GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Armenia

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **6/5/2012 1**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Armenia 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 Armenia

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	H. KUSHKYAN / Minister of Health, Chair of ICC	**Name**	P. SAFARYAN /Deputy Minister of Finance
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
GAYANE SAHAKYAN	NIP MANAGER	+37410 650305	gayane63@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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
H. KUSHKYAN / Minister, Chair of ICC	Ministry of Health		
P. SAFARYAN / Deputy Minister	Mnistry of Finance		

H.DARBINYAN / Deputy Minister	Ministry of Health		
S. BARSEGHYAN / Deputy Minister	Ministry of Territorial Management and Substructures		
Al GHUKASYAN / Adviser to the Minister	Ministry of Health		
G.BADALYAN / Deputy Minister	Ministry of Economics		
M. MKRTCHYAN / Deputy Minister	Ministry of Education and Sciense		
J.BAGHDASARYAN / Deputy Minister	Ministry of Labour and Social Affaires		
V. POGHOSYAN /Deputy Minister	Ministry of Health		
S.KRMOYAN / Head of Staff	Ministry of Health		
A. VANYAN / Chief of State Hygienic and Anti-Epidemic Inspectorate	Minstry of Health		
G. QARYAN / Head of the Department of Custom Clearance	Committee of State Incomes of the Government		
J.HARUTYUNYAN /Head of Department of Disaster Medicine	Minstry of Emergency Situations		
A.AVOYAN /Head of Epidemiology Department of Hygiene and Anti-Epidemic Service	Ministry of Defense		
A.SARGSYAN /Epidemiologist of the Department of military medicine	National Security Service		

N.KARAPETYAN / Epidemiologist of Hygiene and Anti-Epidemic Center of Medical Department	National Police		
G. GHUKASYAN / Head of WHO Country office	WHO Country Office		
L. HOVAKIMYAN / Manager of Health and Nutrition programmes	UNICEF		
R. GYURJYAN / Country Director	RVF-Armenia		
G. GEVORGYAN / Member of State Statistic Comitte	National Statistic Service		
R. JAMALYAN / Program Managment Specialist	USAID /Armenia		
N.ASLANYAN /Chair of NGO	“Center of protection of patients rights” NGO		
A.POGOHOSYAN / Coordinator of Reproductive Health	“Women Resource Center” NGO		
G. SAHAKYAN / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and Anti-Epidemic Inspectorate		

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

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

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.

Name/Title	Agency/Organization	Signature	Date
S.KRMOYAN / Head of Staff , Chair of HSCC	Mnistry of Health		
A. VANYAN / Chief of State Hygienic and Anti-Epidemic Inspectorate	Minstry of Health		
Ar.KARAPETYAN / Head of the Economy Department	Ministry of Health		
K.Kostanyan/ Head of Administration of the Health Programmes and quality control Department	Ministry of Health		
K. Saribekyan/ Head of Mother and Child healthcare Department	Ministry of Health		
Al. Bazarchyan/ Head of PH Department	Ministry of Health		
G.SAHAKYAN / NIP Manager, State Hygienic and Anti-Epidemic Inspectorate	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Armenia is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Armenia's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	44,962	42,596	45,164	45,164	45,368	45,368	45,572	45,572	45,777	45,777
Total infants' deaths	463	502	460	460	458	458	456	456	458	458
Total surviving infants	44499	42,094	44,704	44,704	44,910	44,910	45,116	45,116	45,319	45,319
Total pregnant women	58,451	43,447	58,714	58,714	58,978	58,978	59,243	59,243	59,510	59,510
Number of infants vaccinated (to be vaccinated) with BCG	43,160	38,587	43,800	43,800	44,000	44,000	44,200	44,200	44,860	44,860
BCG coverage	96 %	91 %	97 %	97 %	97 %	97 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	42,900	39,947	43,000	43,000	43,560	43,560	43,900	43,900	44,100	44,100
OPV3 coverage	96 %	95 %	96 %	96 %	97 %	97 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	43,600	40,621	43,800	43,800	44,000	44,000	44,200	44,200	44,400	44,400
Number of infants vaccinated (to be vaccinated) with DTP3	42,270	39,316	42,460	42,460	42,660	42,660	43,300	43,300	43,500	43,500
DTP3 coverage	86 %	93 %	95 %	95 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	39,000	40,621	43,800	43,800	44,000	44,000	44,200	44,200	44,400	44,400
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	38,300	39,316	42,460	42,460	42,660	42,660	43,300	43,300	43,500	43,500
DTP-HepB-Hib coverage	86 %	93 %	95 %	95 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	10	10	10	10	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 2 doses/vial, Lyophilised	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)		0	0	0	44,000	44,000	44,200	44,200	44,860	44,860
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0		0	31,437	31,437	40,604	40,604	42,147	42,147
Pneumococcal (PCV10) coverage		0 %	0 %	0 %	70 %	70 %	90 %	90 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	5	0	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	43,800	43,800	44,000	44,000	44,200	44,200	44,860	44,860
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0	31,293	31,293	40,419	40,419	41,958	41,958	43,053	43,053
Rotavirus coverage		0 %	70 %	70 %	90 %	90 %	93 %	93 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	0	5	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1.05	1	1	1	1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	42,500	39,981	43,200	43,200	43,400	43,400	43,600	43,600	43,800	43,800
Measles coverage	96 %	95 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	3 %	3 %	3 %	3 %	3 %	2 %	2 %	2 %	2 %

*

** 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  JRF births = 40,085
  APR births = 42,596

  Birth figures in JRF for 2011 are Immunization data (children of 0-28 days of age registered in primary health facilities). APR for 2011 has been updated based on the figures of the National Statistical Service of Armenia (www.armstat.am) .

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

  JRF surviving infants = 41,443
  APR surviving infants = 42,094

  The MoH of Armenia uses its own formula to calculate coverage for routine vaccines that isdifferent from the formula utilized by GAVI. The denominator used in Armenia is number of children who reached age of 12 months in the reporting year. This denominator (41, 443) is indicated in 2011 JRF. The MoH of Armenia collects data on this denominator from primary health facilities that have registries of children resigning in their catchment area. These registries are updated annually based on household surveys.
  GAVI utilizes different denominator to calculate the coverage: number of surviving infants in the reporting year. This figure (42,094) is indicated in Table 1 of the current report. The data on this denominator are based on National Statistic Service report (www.armstat.am). As the denominator used by MoH to calculate administrative coverage and the denominator used by GAVI are different, the figures that reported in JRF and in APR are also different.

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

  Not applicable.

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

  Not applicable.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The overall vaccination coverage improved from 2008 to 2011, increasing from 86% to 95% for full vaccination. Activities contributed to this improvement within the Immunization program were the following:

1. Policy development for the National Immunization Programme 2010-2015 that were adopted by the Armenian Government and semiannual reports on performance of the Programme submitted to the Government.

2. Conducted supervisory visits on a quarterly basis for supportive purposes and annual monitoring to supervise the Armenian immunization program.

Quarterly supervisions: conducted by epidemiologists who evaluated the immunization program based on a performance checklist. The results gathered were reported to the national level while recommendations and improvement plans were proposed to local authorities as feedback.

Yearly monitoring: the immunization team at the national level identified problems and obstacles within the Armenian immunization program and discussed their findings with Ministry of Health and other stakeholders.

3. Supported Post-Introduction Evaluations conducted by the World Health Organization (WHO): In September 2009 the new pentavalent vaccine (DTP+HepB+HIB) was introduced into the National Immunization Schedule.This was helpful in achieving equal coverage rates for all antigen components within the pentavelnt vaccine (DTP, HepB, HIB). The coverage value for the pentavalent vaccine was 94% a year post introduction and 95% in 2011. This was a significant improvement from the previously introduced HepB (1999) and MMR (2002) vaccines where coverage values were that of 40% and 50% respectively.

4. Introduced an electronic case-based measles and rubella surveillance system in 2010 and trained forty epidemiologists from the regional and central level.

5.Government decision on new vaccine (Rota and Pneumo) introduction. Country has applied to GAVI for NUVI support and got an approval.

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

Not applicable.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

NO.

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

What action have you taken to achieve this goal?

There are no observable gender inequalities affecting the access to the health facilities that offer immunization which is reflected by the high national coverage rates.(Immunization coverage survey; 2006 and Immunization Programme Management Review; 2006, DHS survey, 2005 and 2010).

5.4. Data assessments

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

No discrepancies revealed so far.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

In an effort to fully understand the current situation of the target population, data wasobtained from the Armenian immunization program. As a resquest of the WHO European Regional Office (EURO), CDC personelle visited Armenia and assessedthe sources of the population data available. The quality of the informationused to calculate coverage was validated. The assessment was conducted in October 2010.

Findings were:
• Armenia has several sources available onpopulation data: Census, birth-registration data and the medical facilityenrolment data
-National Statistical Service: Census (2001), annualpopulation estimation, birth and death registration systems (2011 census underplanning)
-Ministry of Health: Medical facility enrolment data
-State Health Agency: Recently introducedcomputer-based population registry

• The NIP uses facility enrolment data to estimatethe target population for immunization (surviving infants)

• The Ministry of Health relies on the collected andreported medical facility enrolment data from all health facilities in thecountry. The State Health Agency has recently introduced a computer-basedpopulation registry to electronically capture at real-time the medical facilityenrolment data.

• The medical facility enrolment data were collectedusing standard demographic variables. Most Armenian citizens were expected tobe enrolled within a medical facility and assigned to a primary care physician

• The NSS and MOH are in agreement that the NSSprovides general population data and the medical facility enrolment data

• The SHAEI at the national, marz, and districtlevels will conduct regular supervisory visits to policlinics to examine thetarget population data available

• Most of the stakeholders interviewed mentioned thesignificance scale of domestic and international migration of Armenians inpursuit of employment and other opportunities. Anecdotal reports mention thatsome international migrants return to use the Armenian medical care (e.g.delivery)

• The Armenian Ministry of Health has a robust andsystematic enrolment data reporting and monitoring system of the vaccinationcoverage over the general population, although coverage among migrants wasnever measured

• There are several population data sourcesavailable in the country, although a comparative analysis among different datasources has never been conducted

• Regular data regarding immunization coverage andinformation profiling the targeted population was available at the national andsub-national immunization programs but failed to be readily available at theclinics

Recommendations were:

• To compile readily available population data (Censusestimates disaggregated by administrative area by age, birth registry, facilityenrolment data, Demographic Health Survey data) and conduct a comparativeanalysis to document data similarities and discrepancies.
• To bring keyimmunization stakeholders to agree on a list of core monitoring indicators forthe national immunization program. Once a consensus is reached, theseindicators will be used to develop a standard data-analysis bulletin, whichwill be shared with local immunization programs and policlinics

• To simplify data-analysis bulletin making itstraightforward and highlighting key trends in the immunization coverage valuesand data/reporting quality. This will promote regular data use and placeattention to data quality at all levels

• To consider a small study to assess the accuracyof facility enrolment data in selected areas given the significant volume ofinternal and international migration of Armenian citizens and the recent use ofthe Open Enrolment system.

• To collaborate with the National StatisticalServices to compare the new census findings with the facility enrolment datawill occur as soon as the 2011 census data is available.

• The CDC/GID is willing to provide technicalassistance for all the above mentioned areas

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Annual monitoring is conducted to improve administrative data systems. As a result, all discrepancies were identified and discussed with stakeholders (local healthauthorities; MoH departments etc.). In accordance, reporting forms onimmunization were simplified and clarified. An example:
In 2010, monitoring revealed that number of new bornchildren registered in HCFs was not concordant with the figures available fromthe Civil Registration Office because of the inconsistent definition of theterm newborn. The term newborn included all children with 0-28 days of life. Ifthe child completed 2 months of age and for the first time was registered in theHCFs, he/she was not identified as a newborn. As a result, reporting forms havebeen altered to replace the “number of newborns” to the “number of childrenunder <? xml:namespace prefix = st1 />1”.

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

Population datafrom two sources (National statistical service and MoH) always differ. It is requested to compare data of the mentioned sources at the local level beforereporting.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 391.14	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	Ani&Narod Memorial Foundation country	To be filled in by country	To be filled in by country
Traditional Vaccines*	474,721	459,721	0	0	0	15,000	0	0
New and underused Vaccines**	499,809	150,279	334,530	0	0	15,000	0	0
Injection supplies (both AD syringes and syringes other than ADs)	56,910	35,910	21,000	0	0	0	0	0
Cold Chain equipment	41,348	0	0	0	41,348	0	0	0
Personnel	831,515	831,515	0	0	0	0	0	0
Other routine recurrent costs	824,965	797,696	0	0	27,269	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	2,729,268							
Total Government Health		2,275,121	355,530	0	68,617	30,000	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Not applicable.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Not applicable.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Not applicable.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	660,000	700,000
New and underused Vaccines**	828,000	1,417,000
Injection supplies (both AD syringes and syringes other than ADs)	71,000	117,000
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	65,000	65,000

Personnel	881,225	935,142
Other routine recurrent costs	874,730	920,460
Supplemental Immunisation Activities	0	0
Total Expenditures for Immunisation	3,379,955	4,154,602

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes. MoF of Armenia has already allocated all funds budgeted for 2012.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

Not applicable.

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

Not applicable.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, 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 5.5 Overall Expenditures and Financing for Immunisation

No concerns or recommendations from ICC.

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

If Yes, which ones?

List CSO member organisations:
R. Gyurjyan / Country Director of Rostropovich - Vishnevskaya Foundation (local NGO)
N. Aslanyan /Chair of “Center of protection of patients rights” NGO
A. Poghosyan / Coordinator of Reproductive Health, “Women Resource Center” NGO

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1.Development of MoH order for Rota / Pneumo vaccines introduction (approve the list of responsible officials for core activities, establish working group for revision of regulatory documents, development of training materials andtraining plan, establish working group for development of communication and social mobilization materials, approve the immunization schedule and date o fvaccine introduction).<?xml:namespace prefix = o />

2.Revision and approval of regulatory documents for Rota / Pneumo vaccines introduction (Government Decree N46 (14.01.2010)-National Immunization Programme for2010-2015, National Immunization Calendar, National Immunization guidelines,recording and reporting forms, vaccine request form).

3.Procurement of cold chain equipments (refrigerators) and distribution to HCFs.

4. Conduct quarterly and annual supportive supervisions to the regions with low performance indicators.

5. Conduct National and regional workshops and trainings on Rota/Pneumo vaccines introduction.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	Syringe, A-D, BCG, 0.05 ml, w/needle	Government
Measles	Syringe, A-D, 0.5 ml, w/needle, ster	Government
TT		
DTP-containing vaccine	Syringe, A-D, 0.5 ml, w/needle, ster	Government and GAVI
HepB	Syringe, A-D, 0.5 ml, w/needle, ster	Government
HepA	Syringe, A-D, 0.5 ml, w/needle, ster	Government
Seasonal Flu	Syringe, A-D, 0.5 ml, w/needle, ster	Government

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

No problems.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

In general two approaches are employed for sharp waste disposal; incineration and open burning.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	29,177	10,444,699
Total funds available in 2011 *(C=A+B)*	29,177	10,444,699
Total Expenditures in 2011 *(D)*	9,099	3,257,200
Balance carried over to 2012 *(E=C-D)*	20,078	7,187,499

6.1.1. 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.

ISS funds are managed by Financial-Economical Department of Ministry of Health and Ministry of Finance. ISS funds are included in national health sector plans and budgets. Annual Budget for the upcoming year is developedby ISS responsible accountant and discussedat the ICC meeting.

In order to implement the Approved Budget, responsible accountant prepares a bid, which is submitted to the Financial Department of the Ministry of Health, which is not a specific procedure for procurement and capital expenses.The Financial Department on the basis of bid prepares a separate form (if requested sum exceeds one million AMD) based on tender is announced. After collection ofthe bids, winner of the tender is defined. Duration of the tender from the dayof announcement up to the date of decision making on the winner of the tender lasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance. During 2011 due to this mechanism MoH saved about 2, 066, 800 AMD (equal to 5,773USD).

6.1.2. 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

According to the new Government regulation (adopted in 2010), HSS and ISS budget funds are allowed to be spent only after Government decision. For this purpose draft decisions of the Government on HSS and ISS expenditures are being developed by MoH and submitted to the Ministry of Finance for comments. After MoF review, the draft decisions are submitted to the Government for approval. Several meetings are conducted by Government officials to discuss all draft documents submitted to that time. Usually this process lasts about 3 months.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

During 2011 the following activities were implemented using ISS funds:

1. Quarterly supportive supervisions by the regional level (marz) and annual monitoring by the national level. ISS funds were used to pay per diem of professionals involved in the supervision and monitoring activities.

2.Computers were procured to strengthen the information technology capacity of the Immunization Department established at the National CDC in 2010.

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number Document not referenced) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number Document not referenced).

6.3. Request for ISS reward

Request for ISS reward achievement in Armenia is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		163,400	0
Pneumococcal (PCV10)		0	0
Rotavirus		0	0

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

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

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

  According to DL (25 August 2010) the Government part of pentavalent vaccine was 16, 600 doses.In order to avoid stock outs in the country Government decided to procure additional quantities (total 50,000 doses) because of penta (DTP-HepB-Hib) vaccine introduction in territory with Armenian population.

- 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)

  Not applicable.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

Not applicable.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	Not applicable	
Phased introduction	No	21/05/2011
Nationwide introduction	No	21/09/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Not applicable.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2010**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Recommendations:<?xml:namespace prefix = o />

✓ continue efforts to respond to anti-vaccinationmovementwhich negatively influences uptake of routine vaccination. Acomprehensive planshould be developed to set objectives, define strategies andidentifyappropriate education, communication, and advocacy activities.Social/behaviorstudies may be needed to better understand the main factorswhich influenceparents' decisions not to vaccinate their children and causeimmunizationsafety concerns among medical professionals.

üstrengthen therole ofthe National Advisory Committee for Immunization (NACI) in provisionofindependent scientific advice to the Ministry of Health (MoH) onimmunizationpolicy and practice to facilitate evidence-based decision-makingprocess forMoH.

✓ more detailed assessment of the vaccine managementsystemis needed to address the issues of vaccine stock-outs and reportedvaccinetransportation challenges. Based on the results of assessment, a planforimprovement should be developed and implemented.

✓ development of clear guidelines on reporting ofmildAEFI is recommended to define requirements and unify recordingand reporting practices.

Activities implemented:

1. Survey onEpidemiology of un-vaccinated children has been conducted in December 2011(with WHO support). Plan of communication and advocacy activities will bedeveloped based on findings.

2.National AdvisoryCommittee meetings have been organized regularly (monthly).

3. Vaccine stock-outshave not been registered in 2011.

4.New guideline on mildAEFIs has been developed and trainings were conducted among health careproviders.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

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

Is the country sharing its vaccine safety data with other countries? **Yes**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Not applicable.

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

Not applicable.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Not applicable.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	147,500	50,000
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	132,500 US$	
Donor	15, 000 US$	
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	12,500	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	March	Government
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	March	Government
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	March	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Technical Assistance need for developing financial sustainability strategies, mobilizing funding for immunization.	

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

Not applicable.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
E1: Vaccine arrival procedures	Memorandum of Understanding	In process
E1: Vaccine arrival procedures	SOP for EPI manager and customs officers actions	In process
E1: Vaccine arrival procedures	Basic documentation for vaccine procurement	In process
E1: Vaccine arrival procedures	Lot Release Certificates by NRA	Completed
E2: Temperature monitoring	Computerized temperature monitoring system	In process
E2: Temperature monitoring	Cold-chain temperature monitoring study	In process
E2: Temperature monitoring	Temperature map	Planned
E2: Temperature monitoring	WHO prequalified 30-day electronic data	Planned
E2: Temperature monitoring	Internal reviews of continuous temperature	In process
E2: Temperature monitoring	Storage of temperature records	Completed
E2: Temperature monitoring	Contingency plan modification	Completed
E3: Storage and transport capacity	Increase the net storage capacity	In process of installation
E3: Storage and transport capacity	Adding additional shelving	Being considered
E3: Storage and transport capacity	Adequate freezer volume producing ice packs	In process
E3: Storage and transport capacity	Increase the net storage capacity of the marz leve	Partly conducted. In process
E3: Storage and transport capacity	Sufficient dry storage capacityis	Planned
E3: Storage and transport capacity	Adequate transport capacity for vaccines in marz	Planned
E3: Storage and transport capacity	Contact details of responsible persons are visibly	In process
E3: Storage and transport capacity	SOP for the subnational stores	Completed
E4: Buildings, equipment and transport	Move the existing dry warehouse and primary vaccin	In process
E4: Buildings, equipment and transport	Ensure installation of hand washing facilities	Planned
E4: Buildings, equipment and transport	Ensure existance of special on-board log book	Planned

E4: Buildings, equipment and transport	Using freez indicators in all vaccine	Planned
E4: Buildings, equipment and transport	Using 30 day electronic temperature data at HCF	Planned
E4: Buildings, equipment and transport	Timely monitoring of fire extinguishers	Completed
E5: Maintenance	Multi-year plan of scheduled preventive maintenanc	Planned
E5: Maintenance	Responsible officer for maintenance	Planned
E5: Maintenance	Written multi-year programmes for maintenance	Planned
E6: Stock management	Safety stock and minimum (re-supply) stock	Completed
E6: Stock management	Connect computers to the backup generators	Planned
E6: Stock management	Weekly backup of stock management	In process
E6: Stock management	Introduction of computerized stock management	In process
E6: Stock management	Registration of VVM status in the records	Completed
E6: Stock management	Estimates of vaccine wastage systematically	In process
E6: Stock management	Formal procedures for disposal of damaged vaccines	Completed
E6: Stock management	Labeling of refrigerators	Completed
E7: Distribution	Plans of action in the event of an emergency	Implementation postponned till the end of 2012
E7: Distribution	Appropriate vaccine management procedures	In process
E7: Distribution	Equip all vehicles with communication tools	Planned
E8:Vaccine management	Structured tools for supportive supervision	In process
E8:Vaccine management	sistematic supervision and monitoring of vaccine m	Planned
E8:Vaccine management	Human capasity building for supp. supervision	Planned
E9:MIS and supportive functions	Inventroy of cold chain equipment	Planned

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Armenia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Armenia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Armenia is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	42,094	44,704	44,910	45,116	45,319	222,143
	Number of children to be vaccinated with the first dose	Table 4	#	40,621	43,800	44,000	44,200	44,400	217,021
	Number of children to be vaccinated with the third dose	Table 4	#	39,316	42,460	42,660	43,300	43,500	211,236
	Immunisation coverage with the third dose	Table 4	%	93.40 %	94.98 %	94.99 %	95.97 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	11,000					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.69	1.11	1.48	1.85	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		23.80 %	23.80 %	23.80 %	23.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.40	0.69	1.00	1.31	1.62
Recommended co-financing as per APR 2010			1.00	1.31	1.62
Your co-financing	0.40	0.69	1.11	1.48	1.85

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

		2012	2013	2014	2015
Number of vaccine doses	#	103,500	83,500	61,500	37,300
Number of AD syringes	#	112,000	83,600	61,500	37,300
Number of re-constitution syringes	#	57,500	46,400	34,100	20,700
Number of safety boxes	#	1,900	1,450	1,075	650
Total value to be co-financed by GAVI	$	288,500	215,500	156,000	92,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	34,100	63,200	86,000	110,800
Number of AD syringes	#	36,900	63,200	86,000	110,800
Number of re-constitution syringes	#	19,000	35,100	47,700	61,500

Number of safety boxes	#	625	1,100	1,500	1,925
Total value to be co-financed by the Country	$	95,000	163,000	218,500	274,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	24.77 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	40,621	43,800	10,851	32,949
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	121,863	131,400	32,553	98,847
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*	135,268	145,854	36,134	109,720
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		2,647	656	1,991
H	**Stock on 1 January 2012**	*Table 7.11.1*	11,000			
I	**Total vaccine doses needed**	*F + G – H*		137,501	34,065	103,436
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		148,793	36,862	111,931
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		76,314	18,906	57,408
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		2,499	620	1,879
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		300,028	74,329	225,699
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		6,919	1,715	5,204
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		3,549	880	2,669
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		15	4	11
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		71,407	17,691	53,716
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		1,049	260	789
T	**Total fund needed**	*(N+O+P+Q+R+S)*		382,967	94,876	288,091
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		94,876		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		24.77 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	43.08 %			58.31 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,000	18,955	25,045	44,200	25,772	18,428
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	132,000	56,864	75,136	132,600	77,314	55,286
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	146,520	63,119	83,401	147,186	85,819	61,367
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	167	72	95	167	98	69
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	146,687	63,191	83,496	147,353	85,916	61,437
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	146,706	63,199	83,507	147,372	85,927	61,445
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	81,412	35,071	46,341	81,781	47,684	34,097
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,533	1,092	1,441	2,544	1,484	1,060
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	295,868	127,455	168,413	292,644	170,629	122,015
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	295,868	2,939	3,883	292,644	3,996	2,857
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	3,786	1,631	2,155	3,803	2,218	1,585
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	15	7	8	15	9	6
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	70,417	30,335	40,082	69,650	40,611	29,039
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,063	458	605	1,068	623	445
T	Total fund needed	*(N+O+P+Q+R+S)*	377,971	162,824	215,147	374,033	218,083	155,950
U	Total country co-financing	*I x country co-financing per dose (cc)*	162,823			218,083		
V	Country co-financing % of GAVI supported proportion	*U / T*	43.08 %			58.31 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	74.82 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	44,400	33,219	11,181
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	133,200	99,656	33,544
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	147,852	110,618	37,234
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	167	125	42
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	148,019	110,743	37,276
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	148,038	110,757	37,281
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	82,151	61,463	20,688
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	2,556	1,913	643
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	286,121	214,066	72,055
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	6,884	5,151	1,733
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	3,821	2,859	962
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	15	12	3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	68,097	50,948	17,149
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	1,072	803	269
T	**Total fund needed**	*(N+O+P+Q+R+S)*	366,010	273,836	92,174
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	273,836		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	74.82 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	42,094	44,704	44,910	45,116	45,319	222,143
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	44,000	44,200	44,860	133,060
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	31,437	40,604	42,147	114,188
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	70.00 %	90.00 %	93.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	2.21	2.95	3.69	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing			0.70	1.40	2.10
Recommended co-financing as per Proposal 2011			0.70	1.40	2.10
Your co-financing			2.21	2.95	3.69

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	68,700	27,100	- 1,100
Number of AD syringes	#	0	73,300	28,600	- 1,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	825	325	0
Total value to be co-financed by GAVI	$	0	251,500	99,000	- 4,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	104,700	112,400	143,100
Number of AD syringes	#	0	111,800	118,900	151,300
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	1,250	1,325	1,700
Total value to be co-financed by the Country	$	0	383,000	411,500	523,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	60.39 %			80.62 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,000	26,571	17,429	44,200	35,634	8,566
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	132,000	79,712	52,288	132,600	106,902	25,698
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	138,600	83,698	54,902	139,230	112,247	26,983
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	34,650	20,925	13,725	158	128	30
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	173,250	104,622	68,628	139,388	112,374	27,014
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	184,982	111,707	73,275	147,362	118,803	28,559
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,054	1,241	813	1,636	1,319	317
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	606,375	366,175	240,200	487,858	393,309	94,549
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	606,375	5,195	3,407	487,858	5,525	1,328
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	12	8	4	10	9	1
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	18,192	10,986	7,206	14,636	11,800	2,836
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	862	521	341	687	554	133
T	Total fund needed	*(N+O+P+Q+R+S)*	634,043	382,883	251,160	510,044	411,195	98,849
U	Total country co-financing	*I x country co-financing per dose (cc)*	382,883			411,195		
V	Country co-financing % of GAVI supported proportion	*U / T*	60.39 %			80.62 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	100.84 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	44,860	45,238	- 378
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	134,580	135,714	- 1,134
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	141,309	142,500	- 1,191
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	520	525	- 5
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	141,829	143,024	- 1,195
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	149,961	151,225	- 1,264
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	1,665	1,680	- 15
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	496,402	500,584	- 4,182
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	6,974	7,033	- 59
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	10	11	- 1
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	14,893	15,019	- 126
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	699	705	- 6
T	**Total fund needed**	*(N+O+P+Q+R+S)*	518,978	523,350	- 4,372
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	523,350		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	100.84 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	42,094	44,704	44,910	45,116	45,319	222,143
	Number of children to be vaccinated with the first dose	Table 4	#	0	43,800	44,000	44,200	44,860	176,860
	Number of children to be vaccinated with the second dose	Table 4	#	0	31,293	40,419	41,958	43,053	156,723
	Immunisation coverage with the second dose	Table 4	%	0.00 %	70.00 %	90.00 %	93.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.00	1.00	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.55	1.53	2.04	2.55	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing		0.72	1.05	1.55	2.05
Recommended co-financing as per Proposal 2011			1.10	1.65	2.20
Your co-financing		0.55	1.53	2.04	2.55

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

		2012	2013	2014	2015
Number of vaccine doses	#	91,400	39,700	21,100	4,300
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,025	450	250	50
Total value to be co-financed by GAVI	$	245,000	106,500	56,500	11,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	23,700	52,900	67,400	85,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	275	600	750	975
Total value to be co-financed by the Country	$	63,500	142,000	180,500	230,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	20.54 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	43,800	8,998	34,802
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	87,600	17,995	69,605
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	91,980	18,895	73,085
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		22,995	4,724	18,271
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		114,975	23,618	91,357
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		1,277	263	1,014
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		293,187	60,226	232,961
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		14,660	3,012	11,648
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		307,847	63,237	244,610
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		63,237		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		20.54 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	57.14 %			76.19 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,000	25,143	18,857	44,200	33,677	10,523
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	88,000	50,286	37,714	88,400	67,353	21,047
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.00		
F	Number of doses needed including wastage	*D X E*	92,400	52,800	39,600	88,400	67,353	21,047
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	105	60	45	0	0	0
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	92,505	52,860	39,645	88,400	67,353	21,047
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,027	587	440	982	749	233
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	235,888	134,794	101,094	225,420	171,749	53,671
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	235,888	0	0	225,420	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	11,795	6,740	5,055	11,271	8,588	2,683
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	247,683	141,533	106,150	236,691	180,336	56,355
U	Total country co-financing	*I x country co-financing per dose (cc)*	141,533			180,336		
V	Country co-financing % of GAVI supported proportion	*U / T*	57.14 %			76.19 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	95.24 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	44,860	42,724	2,136
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	89,720	85,448	4,272
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	89,720	85,448	4,272
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	330	315	15
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	90,050	85,762	4,288
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,000	953	47
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	229,628	218,693	10,935
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	11,482	10,936	546
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	241,110	229,628	11,482
U	Total country co-financing	*I x country co-financing per dose (cc)*	229,628		
V	Country co-financing % of GAVI supported proportion	*U / T*	95.24 %		

8. Injection Safety Support (INS)

Armenia is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	94500	90000	107000	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	0	94500	0	45000	45000	107000
Remaining funds (carry over) from previous year (*B*)		94500	94500	12528	29134	25161
Total Funds available during the calendar year (*C=A+B*)		94500	94500	57528	74134	132161
Total expenditure during the calendar year (*D*)		0	62752	30537	47498	132161
Balance carried forward to next calendar year (*E=C-D*)		94500	12807	26991	26636	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]		90000	45000	45000	107000	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	0	28561000	0	17388450	16109100	40548720

Remaining funds (carry over) from previous year (*B*)	0	0	28561000	4841000	10429510	9535120
Total Funds available during the calendar year (*C=A+B*)	0	28561000	28561000	22229450	26538610	50083840
Total expenditure during the calendar year (*D*)	0	0	23720000	11799940	17003490	50083840
Balance carried forward to next calendar year (*E=C-D*)	0	28561000	4841000	10429510	9535120	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	302.2	378	386.41	357.98	378.96
Closing on 31 December	0	302.2	378	386.41	357.98	378.96

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: Document not referenced)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: Document not referenced)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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 HSCC in this process.

HSS funds are managed by Financial-Economical Department of Ministry of Health and Ministry of Finance. HSS funds are included in national health sector plans and budgets. Annual Budget for the upcoming year is developedby HSS responsible accountant and shared with HSS counsel's key leaders (head of Financial - Economical Department, Deputy Minister and Head of Staff). Before submission for MoF review, HSS and ISS expenditures are discussed at the ICC meeting.

According to the new Government regulation (adopted in 2010), HSS and ISS budget funds are allowed to be spent only after Government decision. For this purpose draft decisions of the Government on HSS and ISS expenditures are being developed by MoH and submitted to the Ministry of Finance for comments. After MoF review, the draft decision is submitted to the Government for approval. Several meetings are conducted by Government officials to discuss all draft documents submitted to that time (including draft decisions on HSS and ISS expenditures). Usually this process lasts about 3 months.

In order to implement the Approved Budget, responsible accountant prepares a bid that is submitted to the Financial Department of the Ministry of Health, which is not a specific procedure for procurement and capital expenses.

The FinancialDepartment on the basis of bid prepares a separate form (if requested sumexceeds one million AMD) based on tender is announced. After collection of thebids, winner of the tender is defined. Duration of the tender from the day ofannouncement up to the date of decisionmaking on the winner of the tender lastsabout 90 calendar days. The companywinner provides the services or goods andreceives the payment by bank transfer from the Ministry of Finance. Due to this procedure, in 2011 MoH saved total 9,535, 120 AMD (equal to 26, 636 USD).

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: Document not referenced)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Component 1. Health Workforce Development	Activity 1.5. Upgrade pre-service training according to the needs identified in Activity 1.1 (e.g., public health issues and patient counselling skills)	100	MoH, Financial-economical Department, HSS commission protocol
Component 3. Improving access to PHC and PH servic	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	100	MoH, Financial-economical Department, HSS commission protocol
Component 4. Strengthening the surveillance system	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	100	MoH, Financial-economical Department, HSS commission protocol

Component 2. Establishment of regular and high qua	Activity 2.3. Provide operational support (per diems and fuel) for supervisory visits, excluding Yerevan, for 2 years. 3rd year 50 % GAVI funded, conditioned that in the 3rd year, the GoA provides 50% of total budget needs	100	MoH, Financial-economical Department, HSS commission protocol
Component 2.Establishment of regular and high qual	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	100	MoH, Financial-economical Department, HSS commission protocol

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Component 1. Activity 1.5	Total 100 HCWs were trained in one-day trainings for marz and district level hospital staff. Trainees were taught on VPDs and general vaccination recomendations.
Component 1. Activity 1.7	Total 60 participants were trained in one-day trainings of staff at marz and district levelresponsible from supplies management and delivery. Trainees were taught on management of request , registration and reporting forms, waste calculation, standardoperating procedures etc.
Component 1. Activity 1.8	Total 54 participants were trained in marz and district level programme staff during two-days trainings responsible for surveillance.
Component 1. Activity 1.9	Total 68 participants were trained from reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers.
Component 1. Activity 1.10	Total 60 marz and district level public health managers were trained during one-day trainings on supportive supervision with specific emphasis to programme management and reporting.
Component 2. Activity 2.2, 23	Operational support was provided for quarterly supervisory visits, particularly in marzes payments for per diems and fuel were covered within this program.During 2011 total 2 supervisory visits were implemented (in 2th and 4thquarters) . Supervisory checklists were filled in and sent to the National level for analyses. Based on analyses circular letters and recommendations weresent to marz level stakeholders.
Component 3.Activity 3.2.	Operational support (per diems and fuel) was provided for outreach teams in remote, mountainous and near border areas.
Component 4. Activity 4.3.	Operational support was provided to implementation of surveillance systems, particularly 190,000 items of registries , 10, 000 items of vaccination cards, 10, 000 reporting forms were printed and distributed to HCFs and State Hygiene and Anti-epidemic Centers.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Not applicable. All activities have been implemented according to the plan for 2011 (reported in the 2010 APR).

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

According to Activity 3.2 per -diems as an incentive was provided to outreach team members in remote, mountainous and near border areas (particularly in Syuniq, Shirak, Tavush, Gegharquniq regions) of Armenia. Generally, this activity contributes to the improvement of the fully vaccination coverage in the country by increasing of immunization coverage in the emote, mountainous and near border areas.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
National DTP3 coverage (%)	86.8%	MOH, NIP/2006	95%	95%	88%	89%	93%	95%	95%	MOH, NIP	NA
% of districts achieving ≥80% DTP3 coverage	69%	MOH, NIP/ 2006	100%	100%	60%	98%	98%	100%	100%	MOH, NIP	NA
BCG – DTP3 drop out rate at national level (%)	3.6%	MOH, NIP/2006	< 3%	1%	9%	9%	6%	3%	1%	MOH, NIP	NA
Under five mortality rate (per 1000)	15.8	NSS/2006	<=12	<=11	12.3	12.1	11.9	13.4	13.7	NSS	Target was not achieved due to improvement of infant deaths registration as a result of changes made in legislature documents.
Number of annual average PHC contact per person	2.4	MOH, SHA/2006	3	4	2.8	3.3	3.5	4.0	4.5	MOH, SHA	NA

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

During the 2011 monitoring from the national level (by MoH order) revealed that most of health workers in hospitals are not informed on Adverse Events Following Immunization definitions, therefore rumors were spread among the hospital staff if onset of disease coincides the time of vaccination. HSS coordinating comission decided to us HSS funds for pre -service trainings for hospital staff. Vaccine managers from the local levels and responsible professionals in the health facilities who were not confident of SOPs existing in the country were involved in pre-service trainings. Total 342 HCWs were taught in pre-service trainings according to the needs identified and refresh their knowledge in providing of primary health care services, including immunization. During the 2011 about 8 tonnes 10 tonnes of fuel was procured and distributed to lower administrative levels of health system to implement supportive supervision and outreach/mobile activities.During the 2011 an operational support was provided to implementation of surveillance system, particularly 190,000 registries for infection diseases registartion, 100, 000 vaccination cards and 10, 000 reporting forms were printed and distributed to HCFs and State Hygiene and Anti-epidemic Centers.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Tenders have been announced several times for printing (including surveillance forms, registries and child vaccination cards). This process took long period of time resulting shortage of child vaccination cards in primary health centers. To avoid this kind of problems HSSCC proposed the financial department of MoH to announce tenders by seperate programmes.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Activities implemented at the regional/marz level are monitored by localhealth authorities and specialists of regional branches of the State Hygieneand Anti-Epidemic Inspectorate using special checklists by converting data into indicators.

Activities implemented at the central/national level are monitored bythe HSS implementation coordinating commission in the MoH.

Performance at district and marz level isassessed according to pre-set targets. Low performing districts and marzes arerequested to provide additional information on reasons of failure and measurestaken to improve performance and additional inputs needed to implement thosemeasures, if necessary.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI HSS M&E is harmonized with existing monitoring and reporting system. HSS indicators are already within the existing reporting/monitoring system. District and Marz State Hygiene and Anti-Epidemic Centres are responsible for monitoring timeliness and completeness of surveillance reports. Based on quarterly supervisions through filled checklists, district and marz SHAEI Centers are requested to report on indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

All benefited stakeholders participate in the implementation of the HSS. Particularly, at the national level (MoH) Mother and Child Health, Primary Health Care departmentsand State Hygienic and Anti-Epidemic Inspectorate are key stakeholders involvedin the HSS activities. Mother and Child health and Primary Health Care Departments of Ministry of Health are responsible for implementation of activities in regard of human resource development. State Hygiene and Anti-Epidemic Inspectorate of Ministry of Health is responsible for disease surveillance activities. Financial and Economical Department of Ministry of Health is responsible for submission of the Governmental decree on expenditures for the particular year, planning of the tenders and financial reports to the Ministry of Finance.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

In 2011 Civil Society Organizations have not been not involved in implementation of the HSS proposal.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Leading unit responsible for managing GAVI HSSimplementation / M&E is HSS Coordination Commission formed by the order of Ministerof Heath (N1324-A, 13 AUG 2010). All project activities are reported to the HSSCoordination Commission and discussed at meetings working closely withDepartment of Economy and Finance of MoH. Having high level composition, HSSCoordination Commission has a significant influence to internal fund disbursementand in solving problems. Based on the structural changes at MoH, the composition of the HSS Coordination Commission has been changed accordingly.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Component 1. Health Workforce Development	Activity1.3. Training of district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM	25600	0	NA	NA	25600
Component 1. Health Workforce Development	Activity 1.6. Train outreach staff during three-days trainings on maternal and child health using IMCI, Safe Motherhood, Immunization in Practice and Reach Every District, Patient Counselling skills training modules	4200	0	NA	NA	4200
Component 1. Health Workforce Development	Activity 1.8. Train marz and district level programme staff during two-days trainings responsible for surveillance using WHO's integrated surveillance training module (20 trainings)	12800	0	NA	NA	12800
Component 1. Health Workforce Development	Activity 1.9. Train reporting site (hospital and health facility) staff during one-day trainings on surveillance using marz and district level trained staff as trainers (75 trainings, each training group -12 participants)	44250	0	NA	NA	44250

Component 2. Establishment of regular and high qua	Activity 2.2. Develop and print standardized and quantifiable supervision checklist accompanied by manuals covering selected public health programmes	7500	0	NA	NA	7500
Component 3. Improving access to PHC and PH servic	Activity 3.2. Provide operational support (per diems and fuel) for outreach teams	13194	0	Yes	Saved amount of $13,194 in 2011	13194
Component 4. Strengthening the surveillance system	Activity 4.3. Provide operational support (printing of reporting and case investigation forms, providing transportation support for case investigations, specimen transportation and active surveillance in areas needed) to implementation of surveillance systems	21867	0	NA	Saved amount of US $11,967 in 2011	21867
Management		2750	0	NA	NA	2750
		132161	0			132161

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

HSS program is planned to finalize in 2012

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

HSS program is planned to finalize in 2012

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

Not applicable.

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

Not applicable.

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Ministry of Health	Annual reports	NA
National Statistical Service of Armenia	www.armstat.am	NA

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Not applicable.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 3

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: Document not referenced)**
2. The latest Health Sector Review report **(Document Number: Document not referenced)**

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

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

Armenia is not reporting on GAVI TYPE A CSO support for 2012

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

Armenia is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
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 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signatures_ALL.pdf File desc: File description... Date/time: 5/18/2012 6:40:45 AM Size: 869143
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures_ALL.pdf File desc: File description... Date/time: 5/18/2012 6:41:23 AM Size: 869143
3	Signatures of members of ICC	2.2	✓	ICC.pdf File desc: File description... Date/time: 5/18/2012 6:42:57 AM Size: 2326255
4	Signatures of members of HSCC	2.3	✗	HSS.pdf File desc: File description... Date/time: 5/18/2012 6:43:52 AM Size: 1121077
5	Minutes of ICC meetings in 2011	2.2	✓	ICCMinutes 2011.doc File desc: File description... Date/time: 5/7/2012 6:55:18 AM Size: 52224
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Minute_ICC-2012.doc File desc: File description... Date/time: 5/18/2012 8:24:21 AM Size: 40960
7	Minutes of HSCC meetings in 2011	2.3	✗	HSSMinutes2011.doc File desc: File description... Date/time: 5/7/2012 7:43:58 AM Size: 47616
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Minute_ICC-2012.doc File desc: File description... Date/time: 5/18/2012 8:24:48 AM Size: 40960
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	HSS Financial statement.pdf File desc: File description... Date/time: 5/7/2012 5:16:33 AM Size: 1927040
10	new cMYP APR 2011	7.7	✓	ARM-cMYP TO APR-2011.doc File desc: File description... Date/time: 5/7/2012 5:21:28 AM

				Size: 1690624
11	new cMYP costing tool APR 2011	7.8	✓	cMYP_ARM_Scenario_A_Revised_2011+FINAL+(upd)+V2.0.xls File desc: File description... Date/time: 5/7/2012 5:23:26 AM Size: 3616256
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	Notapplicable.docx File desc: File description... Date/time: 5/21/2012 7:34:34 AM Size: 9960
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	ISS Financial Statement.pdf File desc: File description... Date/time: 5/7/2012 5:15:09 AM Size: 2041968
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Notapplicable.docx File desc: File description... Date/time: 5/21/2012 7:36:01 AM Size: 10019
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Notapplicable.docx File desc: File description... Date/time: 5/21/2012 7:39:32 AM Size: 10284
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	DOCUMENT N16_IMP_PLAN.XLS File desc: File description... Date/time: 5/7/2012 5:25:16 AM Size: 194048
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	DOCUMENT N17_PROGRESS_REPORT.XLS File desc: File description... Date/time: 5/7/2012 5:24:51 AM Size: 195072
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Notapplicable.docx File desc: File description... Date/time: 5/21/2012 7:40:47 AM Size: 10190
20	Post Introduction Evaluation Report	7.2.2	✓	New_Vaccines_Hib_Hib_PE_report.doc File desc: File description... Date/time: 5/21/2012 6:50:25 AM Size: 848384
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Minute_ICC-2012.doc File desc: File description... Date/time: 5/21/2012 6:52:11 AM

				Size: 40960
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✕	Email on Audit report.docx File desc: File description... Date/time: 6/22/2012 10:57:30 AM Size: 19356
23	HSS Health Sector review report	9.9.3	✕	Notapplicable.docx File desc: File description... Date/time: 5/21/2012 7:42:14 AM Size: 10228