size: 159 KB		
1 3	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 *	File name: C:\Users\penelope\Desktop\ICC EXTRAORDINARY MEETING 11_MAY 2011 Finall.doc Date/Time: 11.05.2011 12:32:28 Size: 103 KB		
1 4	File Type: Signature of Minister of Health (or delegated authority) *	File name: Ministers of Health and Finance Signatures APR 001.jpg Date/Time: 17.06.2011 05:01:48 Size: 965 KB		
1 5	File Type: Financial Statement for ISS grant in 2010 *	File name: C:\Users\user\Desktop\GAVI financial report 2010.pdf Date/Time: 17.05.2011 07:16:34 Size: 501 KB		
1 6	File Type: Financial Statement for HSS grant in 2010 *	File name: C:\Users\user\Desktop\GAVI financial report 2011.pdf Date/Time: 17.05.2011 07:17:30 Size: 499 KB		
1 7	File Type: other File Desc: APR Bank Statement 2010	File name: C:\Users\user\Desktop\APR bank statement 2010.pdf Date/Time: 17.05.2011 07:18:12 Size: 1 MB		