



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Comoros

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **06/11/2012**

Deadline for submission: 5/15/2012

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 TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The 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, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS eligible for extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS grant for 2011 results: Yes
HSS	No	Next tranche of HSS allocation: N/A
CSO Type A	No	Not applicable: N/A
CSO Type B	No	Extension of CSO Type B support by decision of the Board of Directors 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 (Country) 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 (Country)

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Moinafouraha Ahmed	Name	Mr Mohamed Ali Soilih
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr MOINAFOURAHA Ahmed	Minister of Health		
Mr MOHAMED Ali Soilih	Minister of Finance		

Dr ABDOULHAKIM Ben Said Allaoui	Secretary General, Ministry of Health		
Dr YOUNOUSSA Assoumani	National Director of Health		
Dr AHAMADA Aly Goda	Director General of the Plan		
Dr KARIMA Abderemane	Director of Health Promotion		
Dr EL BADAOUI Mohamed	Director General of the National Autonomous Pharmacy of Comoros		
Dr KASSANKOGNO Yao	WHO Representative to Comoros		
DANIEL ALI Ismael	Red Crescent		
Dr ZOULAÏKA Abdallah	Regional Health Director for Ngazidia		
MAMADOU Boinamaecha	UNFPA Representative to Comoros		
SUZAN Namondo Ngongi	UNICEF Representative to Comoros		

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

All comments will be treated confidentially

Comments from Partners:

2.3. HSCC signatures page

Comoros is not reporting on the use of Health Systems Strengthening (HSS) funds in 2012.

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

Comoros is not reporting on the use of CSO (types A and B) funds in 2012.

3. Table of Contents

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

Sections

1. Application Specification

1.1. NVS & INS support

1.2. Programme extension

1.3. ISS, HSS, CSO support

1.4. Previous Monitoring IRC Report

2. Signatures

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

2.2. ICC signatures page

2.2.1. ICC report endorsement

2.3. HSCC signatures page

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

3. Table of Contents

4. Baseline & annual targets

5. General Programme Management Component

5.1. Updated baseline and annual targets

5.2. Immunisation achievements in 2011

5.3. Monitoring the Implementation of GAVI Gender Policy

5.4. Data assessments

5.5. Overall Expenditures and Financing for Immunisation

5.6. Financial Management

5.7. Interagency Coordinating Committee (ICC)

5.8. Priority actions in 2012 to 2013

5.9. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

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

6.3. Request for ISS reward

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

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

7.2. Introduction of a New Vaccine in 2011

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

7.3.2. Programmatic Reporting

7.4. Report on country co-financing in 2011

7.5. Vaccine Management (EVSM/VMA/EVM)

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.7. Change of vaccine presentation

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

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

7.10. Weighted average prices of supply and related freight cost

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
 - [9.1. Report on the use of HSS funds in 2011 and request of a new tranche](#)
 - [9.2. Progress on HSS activities in the 2011 fiscal year](#)
 - [9.3. General overview of targets achieved](#)
 - [9.4. Programme implementation in 2011](#)
 - [9.5. Planned HSS activities for 2012](#)
 - [9.6. Planned HSS activities for 2013](#)
 - [9.7. Revised indicators in case of reprogramming](#)
 - [9.8. Other sources of funding for HSS](#)
 - [9.9. Reporting on the HSS grant](#)
- [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](#)
 - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1 – Terms of reference ISS](#)
 - [12.2. Annex 2 – Example income & expenditure ISS](#)
 - [12.3. Annex 3 – Terms of reference HSS](#)
 - [12.4. Annex 4 – Example income & expenditure HSS](#)
 - [12.5. Annex 5 – Terms of reference CSO](#)
 - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)

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	21,161	21,161	21,729	21,729	22,314	22,314	22,919	22,919	23,542	23,542
Total infants' deaths	1,819	1,819	1,867	1,867	1,917	1,917	1,969	1,969	2,024	2,024
Total surviving infants	19342	19,342	19,862	19,862	20,397	20,397	20,950	20,950	21,518	21,518
Total pregnant women	24,688	24,688	25,350	25,350	26,033	26,033	27,501	27,501	28,251	28,251
Number of infants vaccinated (to be vaccinated) with BCG	19,468	16,527	20,643	20,643	21,198	21,198	21,773	21,773	22,365	22,365
BCG coverage	92%	78%	95%	95%	95%	95%	95%	95%	95%	95%
Number of infants vaccinated (to be vaccinated) with OPV3	17,021	16,678	17,875	17,875	18,969	18,969	19,483	19,483	20,014	20,014
OPV3 coverage	88%	86%	90%	90%	93%	93%	93%	93%	93%	93%
Number of infants vaccinated (to be vaccinated) with DTP1	17,408	17,822	18,471	18,471	19,377	19,377	19,902	19,902	20,444	20,444
Number of infants vaccinated (to be vaccinated) with DTP3	17,021	16,763	17,875	17,875	18,969	18,969	19,483	19,483	20,014	20,014
DTP3 coverage	88%	87%	77%	90%	93%	93%	93%	93%	93%	93%
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	6	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.06	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	17,408	17,822	16,848	16,848	19,377	19,377	19,902	19,902	20,444	20,444
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	17,021	16,763	15,278	15,278	18,969	18,969	19,483	19,483	20,014	20,014
DTP-HepB-Hib coverage	88%	87%	77%	77%	93%	93%	93%	93%	93%	93%
Wastage[1] rate in base-year and planned thereafter (%)	5	6	25	25	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter	1.05	1.06	1.33	1.33	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	16,441	15,285	17,279	17,279	18,357	18,357	19,483	19,483	20,013	20,013
Measles coverage	85%	79%	87%	87%	90%	90%	93%	93%	93%	93%
Pregnant women vaccinated with TT+	14,813	11,966	17,238	17,238	18,483	18,483	20,076	20,076	21,189	21,189
TT+ coverage	60%	48%	68%	68%	71%	71%	73%	73%	75%	75%
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	79,228	6	83,439	83,439	62,122	62,122	96,808	96,808	101,703	101,703

Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2%	6%	3%	3%	2%	2%	2%	2%	2%	2%
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* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 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**

There have been no changes to the number of births since the 2003 General Population and Housing Census.

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

There have been no changes to the number of births /sic/ since the 2003 General Population and Housing Census.

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

The cMYP vaccine targets were only reviewed beginning in 2012 during the revision of the cMYP to align with the PRSP.

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

There were no changes in 2011 to the fixed targets for wastage by vaccine. However, it should be noted that during the revision of the cMYP to align with the national growth and poverty reduction strategy the wastage rates were revised to be more realistic. These changes only became operational in 2012.

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 national target for the pentavalent vaccine was to reach 88% coverage for DTP-Hep-Hib3. Despite the efforts made to achieve this target, the country was only able to immunize 87% of children aged <?xml:namespace prefix = st1 ns = "urn:schemas-microsoft-com:office:smarts" />0 to 1 year with this vaccine. Although access to a care facility is good, not all facilities have a fixed immunization strategy. Only district health centres are equipped with cold chains. There is a plan to rehabilitate and extend structures with an operational cold chain. Communication with and awareness by parents are still weak points in the programme <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

For the tetanus vaccine, the programme was scheduled to reach 65% of pregnant women who would receive at least 2 doses of the TT2 vaccine; this target was met.

Efforts were made to resolve the problem of extending the cold chain; a DQS was conducted; 75 immunisation and administrative agents were trained in MLM, outreach strategies and awareness; and RED workshops were intensified throughout the country.

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

Some key programme targets were not met in 2011: VC of 87% instead of 88%. Outside of district health centres, immunisation depends on the outreach strategy. Sometimes, however, the time selected to immunize children did not work well with the rural population. We also saw a lack of awareness (CCC) among the parents of children. The programme also faces a qualitative and quantitative human resources weakness. We see fewer vaccinators in the immunization services (no hiring), changes in and new management of departments, refrigerators that do not work, and less motivation in local, private and even national media.

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:

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?

In the Union of the Comoros data has not been analysed by gender, but efforts are being made to take gender into consideration in the immunization reports. We should, however, note that no children are discriminated by their sex during immunization sessions in the Union of the Comoros.

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? **Yes**

What action have you taken to achieve this goal?

A workshop to adapt data collection tools is planned.

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)

There are no significant differences between the routine data collected and estimates. The latest surveys of vaccine coverage show that the data agree.

* 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.

This year (October 2011) there was an assessment of routine EPI data DQS at all levels: Health Post, Health Centre, Regional and Central level. There was a questionnaire adapted for each level.

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

The programme set up a model for input at all District health centres to allow them to input their monthly data prior to sending them to the regional level. Regions also got a model for data input with links by district health centre (CSD). This links continue in the national model. We set up a form in Excel for managers to strengthen their capacity, particularly in filling out not just monthly EPI data but also for SMS.

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.

The EPI intends to provide computers to all district health centres that do not have any or whose are damaged. Periodic training/continuing education sessions will be organized so that users will always be trained.

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\$ = 371	Enter the rate only; Please do not enter local currency name
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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
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		Country	GAVI	UNICEF	WHO	JICA		
Traditional Vaccines*	25,676			25,676				
New and underused Vaccines**	96,847	11,167	85,680					
Injection supplies (both AD syringes and syringes other than ADs)	0							
Cold Chain equipment	3,213,153		3,450			3,209,703		
Personnel	84,394	74,394		10,000				
Other routine recurrent costs	27,045,484		28,763	5,207,953	21,808,768			
Other Capital Costs	0							
Campaigns costs	0							
Total Expenditures for Immunisation	30,465,554							
Total Government Health		85,561	117,893	5,243,629	21,808,768	3,209,703		

* 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.

There were no significant differences in any reports.

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

Nothing to report

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

The government is going through a difficult transition period and was not able to contribute to the purchase of new vaccines. There has been advocacy for the contribution for traditional vaccines.

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*	33,799	37,566
New and underused Vaccines**	315,199	319,317
Injection supplies (both AD syringes and syringes other than ADs)	32,776	46,482
Cold Chain equipment		
Personnel	47,404	131,770
Other routine recurrent costs	25,216	25,216
Total Expenditures for Immunisation	4,221	4,221

* 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.

No; only funding from the Government, UNICEF and GAVI are assured. The other funding is probable
<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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.

Yes; everything except vaccines and supplies is only probable. We intend to conduct an advocacy strategy to mobilise funds both nationally and with development partners.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Not selected**

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? |
|-------------------------------|--------------|
| Not available | No |

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

- Reproduce management tools at all levels
- Install eight (8) photovoltaic refrigerators
- One national training supervision
- Purchase chronometers for archiving and village birth record books
- Payment of CNPEV telephone bills

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

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 [5.5 Overall Expenditures and Financing for Immunisation](#) to {3}

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

If Yes, which ones?

| List CSO member organisations: |
|--------------------------------|
| CRCO (Red Crescent of Comoros) |
| |
| |
| |
| |
| |

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?

- Strengthening cold chain capacity at every level. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Strong social mobilization
- Strengthening outreach and fixed strategies.
- Strong fund mobilisation.
- Strengthening technical capacities at all levels. (immunisation, active research, resource management)
- Installation of a cold room and 16 photovoltaic refrigerators
- Reproduction of management tools at all levels
- Providing generators to Ngazidja and Mwali to ensure the cold chain on these two islands.

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 | 0.05 mL ADS | UNICEF |
| Measles | 0.05 mL ADS | UNICEF |
| TT | 0.05 mL ADS | Gvt, UNICEF and GAVI |
| DTP-containing vaccine | 0.05 mL ADS | Gvt, UNICEF and GAVI |

Does the country have an injection safety policy/plan? **No**

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)

We plan to set up our injection safety plan by 2013.

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

Immunisation services collect used syringes and needs in safety boxes; those that do not have incinerators or whose incinerators are not operational send these boxes to centres that have an operational incinerator. Sometimes they bury or burn in trenches.

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) | 40838 | 14252158 |
| Total funds available in 2011 (C=A+B) | 40838 | 14252158 |
| Total Expenditures in 2011 (D) | 36097 | 13349364 |
| Total Expenditures in 2012 (D) | 4741 | 902794 |

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.

The CNPEV plays the role of secretariat in the ICC. At the start of each year the ICC presents the activities that were realised, especially those with GAVI funds. It suggests activities to be conducted during the year in progress. Once the activities and budget are approved, the CNPEV presents requests depending on the activity with three pro forma invoices, at the appropriate time for each activity, to the co-signatories to the GAVI account chosen by the ICC.

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

GAVI funds are held in a BIC commercial bank account. The account name is "GAVI-Comoros account". After the budgeted activities and execution calendar are presented by the CNPEV, the ICC approves them, sometimes with amendments. The sub-nationals do not receive liquid funds; they receive equipment and management tools designed or produced and purchased at the national level.

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

The major activities conducted to strengthen immunisation using ISS funds are the following: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Providing management tools to all immunisation services
- Training supervision in all services that immunise
- Creating awareness among the parents of children
- Strengthening the outreach strategy
- Strengthening fixed strategies by providing some health posts with an operational cold chain.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

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) (Terms of reference for this financial statement are attached in Annex 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?

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).

6.3. Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the

original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

| | | | Base Year** | 2011 |
|---|--|---|-------------|-------|
| | | | A | B*** |
| 1 | Number of infants vaccinated with DTP3* (from JRF) specify | | 16909 | 16763 |
| 2 | Number of additional infants that are reported to be vaccinated with DTP3 | | | -146 |
| 3 | Calculating | 0 | | |
| 4 | Rounded-up estimate of expected reward | | | 0 |

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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 | | 45,940 | 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? ...)

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

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Not selected**

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.

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 | | |
| Phased introduction | No | |
| Nationwide introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | |

7.2.2. When is the Post introduction evaluation (PIE) planned? **September 2012**

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)

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

Does the country have an institutional development plan for vaccine safety? **No**

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

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) | 56,446 | 20,941,592 |
| Total funds available in 2011 (C=A+B) | 56,446 | 20,941,592 |
| Total Expenditures in 2011 (D) | 36,097 | 13,349,364 |
| Balance carried over to 2012 (E=C-D) | 20,349 | 7,592,228 |

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). Terms of reference for this financial statement are available in **Annex 1**

Financial statements should be signed by the Finance Manager of the EPI Program 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

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

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

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, 10 dose(s) per vial, LIQUID | 11,167 | 19,600 |
| | | |
| | Q.2: Which were the sources of funding for co-financing in reporting year 2011 ? | |
| Government | GOVERNMENT | |
| Donor | | |
| 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, 10 dose(s) per vial, LIQUID | | |
| | | |
| | 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, 10 dose(s) per vial, LIQUID | June | Government |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| A CONSULTANT WOULD BE QUITE USEFUL | | |

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/>

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

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

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 delay, if any |
|------------------------------------|---|---|
| Poor human resources | Enhancing staff capabilities is in progress | Personnel being trained |
| | | |

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? **September 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Comoros is not submitting a report on NVS as part of a preventive campaign

7.7. Change of vaccine presentation

Comoros is not requesting a change of vaccine presentation in the coming years.

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

The renewal of multi-year support for Comoros 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 |
|--|--------------|------|-------|-------|-------|-------|
| 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 |
| Meningococcal, 10 dose(s) per vial, LIQUID | 10 | | 0.520 | 0.520 | 0.520 | 0.520 |
| 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 |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | | 0.219 | 0.219 | 0.219 | 0.219 |
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | | | | | |
| DTP-HepB, 2 dose(s) per vial, LIQUID | 2 | | | | | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-Hib, 10 dose(s) per vial, LIQUID | 10 | | | | | |
| HepB monoval, 1 dose(s) per vial, LIQUID | 1 | | | | | |
| HepB monoval, 2 dose(s) per vial, LIQUID | 2 | | | | | |
| Hib monoval, 1 dose(s) per vial, LYOPHILISED | 1 | | | | | |
| HPV bivalent, 30 dose(s) per vial, LIQUID | 10 | | | | | |
| MR, 10 dose(s) per vial, LYOPHILISED | 10 | | | | | |
| Antirotavirus, 2-dose schedule | 1 | | 2,550 | 2,550 | 2,550 | 2,550 |
| Antirotavirus, 3-dose schedule | 1 | | 5,000 | 3,500 | 3,500 | 3,500 |
| Autodisable syringe | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| Pentavalent reconstitution syringe | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| Yellow fever reconstitution syringe | 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 |
|--|--------------|-------|
| Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 10 | 0.900 |
| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 5 | 0.900 |
| Meningococcal, 10 dose(s) per vial, LIQUID | 10 | 0.520 |
| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2 | 3,500 |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 1 | 3,500 |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | 0.219 |
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | |
| DTP-HepB, 2 dose(s) per vial, LIQUID | 2 | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | 1,850 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | 1,850 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | 1,850 |
| DTP-Hib, 10 dose(s) per vial, LIQUID | 10 | |
| HepB monoval, 1 dose(s) per vial, LIQUID | 1 | |
| HepB monoval, 2 dose(s) per vial, LIQUID | 2 | |
| Hib monoval, 1 dose(s) per vial, LYOPHILISED | 1 | |
| HPV bivalent, 30 dose(s) per vial, LIQUID | 10 | |
| MR, 10 dose(s) per vial, LYOPHILISED | 10 | |
| Antitrotavirus, 2-dose schedule | 1 | 2,550 |
| Antitrotavirus, 3-dose schedule | 1 | 3,500 |
| Autodisable syringe | 0 | 0.047 |
| Pentavalent reconstitution syringe | 0 | 0.047 |
| Yellow fever reconstitution syringe | 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

This table is shown for information. **It must be build according Freight cost parameters AND vaccines Types.** Refer to document "[GAVI ePlatform – Common functional specifications](#)", Section [parameters](#).

| Vaccine Antigens | Vaccine Types | No Threshold | 200,000\$ | | 250,000\$ | | 2,000,000\$ | |
|----------------------|-----------------|--------------|-----------|---|-----------|---|-------------|-------|
| | | | <= | > | <= | > | <= | > |
| Yellow Fever | YF | | 20.00% | | | | 10.00% | 5.00% |
| Meingococcal | MENINACONJUGATE | 9.99% | | | | | | |
| Pneumococcal (PCV10) | PNEUMO | 1.00% | | | | | | |
| Pneumococcal (PCV13) | PNEUMO | 5.00% | | | | | | |
| Rotavirus | ROTA | 5.00% | | | | | | |
| Measles | MEASLES | 10.00% | | | | | | |

| | | | | | | | | |
|--------------|---------|-------|--|--|--------|-------|--|--|
| DTP-HepB | HEPBHIB | 2.00% | | | | | | |
| DTP-HepB-Hib | HEPBHIB | | | | 15.00% | 3.50% | | |

7.11. Calculation of requirements

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|---|--------------------|----|--------|--------|--------|--------|--------|---------|
| | Number of surviving infants | Table 4 | # | 19,342 | 19,862 | 20,397 | 20,950 | 21,518 | 102,069 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 17,822 | 16,848 | 19,377 | 19,902 | 20,444 | 94,393 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 16,763 | 15,278 | 18,969 | 19,483 | 20,014 | 90,507 |
| | Immunisation coverage with the third dose | Table 4 | % | 86.67% | 76.92% | 93.00% | 93.00% | 93.01% | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 106 | 133 | 111 | 111 | 111 | |
| | Vaccine stock on 1 January 2012 | | # | | | | | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 | 10 | 10 | |
| | 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 | \$ | | 2.47 | 2.32 | 2.03 | 185 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.00 | 0.00 | 0.00 | |
| 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 | % | | 15.00% | 15.00% | 15.00% | 15.00% | |
| fd | Freight cost as% of devices value | Parameter | % | | 10.00% | 10.00% | 10.00% | 10.00% | |

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

| | |
|--------------------|-----|
| Co-financing group | Low |
|--------------------|-----|

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2010 | | | 0.20 | 0.20 | 0.20 |
| Your co-financing | 0.20 | 0.20 | | | |

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

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|---------|---------|---------|---------|
| Number of vaccine doses | # | 65,000 | 64,600 | 66,800 | 68,600 |
| Number of AD syringes | # | 59,100 | 64,600 | 66,800 | 68,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 675 | 725 | 750 | 775 |
| Total value to be co-financed | \$ | 187,500 | 175,500 | 159,500 | 149,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|--------|------|------|------|
| Number of vaccine doses | # | 5,000 | 0 | 0 | 0 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 | 0 |
| Total value to be co-financed by country | \$ | 14,000 | 0 | 0 | 0 |

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

| | | Formula | 2011 | 2012 | | |
|---|---|--|--------|---------|------------|---------|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00% | 7.04% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 17,822 | 16,848 | 1,187 | 15,661 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | B X C | 53,466 | 50,544 | 3,559 | 46,985 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | 1 | | |
| F | Number of doses needed including wastage | D X E | 56,674 | 67,224 | 4,734 | 62,490 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 2,638 | 186 | 2,452 |
| H | Stock on 1 January 2012 | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses needed | F + G – H | | 69,862 | 4,920 | 64,942 |
| J | Number of doses per vial | Vaccine parameter (schedule) | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 59,033 | 0 | 59,033 |
| 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 | | 656 | 0 | 656 |
| N | Cost of vaccines needed | I x * vaccine price per dose (g) | | 172,560 | 12,151 | 160,409 |
| O | Cost of AD syringes needed | K * AD syringe price per unit (ca) | | 2,746 | 0 | 2,746 |
| P | Cost of reconstitution syringes needed | L * reconstitution price per unit (cr) | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | M * safety box price per unit (cs) | | 4 | 0 | 4 |
| R | Freight cost for vaccines needed | N * freight cost as of% of vaccines value (fv) | | 25,884 | 1,823 | 24,061 |
| S | Freight cost for devices needed | (O+P+Q) x * freight cost as% of devices value (fd) | | 275 | 0 | 275 |
| T | Total fund needed | (N+O+P+Q+R+S) | | 201,469 | 13,973 | 187,496 |
| U | Total country co-financing | I * country co-financing per dose (cc) | | 13,973 | | |
| V | Country co-financing% of GAVI supported proportion | U / T | | 7.04% | | |

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

| | | Formula | 2013 | | | 2014 | | |
|---|---|--|---------|------------|---------|---------|------------|---------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 0.00% | | | 0.00% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 19,377 | 0 | 19,377 | 19,902 | 0 | 19,902 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 58,131 | 0 | 58,131 | 59,706 | 0 | 59,706 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 64,526 | 0 | 64,526 | 66,274 | 0 | 66,274 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 0 | 0 | 0 | 437 | 0 | 437 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 64,526 | 0 | 64,526 | 66,711 | 0 | 66,711 |
| J | Number of doses per vial | Vaccine parameter (schedule) | 10 | | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 64,526 | 0 | 64,526 | 66,759 | 0 | 66,759 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 717 | 0 | 717 | 742 | 0 | 742 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 149,701 | 0 | 149,701 | 135,424 | 0 | 135,424 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 149,701 | 0 | 3,001 | 135,424 | 0 | 3,105 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 5 | 0 | 5 | 5 | 0 | 5 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 22,456 | 0 | 22,456 | 20,314 | 0 | 20,314 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 301 | 0 | 301 | 311 | 0 | 311 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 175,464 | 0 | 175,464 | 159,159 | 0 | 159,159 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 0 | | | 0 | | |
| V | Country co-financing% of GAVI supported proportion | U / T | 0.00% | | | 0.00% | | |

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 3)

| | | Formula | 2015 | | |
|---|---|--|--------|------------|--------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | 0.00% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 20,444 | 0 | 20,444 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 61,332 | 0 | 61,332 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 68,079 | 0 | 68,079 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 452 | 0 | 452 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |

| | | | | | |
|---|--|--|---------|---|---------|
| I | Total vaccine doses needed | $F + G - H$ | 68,531 | 0 | 68,531 |
| J | Number of doses per vial | <i>Vaccine parameter (schedule)</i> | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) * 1.11$ | 68,581 | 0 | 68,581 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J * 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 * 1.11$ | 762 | 0 | 762 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 126,783 | 0 | 126,783 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 3,190 | 0 | 3,190 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 5 | 0 | 5 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 19,018 | 0 | 19,018 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 320 | 0 | 320 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 149,316 | 0 | 149,316 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 0 | | |
| V | Country co-financing% of GAVI supported proportion | U / T | 0.00% | | |

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Comoros is not reporting on Health Systems Strengthening support (HSS) in 2012

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

Comoros is not reporting on GAVI support for CSO type A in 2012

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

Comoros is not reporting on GAVI support for CSO type B in 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

Comments are similar to those reported in the ICC 2011 calendar year.

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 |
|--------------------|----------|---------|-----------|------|
|--------------------|----------|---------|-----------|------|