GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Madagascar*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **15.05.2011 08:17:19**

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 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 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, 10 doses/vial, liquid	2011
NVS	Pneumococcal (PCV13), 1 dose/vial, liquid	Pneumococcal (PCV10), 2 doses/vial, liquid	2014

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DTP-HepB-Hib, 1 dose/vial, liquid DTP -Hep-Hib 10 doses/vial, liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011
ISS	2011

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 Madagascar 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 Madagascar

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		**Name**	
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**

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

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) - , 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

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

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

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

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	772,345	787,310	809,355	832,017	855,314	877,668
Total infants' deaths	43,321	45,664	46,943	48,257	49,608	50,905
Total surviving infants	729,024	741,646	762,412	783,760	805,706	826,763
Total pregnant women	866,414	999,884	1,027,881	1,056,662	1,086,248	1,105,908
# of infants vaccinated (to be vaccinated) with BCG	622,772	708,589	727,226	747,588	811,216	833,784
BCG coverage (%) *	81%	90%	90%	90%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	616,452	667,338	686,023	705,232	765,255	785,424
OPV3 coverage (%) **	85%	90%	90%	90%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	683,024	741,646	761,162	783,760	805,706	826,763
# of infants vaccinated (to be vaccinated) with DTP3 ***	623,404	667,338	686,023	705,232	765,255	785,424
DTP3 coverage (%) **	86%	90%	90%	90%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	10%	10%	10%	10%	10%
Wastage[1] factor in base-year and planned thereafter	1.05	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	683,024	741,646	762,412	783,760	805,706	826,763
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	619,744	667,338	686,023	705,232	765,255	785,424
3rd dose coverage (%) **	85%	90%	90%	90%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	10%	10%	10%	10%	10%
Wastage[1] factor in base-year and planned thereafter	1.05	1.11	1.11	1.11	1.11	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal			761,162	782,475	804,384	826,763
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal			608,930	704,228	764,165	785,424
Pneumococcal coverage (%) **	0%	0%	80%	90%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)			5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter			1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles	640,063	667,338	686,023	705,232	765,255	785,424
Measles coverage (%) **	88%	90%	90%	90%	95%	95%
Pregnant women vaccinated with TT+	444,551	534,405	595,149	658,875	725,704	884,726
TT+ coverage (%) ****	51%	53%	58%	62%	67%	80%
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	9%	10%	10%	10%	5%	5%

* 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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 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**

No changes

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

No changes

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

When the cMYP for the period 2011-2015 was updated, the vaccine coverage targets initially set in Madagascar's application for support to introduce new vaccines in September 2009 were lowered for several reasons, i.e.: various problems caused by the socio-political crisis the country has been experiencing for the past two years, particularly insufficient funding of the program, insufficient human resources, poor motivation of these human resources, the physician strike, disruptions in the cold chain in outlying areas following the oil shortage, insufficient storage capacity, insufficient means of transportation for distributing vaccines and supplies, as well as insufficient supervision, which resulted in an obvious drop in vaccine coverage between 2008 and 2010. Considering all of these constraints, we felt it was more realistic to lower the vaccine coverage rates compared to the rates that had been set and considered a reference point in previous documents, and formulate strategies for reaching these targets in upcoming periods.

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

No changes

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

In 2010, of the 721,446 surviving infants, 623,404 or 86% (figure as of May 3 with 98% of the 2010 report completed) were immunized with DTPHep Hib3 vs. the expected 95%. Thus, the target was not reached, for reasons associated with the socio-political crisis that has been going on for past two years. In addition to financial, logistical, and equipment limitations and insufficient human resources, health facility activities have been disrupted for two months as a result of the strike staged by doctors and paramedics.

An analysis of the routine data shows a drop in coverage rates with respect to 2009: 81% for BCG vs. 87.5% in 2009; 86% for DTPHepHib3 vs. 89% in 2009.
On the other hand, an increase was observed for measles immunizations: 88% in 2010 vs. 85% in 2010 et 2009.
In terms of the surveillance of AFP, the rate for non-polio AFP was 2.13 in 2010 vs. 2.21 in 2009, but the figure for non-reporting districts was 21% in 2010 compared to 27% in 2009.

The sample matching rate was 89% in 2010 vs. 92% in 2009.
The completion rate for active search reports was 64% in 2010 vs. 45% in 2009. The promptness rate for surveillance reports was 12% in 2010 vs. 48% in 2009.
With respect to the surveillance of measles on a case-by-case basis, the annualized rate of suspected cases of measles was 1.78 in 2010 vs. 1 in 2009.
The rate of districts reporting at least 1 suspected case of measles was 74% in 2010 vs. 69% in 2009.

Despite the problems related to the socio-political crisis, strategies and activities were implemented to keep the program in operation;
A- Major activities conducted:

1. Immunization service provision, access and coverage:
1.1. Dissemination of the "Reach Every Village" approach
In this area, vaccinators at basic healthcare centers were trained in vaccine management in 26 districts and 5 regions and the districts of Andilamena, Diego II and Antsohihy. This training also included the introduction and implementation of the REV "Reach Every Village" approach. With UNICEF's support, these districts received financial and technical aid to implement the 5 components of the REV approach over a period ranging from 3 to 6 months. Support from the WHO made it possible to introduce and implement the REV approach in another 10 districts.

In this regard, the districts formulated microplans in conjunction with the basic healthcare centers, which worked with the communities to identify and locate children that were either hard to reach, not immunized or lost to follow-up, and to organize immunization activities using fixed, outreach and mobile strategies.
Activities to locate those lost to follow-up, which were organized in conjunction with healthcare and community workers, made it possible to receover non-fully immunized children in the districts that were supported so that the RED approach could be implemented.
Thanks to WHO support, 30 districts received standard-compliant filing cabinets.
The evaluation of these REV activities in 20 of the 29 districts supported is currently in progress.

1.2 Implementation of the Mother and Child Health Week (MCHW) incorporated into the national measles immunization campaign. :

Institutionalized since 2006, the mother and child health week is conducted in the months of April and October of each year, with the financial and technical support of the partners, i.e., UNICEF and WHO. During this MCHW, interventions can be carried out which have a high-impact on reducing infant mortality, including:
(i) Vitamin A supplementation for children from 6 to 59 months of age and women who recently gave birth,
(ii) Deworming with albendazole for children from 1 to 5 years and pregnant women after the second trimester,
(iii) the recovery of non-immunized or incompletely immunized children.

- In the month of April 2010, these activities led to the immunization of,
• BCG: 47,933 children,
• DTPHep B Hib 3: 56,123 children,
• Measles: 55,113 children,
• TT2+: 65,373 women,
At this time, 3,345,545 children received Vitamin A and 2,946,658 children were dewormed.

- In the month of October 2010, the MCHW was incorporated into the national measles immunization campaign.
The results are as follows:
- Measles: 2,415,792 children, i.e., 93%
- Vit A: 3,308,479 children, i.e., 90%
- Vit A: 121,953 women who recently gave birth, i.e., 84%
- Albendazole: 2,92,440 children, i.e., 96%
- Albendazole: 220,600 pregnant women, i.e., 54%

2. Improvement, strengthening, availability, supply and management of quality vaccines and other supplies.
Thanks to the Malagasy government's contribution with the support of GAVI and UNICEF, vaccines were purchased and regularly distributed to the districts. Annual needs were met and there were no shortages observed in the course of the year 2010.
However, due to the cumbersome nature of procedures in the National Treasury, approximately 85,400 doses of the pentavalent vaccine were not paid for in 2010 out of the government's co-financing share. Funds were not transfered to the SD Copenhagan account until January 2011.
It should be pointed out that the pentavalent vaccines from the supplier were delivered in PCV stage 2. We informed SD UNICEF Copenhagan of this fact and expressed the desire that we would like to receive PCV stage 1 vaccines for the year 2011.
Because of insufficient means of transportation, some districts were not able to supply the basic healthcare centers and inventory shortages were observed in some health facilities.

3. Strengthening of the cold chain
- The Japanese donation of 657 refrigerators were distributed to health centers thanks to the contribution from UNICEF. In addition, 29 solar refrigerators were installed in the most remote health centers.
- Twenty (20) refrigerators were purchased by UNICEF and distributed to basic healthcare centers in the region of Atsimo-Andrefana,
- The UNICEF contribution of 3,359 vaccine carriers and coolers to help improve vaccine storage and transportation

conditions,.
- Spare parts for refrigerators to cover a six-month period were distributed to the country's basic healthcare centers along with maintenance kits for all districts, thanks to UNICEF.
- Increased vaccine storage capacity at the central level: UNICEF contributed the purchase of 2 cold chain appliances with a capacity of 40 m3 each as part of the introduction of new vaccines.
- Although insufficient, the health centers received petroleum donations from the government, WHO and UNICEF.

4. Advocacy, social mobilization and behavioral change

- Social mobilization: as part of the preparation for the measles immunization campaign included in the MCHW, health and community workers in 6 remote districts were trained in interpersonal communication (IPC).
- Local media, scouts and peer educators were trained.
- An approach called "urban strategy" was adopted and implemented in 6 large cities in the former provinces.

5. Strengthening of epidemiological control and surveillance activities for vaccine preventable diseases

- A response plan was formulated in 2010 in the event of importation of the wild Poliovirus.
- Quarterly updating of districts with a risk of importing wild Polioviruses
- In connection with the impementation of the measles control plan, a second follow-up campaign was conducted in October 2010.
- Strengthening of active surveillance activities with the participation of community workers
- Formulation of the action plan to Eliminate Maternal and Neonatal Tetanus in Madagascar.
- Weekly audit and harmonization of surveillance data

6. Improvement of data quality

- Training of regional managers in computerized data management.
- Holding of weekly data harmonization meetings,
- Supportive supervision of regional and district computerized data management.

7. Strengthening of human resources:
Thanks to UNICEF's support, 143 paramedics were assigned to basic healthcare centers in 20 districts of the Southern and Eastern regions of Madagascar. This allowed 30 health centers to reopen, which had been closed as a result of a lack of personnel, or to build up the staff at health centers staffed by a single health worker or a health worker about to retire.

As a result, the indicators in the supported districted improved.

B- Obstacles encountered in the implementation of the 2010 annual work plan

a) In terms of logistics
-Distribution of vaccines and supplies: due to the deterioration in road safety and the frequent cancellation of flights, UNICEF had to support the distribution of vaccines and supplies shipped by ground and private air freight in the most remote districts. Transportation costs were extremely high.
- Irregular operation of the cold chain associated with frequent interruptions in the supply of oil: government funding of oil purchases was insufficient and was not available until the month of April; Existence the government budget blockage/reduction in the fourth quarter at the district level. This situation was partially resolved by using remaining GAVI ISS funds during the first quarter of 2010, the additional budget of the Immunization Service (Remedial Finance Law) during the fourth quarter, as well as support provided by UNICEF and WHO.
The replacement strategy was to create cold chain distribution centers to ensure vaccine storage. Because of this, health centers were forced to reduce immunization sessions once or twice a week. As a result, the number of non-immunized or incompletely immunized children increased, leading to a drop in vaccine coverage rates.

b) In terms of geographics, the main constraints consisted of:
- the distance and remoteness of healthcare centers
- 60% of the population lives more than 10 km from a healthcare facility,
- the long rainy season associated with the frequency of cyclones,
- the poor condition of roads and poor road infrastructure

As a result of these problems, some health facilities cannot be accessed for six months out of every year.

c) In terms of EPI communication
The lack of a communication plan and data due to the poor motivation and refusal of immunization partly explains the problems in raising awareness and carrying out activities conducive to behavioral change by health and community workers. A communication plan will be developed as part of the introduction of new vaccines.

d) Problems associated with the socio-political crisis:
From January to March 2010, a strike waged by doctors and paramedics paralyzed healthcare and immunization activities.

In addition, some of the partners suspended their financing specifically allocated to the EPI.

5.2.2.

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

In 2009, 625,041 children were immunized, representing a coverage of 89% for DTP Hep Hib 3, while 76,078 were not immunized (11%). In 2010, 623,404 children were immunized (86% coverage) and 104,142 were not (14%) The 2010 targets were not reached for various reasons:

1- The socio-political crisis situation that has been going on since 2009 has disrupted healthcare activities, with a drop in the number of immunization clinics due to the strikes waged by doctors and paramedics in the first quarter of 2010, the transfer of some workers, and the resignation of others;

2- Insufficient social mobilization and lack of financing to train the facilities in Inter-Personal Communication in the remote districts may explain the low level of community awareness about the advantages of immunization compared to the cost of treating these diseases;

3- Insufficient financing has resulted in the following:
- Many health facilities closed because the government was not able to hire new students graduating from health facility schools.
- Many health facilities were not able to conduct outoutreach or mobile strategies to address the gaps in health coverage.

- The disruption in oil supplies resulted in problems in cold chain operations;
- Poor integrated disease surveillance

5- Low level of community participation

6- Insufficient monitoring and evaluation due to the lack of financing of activities at the regional and district levels

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.

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

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

Culturally-speaking, there has never been any discrimination between boys and girls in terms of their consideration and the services offered to them. Data from the surveys that were conducted (EDS [Demographic Health Survey], the 2008 FIC and REV evaluation in the south) confirm this fact. According to the vaccine coverage survey conducted in the southern part of the country in 2011, there was no significant difference between girls and boys (49% girls vs. 51% boys).

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 certain areas of Madagascar, there are still taboos, customs, and prohibitions whereby the people must not do anything on certain days or months, depending on the location.

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 discrepancy can be explained by problems linked to the under-estimation or over-estimation of denominators or by the poor quality of administrative data;

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

5.3.2.

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

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

5.3.3.

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

Several activities were carried out to improve the quality of administrative data:
1- Training of central and regional managers in the following:
- Stock Management Tool (SMT),
- Computerized data management
- Surveillance of the targeted diseases,
2- Provision of hardware and software,
3- Training of the Data Manager in Namibia in computerized data management
4- Regular provision of standardized management tool in outlying areas: mother and infant map, updated monitoring curve.
5- Organization of weekly data quality and harmonization meetings at the central level
6- Supportive supervision by the Data Manager of the regions and districts with a low level of completion and promptness.
7- Operational research on data consistency problems is currently in progress.

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.

- Greater supervision at all levels (surveillance and EPI)
- Training of health workers on how to use data
- Training-monitoring of responsible individuals on how to use SMTs
- Weekly data quality control meetings at all levels
- Training in DQS for the individuals in charge of data
- High level commitment regarding performance criteria in the evaluation of responsible individuals (promptness and completion of reports)

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 = 2000	Enter the rate only; no local currency name

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** LION'S CLUB	**Donor name** UNICEF	**Donor name**	
Traditional Vaccines*	1,124,446	441,983		62,915			619,548		
New Vaccines	6,613,729	195,986	6,417,743						
Injection supplies with AD syringes	377,532	32,794	281,823	13,272					
Injection supply with syringes other than ADs	13,272			306,694					
Cold Chain equipment	774,694	468,000							
Personnel				824,279					
Other operational costs	1,972,919	952,000	66,051	1,423,914	130,589				
Supplemental Immunisation Activities	2,048,424	136,438			395,817	92,255			
TOTAL									
Total Expenditures for Immunisation	*12,925,016*								
Total Government Health		2,227,201	6,765,617	2,631,074	526,406	92,255	619,548		

* 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

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,112,360	1,174,106	
New Vaccines	11,932,103	24,298,055	
Injection supplies with AD syringes	521,395	572,535	
Injection supply with syringes other than ADs	13,272	13,272	
Cold Chain equipment	3,171,874	250,091	
Personnel	1,244,298	1,299,746	
Other operational costs	4,791,370	5,007,297	
Supplemental Immunisation Activities		5,569,119	
Vehicles	145,656		
Shared costs	5,000,373	5,246,827	
Total Expenditures for Immunisation	27,932,701	43,431,048	

* 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.

For 2010, planned expenditures in the 2009 APR were 25,334 367 USD ; actual expenditures were 12,925,016 i.e., 51.01%.
This reduction can be explained by the reduction in operating costs:
- insufficient financing for advanced strategy activities, supervision, transportation of vaccines.
- budgetary shortfalls for petroleum purchases by the government
- lack of financing to purchase trucks
- decreased measles SIA costs.

For 2011 and 2012, trends in terms of needs and financial resources are increasing:
- with the introduction of new vaccines (PCV 10)
- planning and implementation of three tetanus immunization campaigns in the months of May, June and December 2011
- the vaccine coverage survey planned for the year 2010 was postponed until the month of June 2011

The financial sustainability strategy to address the gaps are nonetheless manageable, and are outlined in the 2010-2014 cMYP and updated in the 2011-2015 cMYP:
1-SELF-SUFFICIENCY
1.1 Advocacy efforts aimed at decisionmakers in the Ministry of Finance, the Ministry of Public Health and the Parliament to prioritize immunization
1.2 Follow up on the parliamentary session in Addis Abeba on the sustainable financing of immunization in order to set up a National Immunization Fund
1.3 Implement the community health policy: intensify social mobilization activities to increase community participation in immunization activities and get the community to take over activities to actively find non-immunized children .
1.4 Mobilization of other health financial partners:
Despite the government's increased financing of activities related to immunization, the partners' support remains the greatest influencing factor.
In order to minimize the gaps, the government, through the Ministry of Public Health, will mobilize other potential partners involved in bilateral cooperation;
Will the involvement of NGOs and Associations be reinforced? Increased contributions from partners and the mobilization of new sources of support to finance immunization will be achieved through the following activities: -
Increase the involvement of the ICC in monitoring activities, performance levels, and the emergence of new needs of

the EPI:
*increased advocacy efforts by the government aimed at ICC members in order to increase financing of activities by the partners
*integrate immunization activities in the new economic and technical cooperation frameworks
*strengthen the EPI's position in the health sector strategy.

2-RELIABILITY OF RESOURCES
2.1 Advocacy efforts aimed at government decision-makers is already in progress to ensure that there is no blockage of resources allocated to the EPI and there is no delay in commitments, particularly for the purchase of vaccines
2.2 Education of ICC members regarding the continuation and timely mobilization of their contributions to the cMYP budget
2.3 Improved governance in the management of the resources that are mobilized

3-Appropriate use of available resources
3.1 This will be ensured by regular budgetary control at all levels, as well as the periodic monitoring and evaluation of the program's performance.
3.2 Reduction of the vaccine wastage rate, through monitoring and strengthening of the computerized vaccine management system, from 50 to 30% for lyophilized vaccines, and from 15% to 5% for liquid vaccines through the improved use of the opened vial policy by field personnel between 2011 and 2013
3.3 Increased supportive supervision activities in order to guarantee the quality of the services
3.4 Data quality control at all levels
3.5 Community participation in the location of non-immunized children
3.6 Motivation of immunization staff in the health centers

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 9

Please attach the minutes (Document number 14,) 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

The Technical ICC was able to meet 9 times in spite of the socio-political situation
The HSCC that the ICC is part of met on April 27 for the presentation of the HSS and ISS reports. The Technical ICC met on May 13, 2011 to approve the APR ISS.
The principal concerns were:
- the denominator problem while waiting for the 2011 national census survey
- the petroleum problem partially resolved by the contribution from WHO and UNICEF
- problem with the delay in co-financing for the purchase of vaccines within the national treasury; advocacy efforts aimed at parliament occurred during the Sustainable Financing workshop that took place in March 2011.
- social mobilization problem: a communication plan for the EPI is currently being developed.
- storage capacity problem at all levels: the vaccine storage problem has been resolved at the central level, but there is still a significant gap at the regional level ; however, the storage capacity for dry supplies (syringes) is highly insufficient at all levels [due to] a lack of financing.

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
Ordre National des Médecins [National Physicians Association]	
Association Médicale Inter entreprise [Inter-Enterprise Medical Association]	
Malagasy Red Cross	
Marie Stopes International	
Office National pour la Nutrition [National Office for Nutrition]	

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?

1-MAIN OBJECTIVES: up to the end of 2011 :
- achieve and maintain a national coverage rate of 90% for all antigens, particularly DTPHepHib3 ; at least 80% of the districts have a coverage rate of 80% for DTPHepHib 3;
- reduce the number of non-immunized children to less than 50%
- reduce to less than 50% the percentage of districts with a drop-out rate of > 10%
- accelerate disease control
- maintain the zero POLIO situation

2 –PRIORITY ACTIONS from 2011 to 2012 defined in the 2011-2015 cMYP
a) implement the plan to reduce the number of non-immunized children through implementation of the RED approach
b) accelerate disease control
- 3 tetanus immunization campaigns for women of childbearing age in 39 high risk districts
- documentation to receive polio eradication certification
- strengthening of the active surveillance of measles and AFP with the participation of traditional health practitioners and clinicians

c) formulate and implement an EPI communication plan
d) plan and implement the effective supervision plan at all levels
e) set up and put into effect the NATIONAL IMMUNIZATION PLAN
f) plan and implement the policy to strengthen human resources
g) close the cold chain gap at the regional and district level for purposes of introducing new vaccines (PCV 10) in 2012
h) implement the introduction of new vaccines

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 0.05ml	UNICEF	
Measles	AD 0.5ml	Government	
TT	AD 0.5ml	Government	
DTP-containing vaccine	AD 0.5ml	Government -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)

During the implementation of the injection safety policy, the following obstacles were encountered:
- difficulty in sending out syringes due to a lack of funds (GAVI SSV) and means of transportation (trucks)
- non-existence of storage facilities at the central, regional and district level: these dry supplies are at the mercy of storms
- the plan has not been updated;

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

The national wastes management policy was formulated and approved in 2005. Sharps waste must be collected without recapping in safety boxes to be incinerated and buried in a secure pit. The problem encountered is that only 22% of the health facilities have compliant equipment to ensure the proper disposal of these objects.

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$ 66,310
Balance carried over to 2011	US$ 384

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

The funds available at the beginning of 2010 were used for the following activities:
- purchase petroleum for cold chain operations at the district and health facility level
- transportation to supply districts with vaccines and management tools
- support for the training session on data management
- monitoring and evaluation at the regional and district level
- reproduction of the surveillance guide
- support the workshop to approve the MCHW in April 2010
- support social mobilization to launch the MCHW in April 2010
- support the reproduction of management tools used during the MCHW in April 2010
- payment of Internet connection for the program over a 12 month period
- upkeep and overhead for central coordination

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

The financial management evaluation for the year 2008/2009 was conducted in June-July 2010 and the audit report was sent to GAVI.
The following recommendations were made and implemented:
- delegate accounting tasks to any person other than the director of the immunization service:

Since there were no funds to hire a private accounting specialist, we trained an accounting specialist in financial management and accounting policies for GAVI funds
- delegate mail management tasks to any person other than the diretor of the immunization service: a secretary was trained in mail management
- recovery of supporting documentation for 2008/2009 expenses equal to 41,640,756 Ar, which had not been substantiated by some of the districts. All supporting documentation was recovered (see the attached auditor's report)

Since the audit required by GAVI was conducted and all funds substantiated, we would like to ask that the remaining 2007/2008 funds be granted to strengthen the immunization program which is suffering financial difficulties in these times of the socio-political crisis.

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

The ISS funds are wired to a commercial account at the BFV/SG bank.These funds are jointly managed by the Director of Children's Health and the Director of the Immunization Service. The management procedure requires two signatures for the management of the project.
Funds are directly wired to the bank accounts of the districts and regions upon funding requests, to finance the activities included in the annual work plans. The responsible individuals are notified by certified mail.
Upon completion of the activities, supporting documentation is sent and verified at the central level, along with the financial and technical reports. Users keep a copy for 4 years.
A mail or telephone reminder is provided by the immunization service if supporting documentation for expenses have not been received at the central level within 6 months after the activities.
The national report is prepared at the central level, checked by the national coordinator, and approved by the senior ICC.
It should be mentioned that the EPI is coordinated by the senior ICC, chaired by his Excellency the Minister of Public Health. It meets every 6 months and approves the AWP for the EPI as well as the use of funds.

In 2010 the country did not receive ISS funds from GAVI and used funds left over from 2009. All funds were used with no major problems and we were able to recover supporting documentation for funds that had not been substantiated in 20072008, as shown in the auditor's report. However, for the year 2010, because of the socio-political crisis, the senior ICC did not meet to approve the report as in previous years, but the technical committee met 9 times to analyze and approve the financial and technical reports.

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

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 001) (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 002).

6.4. Request for ISS reward

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

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**			625,041	623,404
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-1,637
3	Calculating	$20	per additional child vaccinated with DTP3		-32,740
4	**Rounded-up estimate of expected reward**				**-32,500**

* 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	2,315,000	2,231,000	84,000	
Pneumococcal				

** 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? ...)

All quantities of the pentavalent vaccine (2,164,700 doses) which should be financed by GAVI were received according to the decision letter. However, 84,000 out of the 150,300 doses that should have been financed by the government were not received in 2010 due to the blockage of funds in the National Treasury. These funds were not wired to the CD Copenhagen account until January 2011.
The remaining vaccines will therefore be delivered in June 2011.
It should be pointed out here that the pentavalent vaccine arrived at the airport in the PCV 2 stage.

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)

To improve vaccine management, the following actions have been taken:
- an annual supply plan was developed in conjunction with UNICEF
- the storage capacity was increased (2 new cold chain appliances with a capacity of 40 m3 each)
- ground transportation was prioritized over air transport because of frequent flight cancellations
- negotiations with MAF (private airline company) to reduce rates for purposes of supplying the most remote districts
- negotiations with transport agents to immediately pick up vaccines after they arrive at the airport
- regular supplying of districts by the central level
- making funds available for the districts to distribute vaccines to the basic healthcare centers
- training of officials responsible for managing vaccines in computerized vaccine management (SMT)
- supervision at all levels

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		
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year?

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	
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

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

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

If Yes, how much? US$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid	463,000	150,300
2nd Awarded Vaccine Pneumococcal (PCV13), 1 dose/vial, liquid		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	Government Budget	
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.	The non-existence of a special procedure for purchasing vaccines always leads to problems in the mobilization of government funds	
2.	Cumbersome administrative processes in the National Treasury significantly slows down the releasing of funds to the CPH. The personal intervention of the Minister is always required to facilitate this process.	
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		

Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid	
2nd Awarded Vaccine Pneumococcal (PCV13), 1 dose/vial, liquid	
3rd 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.

If the country is in default, which is not currently the case, the first step would be to ask the usual partners to take over our co-financing amount; secondly, the members of parliament and the Ministry of the Budget are asked to make the National Immunization Fund operational by mobilizing other funds and financing through financial laws as a percentage of certain activities, such as the lottery, telephone calls, soft drinks, etc.

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? 18.11.2008

When was the last Vaccine Management Assessment (VMA) conducted? 18.11.2008

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

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.

To ensure the continuous availability of quality vaccines:
- conduct an EVMA: not conducted in 2010 but rescheduled in 2011.
- regularly supervise the computerized tool at all levels
- implement a preventive maintenance system at all levels
- implement a system to monitor the stock of vaccines and dry supplies
- train new officials in EPI mid-level management (MLM), to be rescheduled in 2011.

When is the next Effective Vaccine Management (EVM) Assessment planned? 06.11.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

DTPHepHib vaccines: new presentation in 1 vial of 10 liquid doses

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 03) 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 DTPHepHib 10 doses vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTPHepHib 10 doses vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of DTPHepHib 10 doses vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of DTPHepHib 10 doses vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

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

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

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

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Auto-disable 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, lyophilized	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 monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/ vial, lyophilized	1	3.400				
Antirougeoleux, 10 doses/ vial, lyophilized	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 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Yellow fever reconstitution syringe	0	0.038	0.038	0.038	0.038	0.038
Rotavirus for 2 dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus for 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, lyophilized	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10 doses/ vial, lyophilized	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, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	741,646	762,412	783,760	805,706	826,763		3,920,287
Number of children to be vaccinated with the third dose	Table 1	#	667,338	686,023	705,232	765,255	785,424		3,609,272
Immunisation coverage with the third dose	Table 1	#	90%	90%	90%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	741,646	762,412	783,760	805,706	826,763		3,920,287
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
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, 10 doses/vial, Liquid

Co-financing group	Low income

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

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

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		2,361,200	2,414,700	2,452,000	2,491,000	9,718,900
Number of AD syringes	#		2,363,000	2,416,500	2,453,900	2,492,700	9,726,100
Number of re-constitution syringes	#		0	0	0	0	0

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of safety boxes	#		26,250	26,825	27,250	27,675	108,000
Total value to be co-financed by GAVI	*$*		6,192,500	5,958,000	5,314,000	4,934,500	22,399,000

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

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		195,000	213,000	249,300	279,800	937,100
Number of AD syringes	#		195,100	213,200	249,500	280,000	937,800
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		2,175	2,375	2,775	3,125	10,450
Total value to be co-financed by the country	*$*		511,500	526,000	540,500	554,500	2,132,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.63%			8.11%			9.23%			10.10%		
B	**Number of children to be vaccinated with the first dose**	Table 1	741,646	762,412	58,142	704,270	783,760	63,531	720,229	805,706	74,355	731,351	826,763	83,474	743,289
C	**Number of doses per child**	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
		(schedule)													
D	**Number of doses needed**	B x C	2,224,938	2,287,236	174,425	2,112,811	2,351,280	190,591	2,160,689	2,417,118	223,063	2,194,055	2,480,289	250,420	2,229,869
E	**Estimated vaccine wastage factor**	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
F	**Number of doses needed including wastage**	D x E	2,469,682	2,538,832	193,611	2,345,221	2,609,921	211,556	2,398,365	2,683,001	247,600	2,435,401	2,753,121	277,966	2,475,155
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		17,288	1,319	15,969	17,773	1,441	16,332	18,270	1,687	16,583	17,530	1,770	15,760
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		2,556,120	194,930	2,361,190	2,627,694	212,997	2,414,697	2,701,271	249,286	2,451,985	2,770,651	279,736	2,490,915
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		2,558,022	195,075	2,362,947	2,629,649	213,155	2,416,494	2,703,281	249,471	2,453,810	2,772,580	279,931	2,492,649
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		28,395	2,166	26,229	29,190	2,367	26,823	30,007	2,770	27,237	30,776	3,108	27,668

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
N	Cost of vaccines needed	I x g		6,313,617	481,475	5,832,142	6,096,251	494,151	5,602,100	5,483,581	506,050	4,977,531	5,125,705	517,511	4,608,194
O	Cost of AD syringes needed	K x ca		135,576	10,339	125,237	139,372	11,298	128,074	143,274	13,222	130,052	146,947	14,837	132,110
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		18,173	1,386	16,787	18,682	1,515	17,167	19,205	1,773	17,432	19,697	1,989	17,708
R	Freight cost for vaccines needed	N x fv		220,977	16,852	204,125	213,369	17,296	196,073	191,926	17,712	174,214	179,400	18,113	161,287
S	Freight cost for devices needed	(O+P+Q) x fd		15,375	1,173	14,202	15,806	1,282	14,524	16,248	1,500	14,748	16,665	1,683	14,982
T	Total fund needed	(N+O+P+Q+R+S)		6,703,718	511,225	6,192,493	6,483,480	525,539	5,957,941	5,854,234	540,255	5,313,979	5,488,414	554,131	4,934,283
U	Total country co-financing	I 3 cc		511,224			525,539			540,255			554,131		
V	Country co-financing % of GAVI supported proportion	U / T		7.63%			8.11%			9.23%			10.10%		

Table 7.2.1: Specifications for Pneumococcal (PCV10), 2 doses/vial, Liquid

	Instructions		2011	2012	2013	2014			TOTAL
Number of Surviving infants	Table 1	#	741,646	762,412	783,760	805,706			3,093,524
Number of children to be vaccinated with the third dose	Table 1	#		608,930	704,228	764,165			2,077,323
Immunisation coverage with the third dose	Table 1	#	0%	80%	90%	95%			
Number of children to be vaccinated with the first dose	Table 1	#		761,162	782,475	804,384			2,348,021
Number of doses per child		#	3	3	3	3			
Estimated vaccine wastage factor	Table 1	#		1.05	1.05	1.05			
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1			
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Reconstitution syringes required	Select YES or NO	#	No	No	No	No			
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Vaccine price per dose	Table 6.1	$	3.500	3.500	3.500	3.500			
Country co-financing per dose		$	0.20	0.20	0.20	0.20			
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053			
Reconstitution syringe price per unit	Table 6.1	$	0.000	0.000	0.000	0.000			
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640			
Freight cost as % of vaccines value	Table 6.2	%		5.00%	5.00%	5.00%			
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%			

Co-financing tables for Pneumococcal (PCV10), 2 doses/vial, Liquid

Co-financing group	Faible revenu

	2011	2012	2013	2014	
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**		**TOTAL**
Number of vaccine doses	#		2,837,100	2,349,100	2,414,900		7,601,100
Number of AD syringes	#		3,029,200	2,484,200	2,553,700		8,067,100
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		33,625	27,575	28,350		89,550
Total value to be co-financed by GAVI	*$*		10,626,500	8,797,000	9,043,500		28,467,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**		**TOTAL**
Number of vaccine doses	#		160,100	132,600	136,300		429,000
Number of AD syringes	#		170,900	140,200	144,100		455,200
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		1,900	1,575	1,600		5,075
Total value to be co-financed by the country	*$*		599,500	496,500	510,500		1,606,500

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV10), 2 doses/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**					
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			5.34%			5.34%			5.34%					

		Formula	2011	2012			2013			2014					
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
B	Number of children to be vaccinated with the first dose	Table 1		761,162	40,644	720,518	782,475	41,789	740,686	804,384	42,959	761,425			
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3			
D	Number of doses needed	B x C		2,283,486	121,930	2,161,556	2,347,425	125,367	2,222,058	2,413,152	128,877	2,284,275			
E	Estimated vaccine wastage factor	Wastage factor table	1.00	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		2,397,661	128,026	2,269,635	2,464,797	131,635	2,333,162	2,533,810	135,321	2,398,489			
G	Vaccines buffer stock	(F – F of previous year) * 0.25		599,416	32,007	567,409	16,784	897	15,887	17,254	922	16,332			
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		2,997,077	160,033	2,837,044	2,481,581	132,531	2,349,050	2,551,064	136,242	2,414,822			
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1			
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		3,200,022	170,869	3,029,153	2,624,272	140,152	2,484,120	2,697,751	144,076	2,553,675			
L	Reconstitution syringes (+ 10%	I / J * 1.11		0	0	0	0	0	0	0	0	0			

		Formula	2011	2012			2013			2014					
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	wastage) needed														
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		35,521	1,897	33,624	29,130	1,556	27,574	29,946	1,600	28,346			
N	**Cost of vaccines needed**	I x g		10,489,770	560,114	9,929,656	8,685,534	463,858	8,221,676	8,928,724	476,846	8,451,878			
O	**Cost of AD syringes needed**	K x ca		169,602	9,057	160,545	139,087	7,429	131,658	142,981	7,637	135,344			
P	**Cost of reconstitution syringes needed**	L x cr		0	0	0	0	0	0	0	0	0			
Q	**Cost of safety boxes needed**	M x cs		22,734	1,214	21,520	18,644	996	17,648	19,166	1,024	18,142			
R	**Freight cost for vaccines needed**	N x fv		524,489	28,006	496,483	434,277	23,193	411,084	446,437	23,843	422,594			
S	**Freight cost for devices needed**	(O+P+Q) x fd		19,234	1,028	18,206	15,774	843	14,931	16,215	866	15,349			
T	**Total fund needed**	(N+O+P+Q+R+S)		11,225,829	599,416	10,626,413	9,293,316	496,317	8,796,999	9,553,523	510,213	9,043,310			
U	**Total country co-financing**	I 3 cc		599,416			496,317			510,213					
V	**Country co-financing % of GAVI supported proportion**	U / T		5.34%			5.34%			5.34%					

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)		7	Oui
Signature of Minister of Finance (or delegated authority)		8	Oui
Signatures of members of ICC		24	Oui
Signatures of members of HSCC		25, 27, 29	Oui
Minutes of ICC meetings in 2010		15, 16, 28	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		14, 17, 20, 26	Oui
Minutes of HSCC meetings in 2010		3, 4	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		10	Oui
Financial Statement for ISS grant in 2010		9	Oui
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		2, 13	Oui
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant		19, 21, 22, 23	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		30	
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 / Description	File name / Date and Time / Size
1	**File Type:** other **File Desc:** 2010 – HSS Annual Progress Report	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Rapport RSS 2010 Vers° finale.doc **Date/Time:** 10.05.2011 07:08:01 **Size:** 431 KB
2	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** Financial statements for HSS 2010 and	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Etats financiers RSS 2010 et 2011.xls **Date/Time:** 12.05.2011 08:15:49 **Size:** 574 KB

ID	File type Description	File name Date and Time Size
	2011 (up to April 2011)	
3	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Réunion CCSS 2010\PV CCSS et CCI.doc **Date/Time:** 10.05.2011 08:25:43 **Size:** 57 KB
4	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Réunion CCSS 2010\PV CCSS et CCI.doc **Date/Time:** 10.05.2011 08:25:43 **Size:** 57 KB
5	**File Type:** other **File Desc:** 2010 Annual Report of Health Sector	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\RAPPORT ANNUEL SECTEUR SANTE 2010.doc **Date/Time:** 10.05.2011 08:19:17 **Size:** 1 MB
6	**File Type:** other **File Desc:** Technical report on the mid-term review workshop HSS/GAVI	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Rapport revues à mi-parcours.doc **Date/Time:** 10.05.2011 08:21:02 **Size:** 77 KB
7	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signature of Minister of Public Health	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Signature Ministre Santé et Finances.jpg **Date/Time:** 12.05.2011 08:23:32 **Size:** 1 MB
8	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of Minister of Finances	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Signature Ministre Santé et Finances.jpg **Date/Time:** 12.05.2011 08:29:04 **Size:** 1 MB
9	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Etat Financier SSI 2010.jpg **Date/Time:** 12.05.2011 08:34:11 **Size:** 793 KB
10	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Minutes of the HSCC meeting	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Réunion CCSS 2010\Réunion de coordination RSS.d **Date/Time:** 12.05.2011 09:10:42 **Size:** 1 MB

ID	File type Description	File name Date and Time Size
	in 2011	
11	**File Type:** other **File Desc:** ISS Cover Memorandum-HSS Budget restructuring	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Note de présentation SSI - Réaménagement du budg **Date/Time:** 12.05.2011 09:20:58 **Size:** 1 MB
12	**File Type:** other **File Desc:** 2010 Activity Microplan for the HSS	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\MICROPLAN 2010 final RSS GAVI.xls **Date/Time:** 13.05.2011 07:54:25 **Size:** 672 KB
13	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** Signed 2010 financial statements	**File name:** D:\GAVI\RAPPORT D'ACTIVITES\RAPPORT 2011\Etat financier signé.docx **Date/Time:** 13.05.2011 08:15:53 **Size:** 2 MB
14	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Minutes of the meeting of May 13, 2011	**File name:** PV DE REUNION DE VALIDATION DURAPPORT SSI RSS GAVI.doc **Date/Time:** 13.05.2011 15:14:05 **Size:** 39 KB
15	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of the meeting of December 28, 2010	**File name:** RAPPORT DE REUNION SV 28 DECEMBRE 2010.doc **Date/Time:** 13.05.2011 15:14:05 **Size:** 609 KB
16	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** signatures of 2010 ICC meetings	**File name:** pv rapport réunion 24 nov 2010.jpg **Date/Time:** 15.05.2011 05:25:40 **Size:** 854 KB
17	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** signature Meeting of Feb. 3, 2011	**File name:** signature réunion CCI 3 fev 2011.jpg **Date/Time:** 15.05.2011 05:28:05 **Size:** 340 KB
18	**File Type:** other **File Desc:** Change in presentation	**File name:** PV réunion changement Penta 10 doses.jpg **Date/Time:** 15.05.2011 05:31:20 **Size:**

ID	File type Description	File name Date and Time Size
	Pentavalent 10 doses	792 KB
19	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:** Final audit report after recommendation	**File name:** rapport Audit final.jpg **Date/Time:** 15.05.2011 05:36:34 **Size:** 814 KB
20	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** signature of the ICC report endorsing and approving the report	**File name:** signature rapport CCIA validation RSA 2010.jpg **Date/Time:** 15.05.2011 05:40:38 **Size:** 281 KB
21	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:** Details of account audit	**File name:** numérisation0011.jpg **Date/Time:** 15.05.2011 05:52:10 **Size:** 466 KB
22	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:** Account details	**File name:** numérisation0012.jpg **Date/Time:** 15.05.2011 05:56:38 **Size:** 660 KB
23	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:** Auditor's signature and contact information	**File name:** numérisation0013.jpg **Date/Time:** 15.05.2011 06:06:46 **Size:** 63 KB
24	**File Type:** Signatures of members of ICC * **File Desc:** Signature ICC WHO UNICEF	**File name:** Signature CCIA.docx **Date/Time:** 15.05.2011 08:09:33 **Size:** 921 KB
25	**File Type:** Signatures of members of HSCC * **File Desc:** signature HSCC Members	**File name:** Signature CCSS.docx **Date/Time:** 15.05.2011 08:14:43 **Size:** 1010 KB
26	**File Type:** Minutes of ICC meeting in 2011	**File name:** RAPPORT réunion CCSS 2011.doc

ID	File type Description	File name Date and Time Size
	endorsing APR 2010 * **File Desc:**	**Date/Time:** 06.06.2011 11:08:35 **Size:** 108 KB
27	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** Réunion CCSS du 27 avril 2011.jpg **Date/Time:** 06.06.2011 11:09:27 **Size:** 591 KB
28	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** D__GAVI_RAPPORT+D'ACTIVITES_RAPPORT+2011_Réunion+CCSS+2010_Réunion+de+coordination **Date/Time:** 06.06.2011 11:10:12 **Size:** 1 MB
29	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** Fiche de présence RAPPORT CCSS 2011.jpg **Date/Time:** 07.06.2011 11:48:34 **Size:** 1 MB
30	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** PPAC FINAL.rar **Date/Time:** 29.06.2011 07:19:16 **Size:** 2 MB
31	**File Type:** other **File Desc:** Annual Work Plan	**File name:** PTA introduction Pneumocoque.xls **Date/Time:** 29.06.2011 07:22:54 **Size:** 41 KB
32	**File Type:** other **File Desc:** Final audit reports	**File name:** rapport Audit final.jpg **Date/Time:** 29.06.2011 07:40:18 **Size:** 814 KB

~ End ~