GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Angola

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Angola from previous year.

2. Signatures

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

By signing this page, the Government of Angola 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 Angola

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. José VIEIRA DÍAS VAN-DÚNEM	**Name**	Dr. Armando MANUEL
Date		**Date**	
Signature		**Signature**	

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

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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr José VIEIRA DIAS VAN-DÚNEM - Minister of Health	Ministry of Health		

Dr Adelaide de CARVALHO- National Director of Public Health	Ministry of Health		
Dr Hernando Agudelo - WHO Representative	WHO		
Dr Francisco Songane - UNICEF Representative	UNICEF		
Mr Jason D. FRAZER - USAID Mission Director	USAID		
Ms Silvia NAGY - Rotary International	ROTARY INTERNATIONAL		
Ms Ana PINTO - Director	CORE GROUP		
Dr Walter QUIFICA - Executive Secretarial	RED CROSS		

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

Angola is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

3. Table of Contents

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

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,104,794	1,104,794	1,135,728	1,135,728	1,167,529	1,167,529
Total infants' deaths	165,720	165,720	170,360	170,360	175,130	175,130
Total surviving infants	939074	939,074	965,368	965,368	992,399	992,399
Total pregnant women	1,104,794	1,104,794	1,135,728	1,135,728	1,167,529	1,167,629
Number of infants vaccinated (to be vaccinated) with BCG	1,038,506	942,115	1,067,585	1,067,585	1,109,152	1,109,152
BCG coverage	94 %	85 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	882,730	748,219	907,446	907,446	942,778	942,778
OPV3 coverage	94 %	80 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	939,074	1,052,819	965,368	965,368	992,398	992,398
Number of infants vaccinated (to be vaccinated) with DTP3	882,730	873,491	907,446	907,446	942,778	942,778
DTP3 coverage	94 %	93 %	94 %	94 %	95 %	95 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	15	15	15	15	15	15
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.18	1.18	1.18	1.18	1.18	1.18
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	959,303	1,052,819	965,368	965,368	992,398	992,398
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	959,303	873,491	965,368	907,446	942,778	942,778
DTP-HepB-Hib coverage	102 %	93 %	100 %	94 %	95 %	95 %
Wastage*[1]* rate in base-year and planned thereafter (%) *[2]*	15	15	15	15	15	15
Wastage*[1]* factor in base-year and planned thereafter (%)	1.18	1.18	1.18	1.18	1.18	1.18
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	463,011	409,849	704,613	868,831	992,398	992,398

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	463,011	81,403	704,613	820,563	942,778	942,778
Pneumococcal (PCV13) coverage	49 %	9 %	73 %	85 %	95 %	95 %
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
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0	888,139	482,684	992,398	992,398
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0	888,139	458,550	942,778	942,778
Rotavirus coverage	0 %	0 %	92 %	48 %	95 %	95 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)		1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	882,730	986,566	907,446	907,446	942,778	942,778
Measles coverage	94 %	105 %	94 %	94 %	95 %	95 %
Pregnant women vaccinated with TT+	1,038,506	919,077	1,067,585	1,067,584	1,097,477	1,097,477
TT+ coverage	94 %	83 %	94 %	94 %	94 %	94 %
Vit A supplement to mothers within 6 weeks from delivery	552,397	333,304	681,437	552,397	817,270	817,270
Vit A supplement to infants after 6 months	657,352	1,310,654	772,294	1,400,000	893,159	1,500,000
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	17 %	6 %	6 %	5 %	5 %

** Number of infants vaccinated out of total surviving infants

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

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

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

2 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  No Changes

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

  No Changes<?xml:namespace prefix = "o" />

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

  The target for PCV-13 vaccine for 2014 was increased from 9% achieved in 2013 to 85% for 2014 considering that the introduction of this vaccine was almost completed at the end 2013 and it is expected to reach in 2014 slightly lower coverage than DTP-HepB-Hib vaccine in 2014 due to these vaccines are administered together<?xml:namespace prefix = "o" />

  The target for Rotavirus vaccine was reduced from 80% expected for 2014 to 48% because the introduction of this vaccine it is expected to complete in mid-year 2014.

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

  No changes

5.2. Immunisation achievements in 2013

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

- The national Penta-3 target for 2013 was 94%. This objective was almost reached, since 93% of children younger than one year received three doses of Pentavalent vaccine (DTP-HepB-Hib) in 2013, according routine immunization districts reports. These results are slightly better than those reported in 2012 when the national coverage of Penta3 was reported at 91%. At the sub-national level, in 2013 routine coverage was better distributed than in 2012; 89% of provinces (16/18) achieved Penta-3 coverage above 80%, compared to 78% of provinces (14/18) in 2012. The provinces with Penta3 coverage >=90% in 2013 were 11/18 (61%) against 9/18 (50%) in 2012. It is important to highlight the special efforts performed by the province of Luanda to increase access to routine immunization in suburban areas, thus increasing Penta3 coverage from 75% in 2012 to 84% in 2013.<?xml:namespace prefix = "o" />
- In 2013 only 6 small districts with a total of 13,708 children younger than 1 year did not achieve 50% Penta3 coverage Compared to 19 districts with a total of 86,613 under one children in 2012.
- In 2013, the unvaccinated children (children under-1 years old without Penta-3) were much more dispersed than in 2012; 80% of them are localized in 38 districts of 14 provinces of the Country. In 2012, 80% of unvaccinated children were concentrated in only 25 districts of six provinces. This situation can be explained mainly by a reduction of unvaccinated children in the largest districts of the country, which left a smaller quantity of unvaccinated children scattered across other districts.

- Immunization coverage with traditional vaccines were lower than those achieved by DTP-HepB-Hib, mainly due to the stock-outs explained in point 5.2.2. The coverage rates achieved in 2013 were: BCG 85%, OPV3 80%, TT2+ in pregnant women 83%. Regarding measles, coverage was 105% due to re-vaccination in some districts that experienced outbreaks. Some districts have wrongly included the revaccination doses into the routine data, and the coverage estimated for this vaccine was 91%.

Major Challenges faced in 2013 and how these were addressed:

- Insufficient fixed vaccination posts in rural and suburban areas due to lack of health facilities. If they exist, health facilities lack proper cold chain or sufficient human resources.
- To address this structural problem, the expansion of health facilities that implemented fixed post immunization is being promoted. From 2012 to 2013, the country experienced an increase of 90 fixed posts. On other hand, systematic outreach immunization teams funded by the districts are supported as well. In 2013, 135/166 district intensified routine immunization through outreach. Considering total Pentavalent doses administrated countrywide in 2013, 27% was administrated through outreach activities.
- Stock-out of traditional vaccines, namely Polio for 2 months, BCG for 1 month and yellow fever for approximately 4 months. In order to minimize the problem, available vaccines were locally redistributed. After the vaccines' arrival into the country, much effort to implement outreach vaccination teams was invested in order to recover the missed children, particularly in the 12 most affected provinces.
- Lack or insufficient cold chain equipment purchased with Provincial Governors and Municipal administrators with MoH decentralized Primary Health Care Funds. Meanwhile the MoH-EPI sent the cold chain equipment's needs and its technical specifications to municipal administrators, but the response was weak due to local competing priorities, high local costs of cold chain equipment, and no possibility of purchasing through UNICEF. During the ICC meeting, participants discussed possible solutions and recommended to update the inventory and current needs in order to give information to the Minister of Health for direct negotiations with the administrators and allow aggregate purchasing by importation. Another solution was to complement the purchase of equipment with GAVI grant.
- The difficulty to monitor vaccination coverage and identify critical low performing areas due to unreliable population estimates.This recurrent problem (last census was in 1970) may be overcome with a national census, which is in expedited process of preparation by the National Institute of Statistics to be implemented from May 15th to 30th 2014.
- Data quality problems and low completeness and timeliness of routine district reports The deadline dates and active recover and feedback of monthly reports were reinforced through meetings and supervisions. During the ICC meeting, the status of routine immunization performance indicators was presented. The PCV13 cascade training was used as a vehicle to retrain the health staff at all levels of the EPI information system.

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

- In 2013, The center for procurement and supply (CECOMA) semi-autonomous institution of MoH assumed the responsibility of purchasing and distributing countrywide the vaccines and injection supplies of EPI, under new regulations for the public sector. This change resulted in an extended large bureaucratic process for vaccine purchasing that caused stock-outs of Polio, BCG, Yellow fever vaccines at the national and lower levels, which became a limiting factor for achieving the target coverage rates of all EPI antigens.
- The target for PCV-13 was not achieved because the introduction of the vaccine was delayed to the second semester of 2013, given the difficulties to solve the cold chain storage capacity gaps in some provinces and districts. As a result, a large number of districts started late and did not have the possibility to administer the 2nd or 3rd dose in 2013.
- Despite the progress made in Luanda (capital city that includes about 30% of the national population) that allowed the immunization coverage to improve from 75% to 84% (Penta 3) in 2013, the failure to achieve the target in Luanda had a negative impact countrywide. At the root of this problem are the rapidly growing population and the few health facilities available to attend to the health needs of the highly populated Luanda slums.<?xml:namespace prefix = "o" />

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage

available in your country from administrative data sources and/or surveys? **no, not 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

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

NA.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

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

No gender related barriers to access were identified, nor were there expected gender differences in coverage given the high immunization rate. However the ongoing national coverage cluster survey collects information on sex and analyses will be stratified on this variable.

5.4. Data assessments

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

- Immunization coverage survey data is not yet available (the survey was implemented during the 1st quarter 2014). No discrepancies between WHO/UNICEF available estimates and Country official data

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

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

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

- Data Quality Auditing Self-assessment was implemented in 2012 by a national team in 100% of health facilities of 9 districts of 5 provinces with participation of respective provincial EPI teams. The differences in coverage and failures in data management processes were discussed locally, and the results reported during the ICC meeting.

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

Training of central EPI team and 5 provinces EPI supervisors on data quality auditing self-assessment.
<?xml:namespace prefix = "o" />

- Nationwide cascade training on data collection forms, consolidation, standard reports and filling of coverage and dropout monitoring chart. The training was conducted in 2013 as part of PCV13 vaccine introduction. At the health facility level, around 5,100 health workers in charge of routine immunization from about 90% of health facilities participated in the training.

- In order to increase the reliability of collected data and facilitate the defaulters tracing, nominal registration

books of children vaccinated was introduced countrywide.

- Two workshops on data management using the statistical software Epi-Info were organized, with 35 participants from 14 provinces (the workshops were conducted in 2011 and in 2013).
- Variables of data quality auditing were integrated into the routine supervisory check list.

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

- Retrain and support the supervisors to improve the quality and the frequency of formative supervisions<?xml:namespace prefix = "o" />
- Define of terms of reference and implement the national, provincial and local monthly "Data Analysis Committees" meetings and feed back
- Establish the Immunization quarterly bulletin and share to all levels and partners
- Maintain and improve the presentations on indicators of routine immunization performance during the ICC meetings
- Train on data management of all provinces and main districts data managers (statisticians) and EPI officers.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 100	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	**Expenditure Year 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**NA**	**NA**	**Na**
Traditional Vaccines*	6,179,373	6,179,373	0	0	0	0	0	0
New and underused Vaccines**	13,694,872	6,933,500	6,761,372	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,703,135	1,531,007	172,128	0	0	0	0	0
Cold Chain equipment	2,612,487	2,431,026	181,461	0	0	0	0	0
Personnel	15,300,490	14,469,979	210,511	0	620,000	0	0	0
Other routine recurrent costs	182,000	80,000	0	0	102,000	0	0	0
Other Capital Costs	3,500,000	3,500,000	0	0	0	0	0	0
Campaigns costs	10,357,906	9,567,501	0	319,665	470,740	0	0	0
NIL		0	0	0	0	0	0	0
Total Expenditures for Immunisation	53,530,263							
Total Government Health		44,692,386	7,325,472	319,665	1,192,740	0	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans

for the expected sources of funding for 2014 and 2015

NA

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

NA

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

NA

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **10**

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

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

The main ICC members concerns that are recurrent during the ICC meetings held in 2013 are:<?xml:namespace prefix = "o" />

- Develop an immunization program as an entry point of public health interventions;
- Give additional support to districts with the largest proportion of unvaccinated children, integrating other interventions;
- Expand cold chain storage capacity to receive new vaccines at different levels;
- Improve the quality of immunization data at the field level;
- Prevent vaccine stock-outs through better coordination with CECOMA
- Utilization of funds of Primary Health Care decentralized to districts;
- Reduction of percent of children missed during Polio campaigns to less than 5% particularly in Luanda.

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

If Yes, which ones?

List CSO member organisations:
Red Cross
CORE GROUP

5.8. Priority actions in 2014 to 2015

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

Main Objectives for 2014-2015<?xml:namespace prefix = "o" />

- Achieve and maintain routine immunization coverage ≥ 90% with all antigens
- Consolidate the Poliovirus transmission interruption in the Country
- Achieve elimination standards for Measles
- Neonatal Tetanus Elimination certification
- Effective introduction of Rotavirus vaccine countrywide in 2014
- Introduction IPV countrywide and HPV in schools of the country in 2015

Priority actions for 2014 -2015

General

- Reinforce the RED strategy implementation at sub district level
- Continue increasing positive cold chain storage capacity in provinces, districts and health facilities with gaps in storage capacity
- Strengthen IEC to on routine immunization by mass media and interpersonal communication
- Improve data quality and its utilization
- Strengthen the quality and frequency of field supportive supervision
- Implementation of comprehensive EPI international external programme review
- Improve the opportunity of GAVI co-financing payments

Specifics

- Conduct cascade capacity building training on new vaccines
- Introduction countrywide the Rotavirus, IPV and HPV vaccines
- Conduct PCV13 and Rotavirus, post introduction evaluation
- Conduct two annual rounds of Polio NIDs
- Conduct Measles and Tetanus follow-up campaigns
- Implement national immunization coverage survey
- Implement Data Quality Self-Assessment in priority municipalities
- Strengthen the Hib, Pneumo and Rotavirus sentinel surveillance sites
- Strengthen integrated disease surveillance and response.
- Strengthen AEFI surveillance system
- Implement EVM assessment

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety
Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	Autodisable syringes	Goverment
Measles	Autodisable syringes	Goverment
TT	Autodisable syringes	Goverment
DTP-containing vaccine	Autodisable syringes	Goverment + GAVI
PCV13	Autodisable syringes	Goverment + GAVI
Yellow fever	Autodisable syringes	

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)

- Competing priorities (cold chain equipment) and high cost for purchase incinerators

- Gaps in training of health workers

- Weak commitment of health workers in notifying and investigating adverse events following immunization

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Sharps are disposed countrywide through open field burning and burial except in Luanda Province where incineration is available<?xml:namespace prefix = "o" />

The main problems encountered are:

- Lack of active injection safety committee at health facility;

- Insufficient attention by health facility management towards safe disposal of sharps in some districts.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Angola is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Angola is not applicable for 2013

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	3,419,500	2,412,000	1,007,500	No
Pneumococcal (PCV13)	1,063,500	662,400	401,100	No
Rotavirus		0	0	No

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

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

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

  The reason for postpone the deliveries of PCV13 was the delayed in its introduction.

- 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.

  Shipment plans to provinces and to districts with low storage capacity were adjusted increasing the number of shipments.

  Pentavalent 10 doses vial is very convenient because the low cost and less cold chain storage capacity needs. The coverage achieved with this vaccine was 93% in children under one and the wastage near to15%.

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.

No stock out of GAVI vaccines during 2013 in any level.

7.2. Introduction of a New Vaccine in 2013

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/01/2006
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	03/06/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Note: The introduction was gradual countrywide. The planned timetable was delayed because the difficulties of purchasing cold chain equipment by districts. The Government decentralize the Primary Health Care funds to districts in 2010 and consequently the MoH central level dont have the responsibility for purchase cold chain equipments, only recommend the technical specifications and quantity

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	28/04/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

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

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

The PCV-13 post introduction will be implemented in January - February2 014.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

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

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

NA

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	1,740,978	174,097,800
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	1,740,978	174,097,800
Total Expenditures in 2013 (D)	391,972	39,197,200
Balance carried over to 2014 (E=C-D)	1,349,006	134,900,600

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

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

7.3.2. Programmatic Reporting

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

During the first half of 2013 was supported by the training in immunization basics and new vaccines (Rotavirus and Pneumo-13), this training include vaccination techniques, injection safety, vaccine management, adverse events following immunization, cold chain, information system, IEC and micro-planning. The methodology used was the training in cascade of health personnel of all levels of the national health system. 34 national trainers were standardized and 54 provincial trainers were trained using the GAVI funds. The remaining cascade training was funded by WHO and local Governments contributions. Was organized 18 training workshop of 4 days duration in the provinces, 202 municipal technicians were trained. These teams with the support of the municipal and provincial partners trained around 5,144 front line health staff during 4 days these staff works in 1,286 health facilities.

Twenty one refrigerators for health facilities and 7 big refrigerators for province level were purchased from local provider for support the Luanda and Uige gap on cold chain storage. Given the high local costs the remaining cold chain will be purchased through UNICEF.

Given the Rotavirus Grant support (882,489 USD) was received at the end of the year November 29, 2013 these funds was not utilized in 2013.

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

Delay in UNICEF-Angola approval of cold chain purchasing with transference of funds to local office.

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

- Complete the purchasing of cold chain equipment
- Training on Rota virus introduction
- Production of training materials
- Pneumo-13 post introduction evaluation

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4,103,500	2,156,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2,830,000	752,400
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	6933500	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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	4,103,500	2,156,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2,830,000	752,400
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Govenment
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	September	goverment
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

	In July 2013 GAVI/WHO mission visited Angola but not have time for support the preparation of Country Graduation Plan for overlapping with PCV13 launching activities. This activity was postponed for 2014 The MoH and partners request support of GAVI/WHO technicians for elaboration of Country Graduation Plan in July 2014.

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

Instead the Ministry of Health ordered the transference of funds to UNICEF Copenhagen on time for all the Government co- financing, was observed a delay in the payment of co-financing obligations, caused by new regulations and the strict control that the Central Bank of Angola places on all funds transfers outside the country. All external purchasing's done through the private sector, and competitive providers' documentation is needed for every external purchase without exception. UNICEF did not meet these requirements.

On the other hand, these co-payments are made in tranches instead of whole money transfers, which create long delays for approvals because they are dependent on different entities or organizations. To date, it has not been possible to find a legal solution to the problem, and the only strategy is to obtain punctual authorizations for each transfer.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

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

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

If yes, provide details

NR

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Angola does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Angola 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 2014

Renewal of multi-year vaccines support for Angola is not available in 2014

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

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

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

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	939,074	965,368	992,399	2,896,841
	Number of children to be vaccinated with the first dose	Table 4	#	959,303	965,368	992,398	2,917,069
	Number of children to be vaccinated with the third dose	Table 4	#	959,303	965,368	942,778	2,867,449
	Immunisation coverage with	Table 4	%	102.15 %	100.00 %	95.00 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.18	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,140,002			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,125,000			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		1.42	1.41	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

The small difference was explained for increasing of Pentavalent vaccine coverage in 2013.

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

Not defined

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

Co-financing group	Graduating

	2013	2014	2015
Minimum co-financing	1.17	1.30	1.41
Recommended co-financing as per APR 2012			1.59
Your co-financing	1.20	1.42	1.41

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

		2014	2015
Number of vaccine doses	#	726,000	898,400

Number of AD syringes	#	677,100	877,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	7,450	9,675
Total value to be co-financed by GAVI	$	1,308,500	1,567,500

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

		2014	**2015**
Number of vaccine doses	#	2,699,600	3,789,200
Number of AD syringes	#	2,517,600	3,702,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	27,700	40,750
Total value to be co-financed by the Country [1]	$	4,864,500	6,609,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	78.81 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	959,303	965,368	760,777	204,591
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	959,303	965,368	760,777	204,591
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,877,909	2,896,104	2,282,329	613,775
E	**Estimated vaccine wastage factor**	*Table 4*	1.18	1.18		
F	**Number of doses needed including wastage**	*D X E*		3,417,403	2,693,148	724,255
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		8,052	6,346	1,706
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*				
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	1,125,000		
H3	**Shipment plan**	*UNICEF shipment report*		2,189,600		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		3,425,500	2,699,529	725,971
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		3,194,572	2,517,542	677,030
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		35,141	27,694	7,447
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5,665,777	4,465,021	1,200,756
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		143,756	113,290	30,466
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		176	139	37
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		362,610	285,762	76,848
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		6,172,319	4,864,210	1,308,109
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		4,864,210		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		78.81 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	80.83 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	992,398	802,204	190,194
B1	Number of children to be vaccinated with the third dose	*Table 4*	942,778	762,094	180,684
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,907,230	2,350,055	557,175
E	Estimated vaccine wastage factor	*Table 4*	1.18		
F	Number of doses needed including wastage	*D X E*	3,430,532	2,773,066	657,466
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	4,924	3,981	943
H	Stock to be deducted	*H1 - F of previous year x 0.375*	- 1,251,819	- 1,011,905	- 239,914
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	- 6,432	- 5,199	- 1,233
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	4,687,500	3,789,134	898,366
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	4,580,371	3,702,536	877,835
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	50,385	40,729	9,656
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	7,490,625	6,055,035	1,435,590
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	206,117	166,615	39,502
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	252	204	48
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	479,400	387,523	91,877
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	8,176,394	6,609,375	1,567,019
U	Total country co-financing	*I x country co-financing per dose (cc)*	6,609,375		
V	Country co-financing % of GAVI supported proportion	*U / T*	80.83 %		

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

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

Basically was intensification of routine immunization was implemented in more districts resulting in higher than expected coverage.

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

Basically was intensification of routine immunization was implemented in more districts resulting in higher than expected coverage.

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	939,074	965,368	992,399	2,896,841
	Number of children to be vaccinated with the first dose	Table 4	#	463,011	704,613	992,398	2,160,022
	Number of children to be vaccinated with the third dose	Table 4	#	463,011	704,613	942,778	2,110,402
	Immunisation coverage with the third dose	Table 4	%	49.31 %	72.99 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,576,800			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,098,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		2.06	2.49	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

The vaccine received in 2012 was not utilized because the PCV13 introduction was postponed for June 2013

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2013	2014	2015
Minimum co-financing	1.40	2.06	2.49
Recommended co-financing as per APR 2012			2.71
Your co-financing	1.40	2.06	2.49

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

		2014	2015
Number of vaccine doses	#	569,600	876,700
Number of AD syringes	#	575,900	913,200
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	6,350	10,050
Total value to be co-financed by GAVI	$	2,073,500	3,173,000

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

		2014	2015
Number of vaccine doses	#	742,700	1,933,200
Number of AD syringes	#	750,900	2,013,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	8,275	22,175
Total value to be co-financed by the Country [1]	$	2,703,500	6,996,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	56.59 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	463,011	704,613	398,764	305,849
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	1,389,033	2,113,840	1,196,290	917,550
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		2,219,533	1,256,105	963,428
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		190,262	107,676	82,586
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,312,200	742,616	569,584
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		1,326,713	750,829	575,884
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		14,594	8,260	6,334
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		4,449,671	2,518,210	1,931,461
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		59,703	33,788	25,915
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		73	42	31
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		266,981	151,094	115,887
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		4,776,428	2,703,132	2,073,296
U	Total country co-financing	*I x country co-financing per dose (cc)*		2,703,132		
V	Country co-financing % of GAVI supported proportion	*U / T*		56.59 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	68.80 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	992,398	682,781	309,617
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	2,977,194	2,048,341	928,853
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	3,126,054	2,150,759	975,295
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	226,631	155,925	70,706
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	543,117	373,671	169,446
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,809,800	1,933,172	876,628
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	2,926,779	2,013,655	913,124
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	32,195	22,151	10,044
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	9,469,026	6,514,790	2,954,236
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	131,706	90,616	41,090
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	161	111	50
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	568,142	390,888	177,254
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	10,169,035	6,996,404	3,172,631
U	Total country co-financing	*I x country co-financing per dose (cc)*	6,996,403		
V	Country co-financing % of GAVI supported proportion	*U / T*	68.80 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	939,074	965,368	992,399	2,896,841
	Number of children to be vaccinated with the first dose	Table 4	#	0	888,139	992,398	1,880,537
	Number of children to be vaccinated with the second dose	Table 4	#		888,139	942,778	1,830,917
	Immunisation coverage with the second dose	Table 4	%	0.00 %	92.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	500,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.48	1.01	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

The Rotavirus vaccine was not utilized in 2013 because was postponed its introduction for 2014

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Graduating

	2013	2014	2015
Minimum co-financing		0.48	1.01
Recommended co-financing as per APR 2012			1.01
Your co-financing		0.48	1.01

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

		2014	2015
Number of vaccine doses	#	1,504,600	1,312,600
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	4,046,000	3,518,500

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

		2014	2015
Number of vaccine doses	#	327,000	793,500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	879,500	2,127,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	17.85 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	888,139	158,535	729,604
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	0	1,776,278	317,069	1,459,209
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.05		
F	Number of doses needed including wastage	*D X E*		1,865,092	332,923	1,532,169
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		466,273	83,231	383,042
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,831,500	326,926	1,504,574
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		4,690,472	837,258	3,853,214
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		234,524	41,863	192,661
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		4,924,996	879,120	4,045,876
U	Total country co-financing	*I x country co-financing per dose (cc)*		879,120		
V	Country co-financing % of GAVI supported proportion	*U / T*		17.85 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	37.68 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	992,398	373,911	618,487
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,984,796	747,821	1,236,975
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	2,084,036	785,212	1,298,824
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	54,736	20,624	34,112
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	33,727	12,708	21,019
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,106,000	793,487	1,312,513
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,376,618	2,025,772	3,350,846
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	268,831	101,289	167,542
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	5,645,449	2,127,060	3,518,389
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,127,060		
V	Country co-financing % of GAVI supported proportion	*U / T*	37.68 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Angola is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

Please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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

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

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

No other comments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	1. Minister of Health signature.pdf **File desc:** Angolan Minister of Health signature **Date/time :** 15/05/2014 10:13:25 **Size:** 868 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	2. Letter of the Ministry of Health.pdf **File desc:** Letter of the Minister of Health to the Minister of Finance for signature of GAVI Report **Date/time :** 16/05/2014 09:04:55 **Size:** 868 KB
3	Signatures of members of ICC	2.2	✓	3. Signatures of members of ICC.pdf **File desc:** Signatures of Angolan ICC members **Date/time :** 15/05/2014 10:51:16 **Size:** 868 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	4. Minute ICC endorsing APR 2014.pdf **File desc:** Minute ICC endorsing GAVI 2013 Annual Progress Report (version in English and original Portuguese) **Date/time :** 15/05/2014 03:12:35 **Size:** 232 KB
5	Signatures of members of HSCC	2.3	✗	No file loaded
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	6. Minute HSSCC endorsing APR 2013.pdf **File desc:** Minute HSSCC **Date/time :** 15/05/2014 03:26:19 **Size:** 31 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	No file loaded

9	Post Introduction Evaluation Report	7.2.2	✓	9. PCV post introduction evaluation report.docx **File desc:** PCV Post Introduction evaluation report **Date/time :** 13/05/2014 10:22:03 **Size:** 28 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	10. Financial Statement for NVS.pdf **File desc:** Financial Statement of PCV-13 and Rota Virus Vaccines introduction Grant **Date/time :** 13/05/2014 09:52:55 **Size:** 243 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	11. External Audit Report.doc **File desc:** External Audit report **Date/time :** 13/05/2014 10:32:35 **Size:** 52 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	12 Angola Effective Vaccine Management Report.doc **File desc:** EVM report 2011 **Date/time :** 13/05/2014 10:11:10 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	13 Angola Action Plan Improving EVM.doc **File desc:** EVM improvement Plan 2011-2015 **Date/time :** 13/05/2014 09:56:22 **Size:** 425 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	14. Implemenation status of EVM action plan.docx **File desc:** Status of implementation of EVM action plan 2011-2015 **Date/time :** 15/05/2014 10:44:59 **Size:** 40 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded

18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✗	No file loaded
22	HSS Health Sector review report	9.9.3	✗	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	26. BFA Bank Statement Jan -Dec 2013.pdf **File desc:** EPI Bank Account Statement **Date/time :** 13/05/2014 10:47:46 **Size:** 2 MB

27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✕	No file loaded
	Other		✕	No file loaded