



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Eritrea

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 07:02:25**

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	2011
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 Eritrea 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 Eritrea

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	H.E. Ms. AMINA NURHUSSIEN Minister of Health	Name	H.E.Mr. BERHANE ABREHE Minister of Finance
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
Mr. TEDROS YEHDEGO MESGHNA	EPI MANAGER	291 - 1- 201693 OR 291 - 1 - 1202097	tedrosye@moh.gov.er ; yteddros@yahoo.com	

2.2. ICC Signatures Page

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

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
Mr. BERHANE GEBRETENSSAE Director General of H/Service	Ministry of Health			
Mr. TEDROS YEHDEO EPI Manager	Ministry of Health			
Dr. BERHANA HAILE Director of Family & Community Health	Ministry of Health			
Dr. GOITOM MEBRAHTU Director DPC	Ministry of Health			
Mr. EMBAYE ASFAHA Surveillance Officer WHO	WHO Country Office			
Dr. SAYED EZATULLAH MAJEED Chief YCSD UNICEF	UNICEF Country Office			
Dr. ZIGHE ICUNOAMLAK Child Health Specialist	UNICEF Country Office			
Ms. ABEBA HABTOM Head Pre-School Coordinator	Ministry of Education			
Mr. TIEMUSGHI SENGAL PHC Coordinator	Vision Eritrea			
Ms. YEHDEGA GEBREMESKEL	National Union of Eritrean Women (NUEW)			
Ms. LETEMICHEAL TESFAGIORGIS	Eritrean Catholic Secretariat			

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) - 10, 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
Mr. BERHANE GEBRETESSAIE Director General of H/Service	Ministry of Health			
Dr. ANDOM OGBAMARIAM Director General of R&HRD	Ministry of Health			
Dr. BERHANE DEBRU Director of Clinical Service	Ministry of Health			
Dr. EYOB TECLE Director of Project Management Unit (PMU)	Ministry of Health			
Mr. TEWELDE YOHANNES H/CSMU	Ministry of Health			
Mr. TEDROS YEHDEO EPI Manager	Ministry of Health			
Mr. YEMANE HAILE Director Human Resources and Planning	Ministry of Health			
Mr. AMAUAL KIFLE Head HMIS	Ministry of Health			
Mr. SAMUEL GOITOM Staff HMIS	Ministry of Health			

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 - 10, 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 Eritrea'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	105,684	108,459	111,387	114,395	117,483	120,655
Total infants' deaths	5,150	4,881	4,790	4,576	4,699	4,826
Total surviving infants	100,534	103,578	106,597	109,819	112,784	115,829
Total pregnant women	105,684	108,459	11,138,711	114,395	117,483	160,874
# of infants vaccinated (to be vaccinated) with BCG	79,235	86,767	94,679	97,236	105,735	108,590
BCG coverage (%) *	75%	80%	85%	85%	90%	90%
# of infants vaccinated (to be vaccinated) with OPV3	74,435	82,862	90,608	93,346	101,506	104,246
OPV3 coverage (%) **	74%	80%	85%	85%	90%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	79,871	85,970	93,805	96,641	104,889	107,721
# of infants vaccinated (to be vaccinated) with DTP3 ***	74,775	82,862	90,608	93,346	101,506	104,246
DTP3 coverage (%) **	74%	80%	85%	85%	90%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	25%	25%	25%	20%	20%	20%
Wastage ^[1] factor in base-year and planned thereafter	1.33	1.33	1.33	1.25	1.25	1.25
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	79,871	85,970	93,805	96,641	104,889	107,721
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	74,775	82,862	90,608	93,346	101,506	104,246
3 rd dose coverage (%) **	74%	80%	85%	85%	90%	90%
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	69,503	73,263	85,278	87,855	95,866	98,455
Measles coverage (%) **	69%	71%	80%	80%	85%	85%
Pregnant women vaccinated with TT+	30,143	36,179	40,039	46,993	54,295	55,761
TT+ coverage (%) ****	29%	33%	0%	41%	46%	35%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	6%	4%	3%	3%	3%	3%

* 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**

Eritrean Population Health Survey (EPHS) has carried out nationally by Eritrea Statistics Office in the first quarter of 2010. Depending on the survey outcome and official guidance provided from MoH, Health Information Management System (HMIS), birth rate (birth cohort) for under one population changed from 4% to 3%.

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

Eritrean Population Health Survey (EPHS) has carried out nationally by Eritrea Statistics Office in the first quarter of 2010. Depending on the survey outcome and official guidance provided from MoH, Health Information Management System (HMIS), percentage of surviving infants changed from 3.7% to 2.7%

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

No Change

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

Starting from 2011 liquid lyophilized formulation of penta vaccine with two dose vial presentation, has changed to fully liquid formulation with one dose vial presentation. Based on this, the wastage rate for pentavalent (DPT-HepB-Hib) vaccine decreased from 25% to 5%.

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

The Routine administrative coverage is always affected by the unreliable denominators. Even this is in place the actual achievements and coverage of our immunization program is high which is verified by:-

1. EPI coverage survey of Dec. 2009, (valid coverage 83% and Crude coverage 98% for (DPT-HepB-Hib)
2. Eritrean Population Health Survey (EPHS) of 2010 shows, coverage of all series of antigen in our routine program found above 80%.

Major activities conducted in 2010.

1. Two Rounds of child Health and Nutrition Week (default tracing and vaccination, Vit. "A" Supplementation, and MUAC) conducted
2. TOT on Vaccine and Cold Chain Management for 30 Middle Level Managers (MLM).
3. Introduction of Computerized Stock Management Tool (SMT) for Vaccines and other EPI logistics at National Level.
4. Cold Chain Assessment and Inventory in all Zobas. A total of 256 health facilities providing immunization Service and

385 CC storage medias
 assessed and gaps identified and replacement plan developed and started.
 5.Data Quality Self Assessment (DQS) training provided in three zobas for Middle Level Managers. Data Quality Self Assessment is in place at district level using the standard DQS cheklist.
 6.Training of 547 health worker on vaccine and cold chain Managemnet and 18 solar technicians trained on maintenance.
 7.Each zoba equiped with standard (Solar and Electrica) CC equipment maintenance kits
 8.Procurement and installation of 30M3 Walk in Cold Room, having 7,200 leters net storage capacity with automatic transfer switch and standby generator in central cold chain.
 9.According the consultant recommondation, reallocation of the cold room in zoba Dehub to a better place.
 9.Zoba Cold Rooms configured with automatic transer over switch fro the stand by generators.

Challenges

1.Fudns for operational activities (Capacity Building & Out Reach Services) was not relased from WHO and UNICEF on time according the work plan. As alternative we have used the GAVI ISS grant which was available in account for this activities and installation of cold rooms.

2.Tansport and fuel shortages for routine out reach services. Discussions made with local government official to make cooperation in transport support.

5.2.2.

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

Due to fuel shortages, transport barriers and nomadic lifesyle of some population segments, poor access and less utilization to immunization affects immunization coverage in some hard to reach districts.

5.2.3.

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

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

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

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

In the Eritrean context immunization is highly acceptable by the community with no resistance in any context of health related services over any sex especially in immunization program. Both Males and Females have equal access to immunization. This is basical of high awareness of the community on vaccination.

5.2.4.

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

In our situation male and female have equal access to immunization service.

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)*.

The immunization of DPT-HepB-Hib3 coverage from the administrative data (62%). & the coverage survey outcome of Dec. 2009 was different (Valid coverage 83% and crude coverage 98%. Eritrean Population Health Survey (EPHS) 2010 reveals that all antigens have above 80% coverage. This difference could be attributed mainly due to the denominator problem which is highly affected the routine administration coverage.

* 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? **Yes**

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

1. Data Quality Self Assessment done in three zobabs at district level in Dec. 2010 after training the DQS tools.
2. Eritrea population Health Survey (EPHS) in the first quarter of 2010.

5.3.3.

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

1. Data Harmonization Meeting quarterly base (MoH, WHO and UNICEF)
2. Introduction of the standard Data Quality Self Assessment Check list at district and health facility levels for data quality and reporting improvements.

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.

Data Quality Self Assessment (DQS) training will be provided for the rest of the three zobas in 2011.

Using the standard check list of DQS, each district will do data quality self assessment quarterly integrated with supervision within the existed structure.

Quarterly Data Harmonization meeting at national level with our partners.

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 = 15	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	Donor name	Donor name	
Traditional Vaccines*	162,000			162,000					
New Vaccines	1,056,160		1,056,160						
Injection supplies with AD syringes	99,000	3,000	21,000	75,000					
Injection supply with syringes other than ADs	26,000	2,000	10,000	14,000					
Cold Chain equipment	180,240	35,000		121,000	24,240				
Personnel	135,774	25,000	61,970	22,200	26,604				
Other operational costs	289,531	35,000	56,733	165,800	31,998				
Supplemental Immunisation Activities									
Total Expenditures for Immunisation	1,948,705								
Total Government Health		100,000	1,205,863	560,000	82,842				

* 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*	256,045	271,760	
New Vaccines	2,445,197	2,508,392	
Injection supplies with AD syringes	101,970	105,000	
Injection supply with syringes other than ADs	28,300	29,000	
Cold Chain equipment	185,650	191,000	
Personnel	139,847	144,045	
Other operational costs	127,443	131,266	
Supplemental Immunisation Activities	450,000		
Total Expenditures for Immunisation	3,734,452	3,380,463	

* 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.

In 2010 All the operational activities such as capacity building of the EPI focal persons, conducting Out Reach Services Instalation and reallocation of cold rooms and other maintenance and over head costs usded from GAVI ISS funds, which were carried forward from 2009. Activites such as Sustainable Out Reach Services (SOS) in hard to reach and low performing sub zobas didn't conducted. Becuse according the action plan we were expecting to have the budget from our WHO country office, but we didn't get it. For the comnig three years, the financial sustainability prospects for the immunization program will have some challenges especially in relation of the introduction of new vaccine for operational costs. But the Government contribution for operational activities and budget from the GAVI HSS funds will help us to solve the constrains if reprograming allowed.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number Doc. No. 1, 4, 7) 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](#)

1. Budget short fall to carry out routine out reach services, especially implementation of Sustainable Out Reach Services (SOS)in hard to reach and low performing districts.
2. GAVI ISS supports were not on place for last 3 years which was having a good impact as reserve to conduct routine out reach services in case of budget short fall from other partners and local Gov.
3. Routine immunization coverage is highly affected by the unreliable deneminators. Discussion has made with the Eritrean statistics office on

this issues

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
National Union of Eritrean Women (NUEW)	
Nation Union of Eritrean Youth & Students (NUEYS)	

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?

Priority objectives and actions for 2011 to 2012 which are linked with cMYP:-

1. EPI program review Sep.2011.
2. Developing the zero draft cMYP 2012-2016 to its final version.
3. Introduction of Computerized Stock Management Tool (SMT) for vaccines and other EPI logistics at zoba level.
4. Measles follow up campaign age group 9-47 months in 2012.
5. Replacement of aged and none standard cold chain equipment in service according the Cold Chain Assessment and Inventory findings.
6. Introduction Rota Virus vaccine in to routine immunization program.
7. Institutionalizing and implementing African Vaccination Week in yearly base.
8. Capacity building for MLM, EPI focal persons and Cold Chain Technicians on vaccine and cold chain managements.
9. Institutionalizing the standard Data Quality Self Assesement check list at distric level.
- 10.Introduction of MCV2 in to routine immunization program.

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	AD Syringe 0.05ml	UNICEF	
Measles	AD Syringe 0.5ml	UNICEF	
TT	AD Syringe 0.5ml	UNICEF	
DTP-containing vaccine	AD Syringe 0.5ml	UNICEF/GAVI	

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

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

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

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

No problems encountered concerning sharp waste disposal in 2010. All health facilities providing immunization service follow the guidelines and policy of sharp management of the MoH. Most health facilities used pit hole for collecting and burning the safety box with sharps. Some health centers, Community Hospitals and Referral Hospitals use incinerators for sharps.

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\$ 252,766
Balance carried over to 2011	US\$ 4,970

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

S.N.	Activities/Implementation site	Budget in US\$	Remarks
1	EPI Mid Year Review Meeting, at national level,	15,000.00 \$	
2	Capacity building on vaccine and cold chain management, at Provincial/Zoba level,	80,000.00 \$	unsettled advance
3	Installation of 30M3 Walk in cold room at central level, at national level,	3,802.83 \$	
4	Implementation of out reach services in all districts especial focus in hard to reach areas, at district levels,	128,710.59 \$	Unsettled advance
5	Monitoring and supervision at zoba and district level on vaccine & CC managements, at national and zoba level,	2,867.92 \$	
6	Maintenance and over heads, at national and zoba level,	17,414.60 \$	
Total budget:		247,795.94	

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? **Yes**

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

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 funds are transferred into Government Accounts, and reflect in the budget of MoH every fiscal year. The ISS budget is registered and managed within the project budget which has a separate accountant and cashier. It is recorded and kept in a separate registers which shows in and out with balance. The ISS funds are allocated by the EPI manager to the Provinces/Zobas according the Annual Work Plan and activity line developed at national level. This will be reported to the Minister's office, DG of health service and Director of family and community health division. Debriefing is made to ICC member during the quarterly meeting.

Each province/zoba liquidates and submits activity report to the Ministry of Health Accountant and EPI Manager after the implementation of the planned activity.

GAVI ISS fund is transferred by the name of UNICEF through City Bank in New York to the MoH account. Some times it is not easily to sort out whether it is GAVI ISS fund or from UNICEF. The EPI Manager should be informed when transferring of ISS funds to MoH Account in order to be on time on ISS budget allocation, utilization and follow-up.

Is GAVI's ISS support reported on the national health sector budget?

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 2) (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/tscoveredtp3.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

		2000		2010	
		A		B	
1	Number of infants vaccinated with DTP3* (from JRF) specify				74,775
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	377,200	377,200	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? ...)

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)

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?

Please describe the reason and impact of stock-out

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	No	
Phased introduction	No	Date of introduction
Nationwide introduction	No	Date of introduction

The time and scale of introduction was as planned in the proposal?	No	If No, why? A new vaccine was not introduced in 2010, But the liquid lyophilized with two dose penta vaccine vial changed into fully liquid formulation with one dose vial.

7.2.2.

When is the Post introduction Evaluation (PIE) planned? NA

If your country conducted a PIE in the past two years, please attach relevant reports (Document No NA)

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

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

No Introduction of New Vaccine in 2010

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

No problems encountered.

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

If Yes, how much? US\$ 4,970

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

1. Conducting routine immunization services in static and out reach sites.
2. Capacity building of health workers on vaccine and cold chain managements.

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 2). (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	182,000	54,400
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	JICA	
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. The Government of Eritrea is committed to invest on manternal & child health improvement prior other activities.		
2. Funds allocation and utilization in a specific program in line with its activities is in transparency way.		
3. progress so far made in the country in elimination and controlling of the vaccine preventable diseases is also one factor for resources mobilization to sustain the achievements.		
4. less utilization and delay in liquidation of utilized budget in operational activities, hinders another upcoming funds.		
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	3	
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.

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? 29.04.2011

When was the last Vaccine Management Assessment (VMA) conducted? 15.10.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 3)

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.

1.Computerized Stock Management Tool (SMT) for vaccines and other EPI logistics introduced at national level in Nov. 2010. According our work plan in the first half of 2011 SMT will be introduced at zoba level.

Vaccine Management Assessment(VMA) Conducted in Nov. 2009. According the identified gaps and reccomondation provided by the consultant so far:-

1. Replacement of the aged Walk in Cold Room with new 30M3 Walk In Cold Room at central store.
2. Configuration of the standby generators with automatic transfer switch with cold rooms in four zoba.
3. Introduction of Computerized stock Management of vaccine and other EPI logistics is on place at central level.
4. Planned delivery of vaccines from central to zoba/province in quarterly base.
5. Cold chain Assessment and Inventory done in 256 health facilities.
6. Training of Middle Level Managers on vaccine and cold chain management.
7. Training of cold chain technician on CC equipment mentainance.After training each zoba equipped with uptodate manaintenance kits.
8. Developing and having contengency plan for CC equipment at zoba level.(on progress)
9. Bundling system of vaccine and injection materials, AD syringes safety boxes.(on progress)

When is the next Effective Vaccine Management (EVM) Assessment planned? 20.10.2012

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

No plan for switching on vaccine presentation in 2012.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 5) 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 DPT-HepB-Hib vaccine for the years 2012 to 2016. At the same time it commits itself to co-finance the procurement of DPT-HepB-Hib vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of DPT-HepB-Hib vaccine support is in line with the new cMYP for the years 2012 to 2016 which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of DPT-HepB-Hib vaccine at the ICC meeting whose minutes are attached to this APR (Document No 1,4).

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	#	103,578	106,597	109,819	112,784	115,829		548,607
Number of children to be vaccinated with the third dose	Table 1	#	82,862	90,608	93,346	101,506	104,246		472,568
Immunisation coverage with the third dose	Table 1	#	80%	85%	85%	90%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	85,970	93,805	96,641	104,889	107,721		489,026
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		#		311,900					
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	0.15	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			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		-9,400	281,900	305,900	307,200	885,600
Number of AD syringes	#		-25,000	298,100	323,700	324,800	921,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		-275	3,325	3,600	3,625	10,275

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$			-25,500	696,500	664,500	610,000	1,945,500

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			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#			-700	24,900	31,100	34,500	89,800
Number of AD syringes	#			-1,900	26,300	32,900	36,400	93,700
Number of re-constitution syringes	#			0	0	0	0	0
Number of safety boxes	#			0	300	375	425	1,100
Total value to be co-financed by the country	\$			-2,000	61,500	67,500	68,500	195,500

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		7.32%			8.09%			9.21%			10.08%			
B	Number of children to be vaccinated with the first dose	Table 1	85,970	93,805	6,869	86,936	96,641	7,822	88,819	104,889	9,663	95,226	107,721	10,856	96,865
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	257,910	281,415	20,606	260,809	289,923	23,465	266,458	314,667	28,989	285,678	323,163	32,567	290,596
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	270,806	295,486	21,636	273,850	304,420	24,639	279,781	330,401	30,438	299,963	339,322	34,195	305,127
G	Vaccines buffer stock	(F – F of previous year) * 0.25		6,170	452	5,718	2,234	181	2,053	6,496	599	5,897	2,231	225	2,006
H	Stock on 1 January 2011			311,900	22,838	289,062									
I	Total vaccine doses needed	F + G - H		-10,244	-750	9,494	306,654	24,820	281,834	336,897	31,037	305,860	341,553	34,420	307,133
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		-26,989	-1,976	25,013	324,295	26,247	298,048	356,491	32,842	323,649	361,188	36,398	324,790
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		-299	-21	-278	3,600	292	3,308	3,958	365	3,593	4,010	405	3,605
N	Cost of vaccines needed	l x g		-25,302	-1,852	23,4	711,438	57,581	653,857	683,901	63,004	620,897	631,874	63,676	568,198

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
					50									
O	Cost of AD syringes needed	K x ca	-1,430	-104	1,326	17,188	1,392	15,796	18,895	1,741	17,154	19,143	1,930	17,213
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	-191	-13	-178	2,304	187	2,117	2,534	234	2,300	2,567	259	2,308
R	Freight cost for vaccines needed	N x fv	-885	-64	-821	24,901	2,016	22,885	23,937	2,206	21,731	22,116	2,229	19,887
S	Freight cost for devices needed	(O+P+Q) x fd	-162	-11	-151	1,950	158	1,792	2,143	198	1,945	2,171	219	1,952
T	Total fund needed	(N+O+P+Q+R+S)	-27,970	-2,048	25,922	757,781	61,331	696,450	731,410	67,380	664,030	677,871	68,311	609,560
U	Total country co-financing	I 3 cc	-2,048			61,331			67,380			68,311		
V	Country co-financing % of GAVI supported proportion	U / T	7.32%			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.

Annex 2

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)		14	Yes
Signature of Minister of Finance (or delegated authority)		7	Yes
Signatures of members of ICC		6	Yes
Signatures of members of HSCC		8	Yes
Minutes of ICC meetings in 2010		1, 5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4, 16	Yes
Minutes of HSCC meetings in 2010		9, 20	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		19	Yes
Financial Statement for ISS grant in 2010		2	
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		12	Yes
EVSM/VMA/EVM report		3	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		11, 15	
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: Minutes of ICC meetings in 2010 *	File name: ICC meeting Oct. 2010 Doc. No. 4.doc Date/Time: 11.05.2011 09:05:23 Size: 54 KB		
2	File Type: Financial Statement for ISS grant in 2010 *	File name: Financial Statement.tif Date/Time: 11.05.2011 09:13:32 Size: 515 KB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<u>EVSM/VMA/EVM report</u> File Desc:	<u>ERI VMA Oct 2009 - Doc. No.14.pdf</u> Date/Time: 11.05.2011 09:15:21 Size: 833 KB		
4	<u>File Type:</u> Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	<u>File name:</u> ICCMeetingo May 2011 Doc.No.6.doc Date/Time: 11.05.2011 09:31:00 Size: 52 KB		
5	<u>File Type:</u> Minutes of ICC meetings in 2010 * File Desc:	<u>File name:</u> C:\Documents and Settings\login\Desktop\Folder For Attachements APR\ICC Meeting 2010 N0.1.doc Date/Time: 12.05.2011 01:04:29 Size: 38 KB		
6	<u>File Type:</u> Signatures of members of ICC * File Desc:	<u>File name:</u> C:\Documents and Settings\login\Desktop\Folder For Attachements APR\Signatures of ICC In APR.tif Date/Time: 12.05.2011 11:41:31 Size: 518 KB		
7	<u>File Type:</u> Signature of Minister of Finance (or delegated authority) * File Desc:	<u>File name:</u> C:\Documents and Settings\login\Desktop\Folder For Attachements APR\Signature of the Ministers in APR.tif Date/Time: 12.05.2011 11:50:32 Size: 487 KB		
8	<u>File Type:</u> Signatures of members of HSCC * File Desc:	<u>File name:</u> HSCC Signature members.pdf Date/Time: 13.05.2011 03:50:48 Size: 237 KB		
9	<u>File Type:</u> Minutes of HSCC meetings in 2010 * File Desc: Page 1	<u>File name:</u> GAVI HSCC Minutes 2010 Page - 1.doc Date/Time: 22.06.2011 04:28:57 Size: 328 KB		
10	<u>File Type:</u> other File Desc: GAVI HSS implementation review minutes	<u>File name:</u> HSCC Minutes 2011.pdf Date/Time: 13.05.2011 03:52:44 Size: 219 KB		
11	<u>File Type:</u> new cMYP starting 2012 File Desc:	<u>File name:</u> C:\Documents and Settings\login\My Documents\Attachement Folder for APR & Proposal 2011\Eritrea cMYP 2012 2016 Draft (2).doc Date/Time: 26.05.2011 01:49:57 Size: 623 KB		
12	<u>File Type:</u> Financial Statement for HSS grant in 2010 * File Desc:	<u>File name:</u> APR HSS Financial Statement - Eritrea.doc Date/Time: 24.06.2011 11:11:41 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		405 KB		
13	File Type: other File Desc: APR HSS Section	File name: Final HSS section of the APR 2010 @ 18.doc Date/Time: 29.05.2011 11:58:06 Size: 679 KB		
14	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: C:\Documents and Settings\login\My Documents\Attachement Folder for APR & Proposal 2011\Signature of the Ministers in APR.tif Date/Time: 29.05.2011 23:17:09 Size: 487 KB		
15	File Type: new cMYP starting 2012 File Desc:	File name: C:\Documents and Settings\login\My Documents\Attachement Folder for APR & Proposal 2011\ERITREA cMYP Costing Tool Doc..xls Date/Time: 31.05.2011 00:58:59 Size: 3 MB		
16	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: Feb 2011 ICC minutes	File name: ICC Meeting Feb. 2011.rtf Date/Time: 22.06.2011 04:15:53 Size: 79 KB		
17	File Type: other File Desc: Clarifications provided by the country	File name: Clarifications and missed doc. to APR 2010.doc Date/Time: 22.06.2011 04:19:43 Size: 22 KB		
18	File Type: other File Desc: Clarifications provided to IRC 2010	File name: Clarifications provided to IRC, 2010.doc Date/Time: 22.06.2011 04:21:19 Size: 112 KB		
19	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: GAVI HSCC APR-2010 Ebdorsement Minutes.doc Date/Time: 22.06.2011 04:27:17 Size: 26 KB		
20	File Type: Minutes of HSCC meetings in 2010 * File Desc: Page 2	File name: GAVI HSCC minutes 2010 Page -2.doc Date/Time: 22.06.2011 04:29:40 Size: 156 KB		
21	File Type: other File Desc: Letter to GAVI to address 2010 clarifications	File name: Official Letter to geneva.tif Date/Time: 22.06.2011 04:32:36 Size: 421 KB		
22	File Type: other File Desc: e-mail from country with	File name: Re Urgent Eritrea - 2010 APR Pre-screening.msg Date/Time: 22.06.2011 04:35:22		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	clarifications	Size: 1 MB		