GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of

Yemen

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 10:41:04**

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, 1 dose/vial, Liquid	2015
NVS	Pneumococcal (PCV13), 1 doses/vial, Liquid	Pneumococcal (PCV13), 1 doses/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

HSS	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 Yemen 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 Yemen

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	Dr. Magid AL GUNAID	**Name**	Mr. Abdulkarim Al-Wali (DG of Finance)
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

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

Full name	Position	Telephone	Email	Action
Dr. Ali JAHHAF	DG of Family Health	00967777980913	aljahhaf@yahoo.com	
Dr. M.Osama MERE	Medical Officer. VPI. WHO-Yemen	00967711994099	mereo@yem.emro.who.int	
Mr. Mua'adh AL HAKIMI	Head of Integrated Outreach Unit & EPI Statistical Department	00967777369669	hakim_epi@yahoo.com	
Mr. Jalal AL QADHI	GAVI Fund Financial Officer	00967733872376	jalal_al_qadi@yahoo.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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 Yemen'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	847,334	873,978	901,460	929,806	959,043	989,200
Total infants' deaths	57,574	59,371	61,164	62,947	64,716	66,464
Total surviving infants	789,760	814,607	840,296	866,859	894,327	922,736
Total pregnant women	847,334	873,978	901,460	929,806	959,043	989,200
# of infants vaccinated (to be vaccinated) with BCG	551,397	611,785	676,095	743,845	815,187	890,280
BCG coverage (%) *	65%	70%	75%	80%	85%	90%
# of infants vaccinated (to be vaccinated) with OPV3	692,021	741,292	773,072	806,178	840,668	876,600
OPV3 coverage (%) **	88%	91%	92%	93%	94%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	740,011	773,876	798,281	832,184	867,498	904,282
# of infants vaccinated (to be vaccinated) with DTP3 ***	690,848	741,292	773,072	806,178	840,668	876,600
DTP3 coverage (%) **	87%	91%	92%	93%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	10%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.11	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	740,011	773,876	798,281	832,184	867,498	904,282
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	690,848	741,292	773,072	806,178	840,668	876,600
3rd dose coverage (%) **	87%	91%	92%	93%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	10%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.11	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal	0	773,876	798,281	832,184	867,498	904,282
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal	0	741,292	773,072	806,178	840,668	876,600
Pneumococcal coverage (%) **	0%	91%	92%	93%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	0%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles	577,597	651,685	714,251	780,173	849,611	885,827
Measles coverage (%) **	73%	80%	85%	90%	95%	96%
Pregnant women vaccinated with TT+	146,126	568,086	585,949	604,374	623,378	642,980
TT+ coverage (%) ****	17%	65%	65%	65%	65%	65%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	494,924	651,685	714,251	780,173	849,611	885,827
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	7%	4%	3%	3%	3%	3%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] 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**

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

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

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

For Pentavalent vaccine: no change in the wastage rate in 2010. However, In the 4th quarter of 2010, the presentation of the vaccine became 1dose/vial so the wastage rate will be 5% from 2011 and on.

For Pneumococcal vaccine, the wastage rate will be 5% every year starting from 2011 because we received PCV13 1dose/vial.

5.2. Immunisation achievements in 2010

5.2.1.

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

The target for 2010 was 90%, the reached coverage was 87.4%.
Main Achievements:
- Four rounds for Outreach Activities, including the integrated ones in 64 districts, were conducted as planned and they contributed 27% to the total coverage.
- Enhancement of supervision at all levels through sustaining implementation of the regular supervisory visits. The central supervisory visits covered 1194 health facilities.
- Enhancement of skills of vaccinators through implementation of refreshing trainings on EPI for all vaccinators.
- Enhancement of the supervisory skills of the district supervisors by implementation of Mid- level Management courses for 80 districts supervisors in the three leftover governorates from the previous year (AlMukala ,Syuon and AlMahra).
- 112 new health facilities started to deliver immunization services.

5.2.2.

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

The main reason is the civil-conflict in different parts of the country which hindered achievement of the target.

5.2.3.

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

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

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

Based on the supervision visits at all levels, there is equal access for both males and females because there is no social barriers observed in this regard. In addition, IMCI services delivered during the integrated outreach activities in 64 districts have indicated that no significant difference between males and females in receiving the services.

It is a social behavior in Yemen that families give same attention to children (males and females) to take them equally to health care in general and immunization in particular.

5.2.4.

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

it has not been a problem to be tackled

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 last WHO/UNICEF best estimate done in 2010 showed since the results of MICS should have been compared with the same period of the administrative coverage which is from Oct 2004 -Sep 2005, for which there is very close results of the administrative and survey coverage. MoPH&P in collaboration with WHO and UNICEF is planning to conduct EPI coverage survey in 2011 to reach to the most accurate coverage and to enable improving the coverage by tackling the reasons of failure of immunization.

***** 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.

- Data quality was main topic in all training courses for EPI staff.
- Regular feedback to the lower level has been done including verification of the coverage data.
- Biannual review meetings at the central level for the governorates staff were held.
- Maintaining the level of vaccinators up to standard through refreshing trainings.

- Standardize supervisory check list to be used at all levels which includes components on data quality.
- Maintaining monthly supervisory visits at the local level (governorates, districts and central level).
- Regular monitoring of completeness and timeliness at all levels.

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.

- Sustaining the already established activities.
- DQS will be conducted in 2011 to further improve the data system.
- Expansion of computerizing the coverage data at the governorate level.

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 = 214	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**	**Donor name**	**Donor name**	
Traditional Vaccines*	956,311	956,311	0						
New Vaccines	12,883,161	1,751,948	11,131,213						
Injection supplies with AD syringes	296,148	87,653	208,495						
Injection supply with syringes other than ADs	0	0	0						
Cold Chain equipment	117,942	0	117,942						
Personnel	6,184,311	6,184,311	0						
Other operational costs	2,841,339	1,116,997	1,236,325	193,888					
Supplemental Immunisation Activities	1,546,374	205,500	0	1,228,780	112,093				
Training	618,888	0	227,958	58,502	332,426				
Maintenance and overhead, Routine Capital Costs	3,581,161	3,581,161							
Total Expenditures for Immunisation	*29,025,635*								
Total Government Health		13,883,881	12,921,933	1,481,170	444,519				

* 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*	1,505,659	1,628,904	
New Vaccines	16,811,416	16,843,660	
Injection supplies with AD syringes	736,867	765,445	
Injection supply with syringes other than ADs	0	0	
Cold Chain equipment	7,807	1,817	
Personnel	6,422,022	6,860,398	
Other operational costs	3,901,477	4,118,675	
Supplemental Immunisation Activities	8,225,390	10,655,033	
Training	204,000	260,100	
Maintenance and Overhead, Routine Capital Costs	3,815,278	3,755,502	
Total Expenditures for Immunisation	41,629,916	44,889,534	

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number 1) 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

HSSCC has recommended to request from GAVI to sustain its support for both Pentavalent and Penumococcal vaccines untill 2015 at least.

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

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
National Society for Women and Child Development (SOUL)	

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?

- Enhancement of routine immunizations in the conflict-affected areas to rapidly increase coverage.
- Sustain and increase the routine coverage to more than 90% by expansion of the fixed services and implementing four phases of the outreach activities every year.
- Sustain securing the governmental share of pentavalent and pneumococcal vaccines costs.
- Apply for Rota vaccine introduction in May 2011.
- Implement EVSM/EVM in 2011.
- Qualifying the central store for the Global certification.
- Sustain the lab-based surveillance of bacterial meningitis, pneumococcal and rota virus diseases to assess the burden of these diseases.
- Sustain polio free status particularly implementing of two rounds of polio NIDs every year.
- Enhancement of measles immunity and the case-based surveillance.
- Implement the third round of MNT campaign in the high risk areas.
- Implement EPI coverage survey at the governorate/national level.

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 syringes for BCG, syringes for reconstitution 2 ml	Government	
Measles	AD syringes, AD syringes for reconstitution 5 ml	Government	
TT	AD syringes	Government	
DTP-containing vaccine	AD syringes AD syringes for reconstitution 2 ml	GAVI - Government	
Pneumococcal Vaccine PCV13	AD syringes 0.5 ml	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)

There is no major problem.

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

Through:
- Incinerators in some districts.
- Burning and burying.

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$ 1,539,336
Balance carried over to 2011	US$ 317,741

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

- 4 rounds of outreach rounds.
- Printing material (Vaccination cards, registry forms, records).
- Improve the quality of the services through intensive supervision on health facilities.
- Enhancement and expansion of cold chain.
- Social mobilization activities to increase the awareness in the community.

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 FMA was conducted in October 2010.
The Aide Memoire was signed on 22/01/2011. The deadline for all the conditions and recommendations is on April 2011. We are currently in the process of meeting the recommendations and will be in close contact with TAP once all is finished.

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

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 8,9) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

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

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

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

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

Table 3: Calculation of expected ISS reward

				2007	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			630,404	690,848
2	Number of **additional** infants that are reported to be vaccinated with DTP3				60,444
3	Calculating	$20	per additional child vaccinated with DTP3		1,208,880
4	**Rounded-up estimate of expected reward**				**1,209,000**

* 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	2,386,400	2,780,640	0	
Pneumococcal	1,012,150	689,400	322,750	

** 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? ...)

- For Pentavalent vaccine: the total doses received was more than the total doses listed in DL because of donation from UNICEF and the government purchased 28400 doses additional to the amount mentioned in DL because of the difference in vaccine prices.

- For Pneumococcal vaccine: the difference in doses will be received in 2011.

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

7.1.2.

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

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced	Pneumococcal Vaccine	
Phased introduction	No	**Date of introduction**
Nationwide introduction	Yes	**Date of introduction** 29.01.2011
The time and scale of introduction was as planned in the proposal?	No	**If No, why?** The introduction was delayed because of the unavailability of the vaccine in global market.

7.2.2.

When is the Post introduction Evaluation (PIE) planned? August 2011

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? No

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	257,000
Receipt date	29.03.2009

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

The introduction Grant for Pneumococcal vaccine was received on 29.3.2009 but it was used in 2010 in preparations to introduce the vaccine in January 2011 as following:

1- Training for HWs.
2- Social mobilization, IEC and advocacy.
3- Program management: Advocacy workshop for policy makers, journalists, and governorate local authorities.
4- Waste management: update the plan for waste management at all levels including health facilities.

In relation to printing material, new registry forms, updated training manual, new vaccination cards, guidelines were done in 2009.

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

There is no major problem.

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

If Yes, how much? US$ 4,792

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

The remaining fund balance was used to cover some of the activities of the awareness campaign before and during the launch ceremony specially for mass media at the central and governorate level (TV flashes, radio messages, newspapers, SMS,etc).

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 10,11). (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	1,751,000	570,400
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	0	0
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?
Government
Donor
Other

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. None.
2.
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	1
2nd Awarded Vaccine	0

Pneumococcal (PCV13), 1 doses/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.

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? 15.04.2008

When was the last Vaccine Management Assessment (VMA) conducted? 15.04.2008

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 15)

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.

When is the next Effective Vaccine Management (EVM) Assessment planned? 31.05.2011

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

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

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

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

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

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

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

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

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

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

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

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

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	814,607	840,296	866,859	894,327	922,736		4,338,825
Number of children to be vaccinated with the third dose	Table 1	#	741,292	773,072	806,178	840,668	876,600		4,037,810
Immunisation coverage with the third dose	Table 1	#	91%	92%	93%	94%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	773,876	798,281	832,184	867,498	904,282		4,176,121
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		357,200					
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		$	0.67	0.75	0.62	0.60	0.58		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.67	0.67	0.77	0.89	1.02
Your co-financing	0.67	0.75	0.62	0.60	0.58

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

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		1,555,000	1,983,700	1,997,600	2,036,600	7,572,900
Number of AD syringes	#		1,631,000	2,098,100	2,112,800	2,154,100	7,996,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		18,125	23,300	23,475	23,925	88,825

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		4,083,000	4,902,000	4,337,000	4,042,000	17,364,000

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	#		621,700	664,400	763,000	841,000	2,890,100
Number of AD syringes	#		652,200	702,800	807,000	889,500	3,051,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		7,250	7,825	8,975	9,875	33,925
Total value to be co-financed by the country	*$*		1,632,500	1,642,000	1,656,500	1,669,000	6,600,000

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

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			28.56%			25.09%			27.64%			29.22%		
B	**Number of children to be vaccinated with the first dose**	Table 1	773,876	798,281	228,011	570,270	832,184	208,793	623,391	867,498	239,754	627,744	904,282	264,267	640,015
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
D	**Number of doses needed**	B x C	2,321,628	2,394,843	684,033	1,710,810	2,496,552	626,379	1,870,173	2,602,494	719,260	1,883,234	2,712,846	792,800	1,920,046
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	2,437,710	2,514,586	718,235	1,796,351	2,621,380	657,698	1,963,682	2,732,619	755,223	1,977,396	2,848,489	832,440	2,016,049
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		19,219	5,490	13,729	26,699	6,699	20,000	27,810	7,686	20,124	28,968	8,466	20,502
H	**Stock on 1 January 2011**			357,200	102,027	255,173									
I	**Total vaccine doses needed**	F + G - H		2,176,605	621,698	1,554,907	2,648,079	664,397	1,983,682	2,760,429	762,909	1,997,520	2,877,457	840,905	2,036,552
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		2,283,117	652,121	1,630,996	2,800,809	702,717	2,098,092	2,919,638	806,910	2,112,728	3,043,414	889,405	2,154,009
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		25,343	7,239	18,104	31,089	7,801	23,288	32,408	8,957	23,451	33,782	9,873	23,909
N	**Cost of vaccines**	I x g		5,376,2	1,535,5	3,84	6,143,5	1,541,4	4,60	5,603,6	1,548,7	4,05	5,323,2	1,555,67	3,767,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			15	93	0,622	44	01	2,143	71	05	4,966	96	5	621
O	Cost of AD syringes needed	K x ca		121,006	34,563	86,443	148,443	37,244	111,199	154,741	42,767	111,974	161,301	47,139	114,162
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		16,220	4,633	11,587	19,897	4,993	14,904	20,742	5,733	15,009	21,621	6,319	15,302
R	Freight cost for vaccines needed	N x fv		188,168	53,746	134,422	215,025	53,950	161,075	196,129	54,205	141,924	186,316	54,449	131,867
S	Freight cost for devices needed	(O+P+Q) x fd		13,723	3,920	9,803	16,834	4,224	12,610	17,549	4,851	12,698	18,293	5,346	12,947
T	Total fund needed	(N+O+P+Q+R+S)		5,715,332	1,632,454	4,082,878	6,543,743	1,641,809	4,901,934	5,992,832	1,656,258	4,336,574	5,710,827	1,668,926	4,041,901
U	Total country co-financing	I 3 cc		1,632,454			1,641,809			1,656,258			1,668,926		
V	Country co-financing % of GAVI supported proportion	U / T		28.56%			25.09%			27.64%			29.22%		

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	814,607	840,296	866,859	894,327	922,736		4,338,825
Number of children to be vaccinated with the third dose	Table 1	#	741,292	773,072	806,178	840,668	876,600		4,037,810
Immunisation coverage with the third dose	Table 1	#	91%	92%	93%	94%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	773,876	798,281	832,184	867,498	904,282		4,176,121
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		12,000					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		$	0.20	0.23	0.26	0.29	0.32		
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	$	0.000	0.000	0.000	0.000	0.000		
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	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.29	0.32

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**	**2015**	**TOTAL**
Number of vaccine doses	#		2,367,000	2,464,300	2,546,700	2,631,600	10,009,600
Number of AD syringes	#		2,502,600	2,606,400	2,693,600	2,783,400	10,586,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		27,800	28,950	29,900	30,900	117,550
Total value to be co-financed by GAVI	*$*		8,864,000	9,228,500	9,537,500	9,855,500	37,485,500

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**	**2015**	**TOTAL**
Number of vaccine doses	#		154,900	183,900	213,800	245,900	798,500
Number of AD syringes	#		163,800	194,500	226,100	260,100	844,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,825	2,175	2,525	2,900	9,425
Total value to be co-financed by the country	*$*		580,500	689,000	801,000	921,000	2,991,500

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 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**			6.14%			6.94%			7.74%			8.54%		
B	**Number of children to be vaccinated with**	Table 1	773,876	798,281	49,028	749,253	832,184	57,777	774,407	867,498	67,178	800,320	904,282	77,270	827,012

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	the first dose														
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3
D	**Number of doses needed**	B x C	2,321,628	2,394,843	147,084	2,247,759	2,496,552	173,329	2,323,223	2,602,494	201,533	2,400,961	2,712,846	231,810	2,481,036
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	2,437,710	2,514,586	154,439	2,360,147	2,621,380	181,996	2,439,384	2,732,619	211,609	2,521,010	2,848,489	243,401	2,605,088
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		19,219	1,181	18,038	26,699	1,854	24,845	27,810	2,154	25,656	28,968	2,476	26,492
H	**Stock on 1 January 2011**			12,000	738	11,262									
I	**Total vaccine doses needed**	F + G - H		2,521,805	154,882	2,366,923	2,648,079	183,849	2,464,230	2,760,429	213,763	2,546,666	2,877,457	245,876	2,631,581
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		2,666,289	163,756	2,502,533	2,800,809	194,453	2,606,356	2,919,638	226,092	2,693,546	3,043,414	260,057	2,783,357
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**	(K + L)		29,596	1,818	27,7	31,089	2,159	28,9	32,408	2,510	29,8	33,782	2,887	30,895

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	boxes (+ 10% of extra need) needed	/100 * 1.11				78			30			98			
N	**Cost of vaccines needed**	I x g		8,826,318	542,086	8,284,232	9,268,277	643,472	8,624,805	9,661,502	748,169	8,913,333	10,071,100	860,566	9,210,534
O	**Cost of AD syringes needed**	K x ca		141,314	8,680	132,634	148,443	10,306	138,137	154,741	11,983	142,758	161,301	13,784	147,517
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		18,942	1,164	17,778	19,897	1,382	18,515	20,742	1,607	19,135	21,621	1,848	19,773
R	**Freight cost for vaccines needed**	N x fv		441,316	27,105	414,211	463,414	32,174	431,240	483,076	37,409	445,667	503,555	43,029	460,526
S	**Freight cost for devices needed**	(O+P+Q) x fd		16,026	985	15,041	16,834	1,169	15,665	17,549	1,359	16,190	18,293	1,564	16,729
T	**Total fund needed**	(N+O+P+Q+R+S)		9,443,916	580,016	8,863,900	9,916,865	688,502	9,228,363	10,337,610	800,525	9,537,085	10,775,870	920,788	9,855,082
U	**Total country co-financing**	I 3 cc		580,016			688,501			800,525			920,787		
V	**Country co-financing % of GAVI supported proportion**	U / T		6.14%			6.94%			7.74%			8.54%		

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)		2	Yes
Signature of Minister of Finance (or delegated authority)		3	Yes
Signatures of members of ICC		17	Yes
Signatures of members of HSCC		4, 13	Yes
Minutes of ICC meetings in 2010		18	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		14	Yes
Minutes of HSCC meetings in 2010		1, 12	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		5	Yes
Financial Statement for ISS grant in 2010		8, 9	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		6, 7	Yes
EVSM/VMA/EVM report		15	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		10, 11	
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	New file	Actions
1	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** ICC 2010 Minutes Doc#01.zip **Date/Time:** 08.05.2011 05:22:42 **Size:** 51 KB		
2	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** MH&MF.pdf **Date/Time:** 09.05.2011 06:32:54 **Size:** 162 KB		
3	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Signature of Minister of Finance (or delegated authority) * **File Desc:**	MH&MF.pdf **Date/Time:** 09.05.2011 06:34:06 **Size:** 162 KB		
4	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** HSCC Signature Page.pdf **Date/Time:** 09.05.2011 06:36:31 **Size:** 365 KB		
5	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** MOM 4 May 2011.doc **Date/Time:** 10.05.2011 05:21:48 **Size:** 71 KB		
6	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:**	**File name:** HSS -ISS 2010 Financial Report) Final.xls **Date/Time:** 17.05.2011 03:47:41 **Size:** 43 KB		
7	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:**	**File name:** 20110516125659475.pdf **Date/Time:** 17.05.2011 03:50:34 **Size:** 66 KB		
8	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** HSS -ISS 2010 Financial Report) Final.xls **Date/Time:** 17.05.2011 03:51:30 **Size:** 43 KB		
9	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** 20110516125659475.pdf **Date/Time:** 17.05.2011 03:52:27 **Size:** 66 KB		
10	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:**	**File name:** HSS -ISS 2010 Financial Report) Final.xls **Date/Time:** 17.05.2011 03:54:20 **Size:** 43 KB		
11	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:**	**File name:** 20110516125659475.pdf **Date/Time:** 17.05.2011 03:55:21 **Size:** 66 KB		
12	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** ICC 2010 Minutes Doc#01.zip **Date/Time:** 18.05.2011 03:31:31 **Size:** 51 KB		
13	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Signatures of members of HSCC * **File Desc:**	HSCC Signature Page.pdf **Date/Time:** 18.05.2011 03:33:30 **Size:** 365 KB		
14	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** MOM 4 May 2011.doc **Date/Time:** 18.05.2011 03:34:58 **Size:** 71 KB		
15	**File Type:** EVSM/VMA/EVM report **File Desc:**	**File name:** VMA Recommendation and Activities.doc **Date/Time:** 25.05.2011 05:03:53 **Size:** 21 KB		
16	**File Type:** other **File Desc:** APR HSS Section	**File name:** APR HSS 2010.docx **Date/Time:** 31.05.2011 10:31:29 **Size:** 353 KB		
17	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** HSCC+Signature+Page.pdf **Date/Time:** 14.06.2011 13:58:07 **Size:** 365 KB		
18	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** ICC+2010+Minutes+Doc#01.zip **Date/Time:** 14.06.2011 13:59:00 **Size:** 51 KB		