

GAVI Alliance

Annual Progress Report 2010

Submitted by The Government of Mali

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 14.05.2011 08:14:08

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

- Accomplishments using GAVI resources in the past year
- Important problems that were encountered and how the country has tried to overcome them
- Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners
- Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released
- . How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: 2010
Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
SVN	DTC-HepB-Hib, 1 dose/flacon, liquide	DPT-HepB-Hib, 1 dose/vial, liquid	2015
SVN	Antipneumococcique (PCV13), 1 dose/flacon, liquide	Antipneumococcal (PCV13), 1 dose/vial, Liquid	2011
SVN	Antiamaril, 5 doses/flacon, lyophilisé	Anti-amaril, 5 doses/vial, freeze-dried	2015

Programme extension

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

Type of Support	Vaccine	Start Year End Year		Action
Type of Support Change Vaccine	Start rear	Liid Teal	Action	
		I		

1.2. ISS, HSS, CSO support

Type of Support	Active until
RSS	2011
SSV	2011

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Mali 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 Mali

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Mrs Diallo Madeleine BA	Name	Mr Lassine BOUARE
Date		Date	
Signature		Signature	

This report has been compiled by

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

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Alboucary TOURE	Head - Immunization division	00 223 7637840	cni@afribonemali.net	
Dr Baba TOUNKARA	Counsellor - IVD WHO Mali	00 223 75246801	tounkarab@ml.afro.who.int	
Dr Etienne DEMBELE	Counsellor EPI UNICEF Mali	00 223 66900407	edembele@unicef.org	
Dr Ibrahim DOLO	Counsellor EPI/ATN/USAID Mali	00 223 20241752	idolo@atnsante.org	
Dr Aboubacrine MAIGA	HSS CPS/SS/DS/PF Focal Point Mali	00 223 75497278	aboubacrinemaiga@hotmail.com	

Full name	Position	Telephone	Email	Action
Dr Sarmoye CISSE	Health System Counsellor - WHO Mali	00 223 66813317	cisses@ml.afro.who.int	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
Mrs Diallo Madeleine BA / Health Minister	Ministry of Health			
Dr Ousmane TOURE / Secretary General	Ministry of Health			
Dr Mountaga BORE / Technical Counsellor	Ministry of Health			
Mr Souleymane TRAORE / Deputy Director of Finances and Material	Ministry of Health			
Dr Mamadou Namory TRAORE / National Director of Health	National Directorate of Health			
Dr DIALLO Fatoumata Binta T. / WHO Representative	World Health Organisation			
Dr Marcel K. Rudasingwa / UNICEF Representative	UNICEF			
Mrs Rebecca BLACK/ Director	USAID			
Dr Boubacar NIAMBELE / President	Rotary Club International Mali			
Dr Mariam GARANGO / Project/program supervisor	Health and Population Pivot Group			
Dr Michel MARQUIS/Health Counsellor	Embassy of France			

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

All comments will be treated confidentially
Comments from Partners:
Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

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

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

Enter the family name in capital letters.

Agency/Organisation	Signature	Date	Action
	Agency/Organisation	Agency/Organisation Signature	Agency/Organisation Signature Date

HSCC may wish to send informal comments to: apr@gavialliance.org All comments will be treated confidentially
Comments from Partners:
Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

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4. Baseline and Annual Targets

Table 1: baseline figures

Number						
	2010	2011	2012	2013	2014	2015
Total births	666,864	690,872	715,743	741,510	768,204	795,859
Total infants' deaths	64,019	66,324	68,711	71,185	73,748	76,403
Total surviving infants	602,845	624,548	647,032	670,325	694,456	719,456
Total pregnant women	751,990	779,061	807,108	836,163	866,265	897,451
# of infants vaccinated (to be vaccinated) with BCG	643,814	670,145	694,271	719,264	745,158	771,984
BCG coverage (%) *	97%	97%	97%	97%	97%	97%
# of infants vaccinated (to be vaccinated) with OPV3	535,484	612,057	634,091	656,918	680,567	705,068
OPV3 coverage (%) **	89%	98%	98%	98%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	640,298	624,548	647,032	670,325	694,456	719,457
# of infants vaccinated (to be vaccinated) with DTP3 ***	556,389	612,057	634,091	656,918	680,567	705,068
DTP3 coverage (%) **	92%	98%	98%	98%	98%	98%
Wastage ¹¹ rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	640,298	624,548	647,032	670,325	694,456	719,457
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	556,389	612,057	634,091	656,918	680,567	705,068
3 rd dose coverage (%) **	92%	98%	98%	98%	98%	98%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	529,738	605,811	627,621	650,215	673,623	697,813
Yellow Fever coverage (%) **	88%	97%	97%	97%	97%	97%
Wastage ^[1] rate in base-year and planned thereafter (%)	15%	15%	15%	15%	15%	15%
Wastage ^[1] factor in base-year and planned thereafter	1.18	1.18	1.18	1.18	1.18	1.18
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal	0	624,548	647,032	670,325	694,456	719,457
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal	0	605,811	634,091	656,918	680,567	705,068
Pneumococcal coverage (%) **	0%	97%	98%	98%	98%	98%
Wastage ¹¹ rate in base-year and planned thereafter (%)	0%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	534,484	605,811	627,621	650,215	673,623	697,873
Measles coverage (%) **	89%	97%	97%	97%	97%	97%
Pregnant women vaccinated with TT+	441,238	623,249	645,686	668,931	693,012	717,961
TT+ coverage (%) ****	59%	80%	80%	80%	80%	80%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3)/ DTP1] x 100	13%	2%	2%	2%	2%	2%

^{*} Number of infants vaccinated out of total births

^{**} Number of infants vaccinated out of total surviving infants

*** 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 <u>Baseline and Annual Targets</u> before you continue.

The numbers for 2010 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2010. The numbers for 2011 to 2015 in the table on section 4 <u>Baseline and Annual Targets</u> should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in births

From the general census of 2009, the number of births calculated from gross birth rate of 44.34 per 1000 is 666,864 in 2011.

Provide justification for any changes in surviving infants

From the general census of 2009, the number of survivors calculated is 602,845 (gross birth rate of 44.34 per 1000); infant mortality rate is 96 per thousand.

Provide justification for any changes in targets by vaccine

No change of objectives per vaccine is made in 2010. The objectives set were: MV = 97%; PENTA 3 = 98%; OPV 3 = 98%

Provide justification for any changes in wastage by vaccine

No changes were made in the loss rate of vaccines.

5.2. Immunisation achievements in 2010

5.2.1.

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

In terms of absolute forecast, the results achieved for the following antigens remains below target: BCG, OPV3, ATV2+, MV, AAV, Penta3.

In terms of objectives and results obtained, they are below expectations for all the antigens except BCG. The immunization coverage attained is: BCG =97%; POLIO 3 = 89%; PENTA 3 = 92%; MV = 89%; AAV = 88%; ATV2+ = 59%. However an improvement of coverage can be seen for all the antigens except ATV2+ when compared to 2009.

5.2.2.

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

The difficulty of access at certain areas and the non-availability of some funds hindered the implementation of advanced strategy activities at the health area level and mobile strategies in the non-functional areas. Also, following

the general census of population conducted in 2009, the denominators were subject to quality change influenced on the administrative cover data.

5.2.3.

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

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

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

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

5.2.4.

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

5.3. Data assessments

5.3.1.

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

The differences between administrative data of 2010 and immunization coverage survey varies in the order of, +9% for BCG, +9% for OPV3, +14% for Penta3, +18% for AAV and +19% for MV. For ATV2+ the administrative data seems under-estimated by 16%.

These differences could be explained by the general census of the population conducted in 2009 and by the incompletion of the introduction processes of auto-evaluation of data quality (DQS)

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

5.3.2.

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

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

5.3.3.

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

The enterprise activities to improve the production system of administrative data are the following:

- Rotating quarterly meetings of PFA focal points and regional heads.
- Periodic harmonization of data at regional and national levels.
- Training on the District Vaccine Data Management Tool (DVD MT) in the regions of Koulikoro, Kayes and Segou.
- National workshop for consensus and introduction of auto-evaluation of data quality tools (DQS)

5.3.4.

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

- Continue set-up of DVD MT and DQS tools at regional and district levels.
- Continue quarterly meetings of EPI/PFA focal points and data consolidation.
- Evolution of loss rates of vaccines
- Supervision and monitoring in medical districts.
- Introduction of collection of first level tools aligned with DVD MT and SMT in the health facility.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used 1 \$US = 483.75 Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

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

		Sources of Funding						Actions	
Expenditures by Category	Expenditures Year 2010	Country	GAVI	UNICEF	wнo	Donor name JAPANES E COOPER ATION	Donor name USAID	Donor name ATN PLUS	
Traditional Vaccines*	2,424,238	242,424	0	0	0	0	0	0	
New Vaccines	10,670,278	331,945	10,338,334	0	0	0	0	0	
Injection supplies with AD syringes	2,522,523	1,582,754	939,768	0	0	0	0	0	
Injection supply with syringes other than ADs	808,378	660,354	148,024	0	0	0	0	0	
Cold Chain equipment	1,736,434	0	0	0	0	1,736,434	0	0	
Personnel	0	0	0	75,163	0	0	0	0	
Other operational costs	1,645,167	0	14,884	6,571,510	1,493,122	0	13,395	48,603	
Supplemental Immunisation Activities	8,720,129	0	1,958,460		7,426,399	0	0	0	
Total Expenditures for	28,527,147								

Expenditures by Category				Source	s of Fundin	g			Actions
	Expenditures Year 2010	Country	GAVI	UNICEF	WHO	Donor name JAPANES E COOPER ATION	Donor name USAID	Donor name ATN PLUS	
Immunisation									
Total Government Health		2,817,477	13,399,470	6,646,673	8,919,521	1,736,434	13,395	48,603	

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

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

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	2,282,479		
New Vaccines	16,478,192		
Injection supplies with AD syringes	952,172		
Injection supply with syringes other than ADs			
Cold Chain equipment			
Personnel			1
Other operational costs	490,169		
Supplemental Immunisation Activities	379,740		
Total Expenditures for Immunisation	20,582,752		

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

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

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 5

Please attach the minutes (Document number CR/ICC of 17/06/2010; CR/ICC of 19/11/2010. CR/ICC of 25/01/2011; CR/ICC of 22/02/2011; CR/ICC of 25/01/2011; CR/ICC of 09/05/2011) from all the ICC meetings held in $\frac{2010}{1000}$, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections <u>5.1 Updated</u> baseline and annual targets to <u>5.4 Overall Expenditures and Financing for Immunisation</u>

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

If Yes, which ones?

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

List CSO member organisations:	Actions
Health and Population Pivot Group	
Rotary Club International	

5.6. Priority actions in **2011** to **2012**

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

- 1. The main objectives of coverage for the period 2010-2011 are:
- -Achieve an immunization coverage = 95% for each of the antigens
- -Improve data quality
- Strengthen the capacity of the cold chain
- Achieve required performances with regards to surveillance
- 2. Priority activities
- -Organize external review of EPI.
- -Execute EVM.
- -Implement special plan to reduce the number of children non-vaccinated in 2010.
- -Develop cMYP 2012-2016
- -Strengthen vaccination capabilities of technical staff
- -Continue camps for elimination of Tetanus and measles along with the eradication of Polio.
- -Strengthen supervision of activities
- -Strengthen social mobilization activities in favor of immunization
- -Ensure regular holding of regional coordination meetings and ICC meetings at the national level
- -Provide medical units with cold chain materials
- -Ensure continuous availability of antigens in medical units
- -Introduce DVD-MT tools in all medical districts
- -Apply auto-evaluation of the quality of data and implementation of DQS

5.7. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05 ml AD syringe and 2 ml Reconstitution syringes	State Budget	
Measles	0.5 ml AD syringe and 5 ml Reconstitution syringes	State Budget	
тт	0.5 ml AD syringe	State Budget	
DTP-containing vaccine	0.5 ml AD syringe and 2 ml Reconstitution syringes	State Budget / GAVI	
Antiamaril Vaccine	0.5 ml AD syringe and 5 ml Reconstitution syringes	State Budget / GAVI	

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

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

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

No obstacle was recorded in the implementation of this policy.

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

By incineration in Monfort and Dragon types of incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 1,035,172,337
Balance carried over to 2011	US\$ 1,241,415,628

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

No activity was executed on the SSV funds in 2010.

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

An Evaluation of Financial Management (EFM) of GAVI was executed in 2010. A new bank account was opened to receive the funds only from GAVI SSV, with BDM. This account operates under the responsibility of the Central Accounting Officer of the Treasury (CAOT) and also Health DAF. New financial statements are prepared for the GAVI SSV program.

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the subnational levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

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

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

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

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

Table 3: Calculation of expected ISS reward

				2000	2010
				Α	В
1	Number of infants vaccinated with DTP3* (from JRF) specify				556,389
2	Number of additional infants that are reported to be vaccinated with DTP3				
3	Calculating \$2 per additional child vaccinated with DTP3				
4	Rounded-up estimate of expected reward				

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

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

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccin e Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Action s
DTP- HepB- Hib	1,542,400	988,400		
Pneumo coccal	1,087,200	399,600	687,600	
Yellow Fever	510,500	510,500		

^{*} Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] above are different

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

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

7.1.2.

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

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced	Introduction of	Introduction of pneumo vaccine was planned in 2010 but took place only in 2011.		
Phased introduction		Date of introduction		
Nationwide introduction		Date of introduction		
The time and scale of introduction was as planned in the proposal?		If No, why?		

7.2.2.

When is the Post introduction Evaluation (PIE) planned? 2013

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

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

If Yes, how much? US\$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-fi	inanced amounts and doses i	in 2010?
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTC-HepB-Hib, 1 dose/flacon, liquide	0	0
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	0	0
3rd Awarded Vaccine Antiamaril, 5 doses/flacon, Iyophilisé	146,114	172,100
Q. 2: Which are the sources o	f funding for co-financing?	
Government		
Donor No		
Other No		
Q. 3: What factors have acceleration	erated, slowed, or hindered n	nobilisation of resources for vaccine co-
Cumbersome financial proced	ures of the State.	
2.		
3.		
4.		
Q. 4: How have the proposed year?	payment schedules and actu	al schedules differed in the reporting
Schedule of Co-Financing Payme	ents Pro	oposed Payment Date for 2012
		nonth number e.g. 8 for August)
1 st Awarded Vaccine DPT-HepB-Hib, 1 doses/vial, freeze 2 nd Awarded Vaccine	e-dried	
Antipneumococcal (PCV13), 1 dose 3 rd Awarded Vaccine	e/vial, Liquid	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9 Co Financing Default Policy.pdf.

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

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 15.07.2005

When was the last Vaccine Management Assessment (VMA) conducted? 15.12.2007

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

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

When is the next Effective Vaccine Management (EVM) Assessment planned? 10.06.2011

7.5. Change of vaccine presentation

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

Please specify below the new vaccine presentation

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

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

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

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

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

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

7.7. Request for continued support for vaccines for 2012 vaccination programme In order to request NVS support for 2012 vaccination do the following

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

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirotavirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirotavirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Table 1	#	624,548	647,032	670,325	694,456	719,456	3,355,817
Number of children to be vaccinated with the third dose	Table 1	#	612,057	634,091	656,918	680,567	705,068	3,288,701
Immunisation coverage with the third dose	Table 1	#	98%	98%	98%	98%	98%	
Number of children to be vaccinated with the first dose	Table 1	#	624,548	647,032	670,325	694,456	719,457	3,355,818
Number of doses per child		#	3	3	3	3	3	
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05	

	Instructions		2011	2012	2013	2014	2015	TOTAL
Vaccine stock on 1 January 2011		#		0				
Number of doses per vial		#	1	1	1	1	1	
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No	
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850	
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20	
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053	
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032	
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640	
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%	
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%	

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

Co-financing group	Faible revenu
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement						
Required supply item		2011	2012	2013	TOTAL					
Number of vaccine doses	#		1,899,400	1,957,500	2,003,300	2,055,700	7,915,900			
Number of AD syringes	#		2,008,700	2,070,300	2,118,700	2,174,100	8,371,800			
Number of re-constitution syringes	#		0	0	0	0	0			

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement						
Required supply item		2011	2012	2013	2014	2015	TOTAL			
Number of safety boxes	#		22,300	23,000	23,525	24,150	92,975			
Total value to be co-financed by GAVI	\$		4,988,500	4,837,500	4,349,500	4,080,000	18,255,500			

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

Supply that is procured by the country and related cost in US\$			For approval		For end	orsement	
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		156,600	172,400	203,300	230,400	762,700
Number of AD syringes	#		165,600	182,400	215,000	243,700	806,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,850	2,025	2,400	2,725	9,000
Total value to be co-financed by the country	\$		411,500	426,000	441,500	457,500	1,736,500

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

		Formula	2011		2012			2013			2014		2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
Α	Country Co- finance			7.62%			8.09%			9.21%			10.08%			
В	Number of children to be vaccinated with the first dose	Table 1	624,548	647,032	49,272	597, 760	670,325	54,253	616, 072	694,456	63,977	630, 479	719,457	72,502	646,95 5	
С	Number of doses per child	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3	

		Formula	2011		2012			2013			2014		2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
		(schedule)														
D	Number of doses needed	BxC	1,873,644	1,941,0 96	147,816	1,79 3,28 0	2,010,9 75	162,759	1,84 8,21 6	2,083,3 68	191,930	1,89 1,43 8	2,158,3 71	217,504	1,940, 867	
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
F	Number of doses needed including wastage	DxE	1,967,327	2,038,1 51	155,207	1,88 2,94 4	2,111,5 24	170,897	1,94 0,62 7	2,187,5 37	201,527	1,98 6,01 0	2,266,2 90	228,380	2,037, 910	
G	Vaccines buffer stock	(F - F of previous year) * 0.25		17,706	1,349	16,3 57	18,344	1,485	16,8 59	19,004	1,751	17,2 53	19,689	1,985	17,704	
Н	Stock on 1 January 2011			0	0	0										
ı	Total vaccine doses needed	F+G-H		2,055,8 57	156,556	1,89 9,30 1	2,129,8 68	172,381	1,95 7,48 7	2,206,5 41	203,277	2,00 3,26 4	2,285,9 79	230,364	2,055, 615	
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1	
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		2,174,2 71	165,573	2,00 8,69 8	2,252,5 45	182,310	2,07 0,23 5	2,333,6 33	214,986	2,11 8,64 7	2,417,6 47	243,632	2,174, 015	
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		0	0	0	0	0	0	0	0	0	0	0	0	
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		24,135	1,838	22,2 97	25,004	2,024	22,9 80	25,904	2,387	23,5 17	26,836	2,705	24,131	

		Formula	2011	2012				2013			2014		2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
N	Cost of vaccines needed	lxg		5,077,9 67	386,691	4,69 1,27 6	4,941,2 94	399,924	4,54 1,37 0	4,479,2 79	412,653	4,06 6,62 6	4,229,0 62	426,173	3,802, 889
0	Cost of AD syringes needed	K x ca		115,237	8,776	106, 461	119,385	9,663	109, 722	123,683	11,395	112, 288	128,136	12,913	115,22 3
Р	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		15,447	1,177	14,2 70	16,003	1,296	14,7 07	16,579	1,528	15,0 51	17,176	1,731	15,445
R	Freight cost for vaccines needed	N x fv		177,729	13,535	164, 194	172,946	13,998	158, 948	156,775	14,443	142, 332	148,018	14,917	133,10
S	Freight cost for devices needed	(O+P+Q) x fd		13,069	996	12,0 73	13,539	1,096	12,4 43	14,027	1,293	12,7 34	14,532	1,465	13,067
Т	Total fund needed	(N+O+P+Q +R+S)		5,399,4 49	411,172	4,98 8,27 7	5,263,1 67	425,974	4,83 7,19 3	4,790,3 43	441,309	4,34 9,03 4	4,536,9 24	457,196	4,079, 728
U	Total country co-financing	1 3 cc		411,172			425,974			441,309			457,196		
v	Country co- financing % of GAVI supported proportion	U/T		7.62%			8.09%			9.21%			10.08%		

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

	Instructions		2011			TOTAL
Number of Surviving infants	Table 1	#	624,548			624,548
Number of children to be vaccinated with the third dose	Table 1	#	605,811			605,811
Immunisation coverage with the third dose	Table 1	#	97%			
Number of children to be vaccinated with the first dose	Table 1	#	624,548			624,548
Number of doses per child		#	3			
Estimated vaccine wastage factor	Table 1	#	1.05			
Vaccine stock on 1 January 2011		#				
Number of doses per vial		#	1			
AD syringes required	Select YES or NO	#	Yes			
Reconstitution syringes required	Select YES or NO	#	No			
Safety boxes required	Select YES or NO	#	Yes			
Vaccine price per dose	Table 6.1	\$	3.500			
Country co-financing per dose		\$	0.20			
AD syringe price per unit	Table 6.1	\$	0.053			
Reconstitution syringe price per unit	Table 6.1	\$	0.000			
Safety box price per unit	Table 6.1	\$	0.640			
Freight cost as % of vaccines value	Table 6.2	%	5.00%			
Freight cost as % of devices value	Table 6.2	%	10.00%			

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

Co-financing group	Faible revenu

	2011				
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20				

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement					
Required supply item		2011					TOTAL		
Number of vaccine doses	#						0		
Number of AD syringes	#						0		
Number of re-constitution syringes	#						0		
Number of safety boxes	#						0		
Total value to be co-financed by GAVI	\$						0		

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement					
Required supply item		2011					TOTAL		
Number of vaccine doses	#						0		
Number of AD syringes	#						0		
Number of re-constitution syringes	#						0		
Number of safety boxes	#						0		
Total value to be co-financed by the country	\$						0		

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	2011												
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
Α	Country Co- finance														

		Formula	2011												
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
В	Number of children to be vaccinated with the first dose	Table 1	624,548												
С	Number of doses per child	Vaccine parameter (schedule)	3												
D	Number of doses needed	BxC	1,873,644												
E	Estimated vaccine wastage factor	Wastage factor table	1.05												
F	Number of doses needed including wastage	DxE	1,967,327												
G	Vaccines buffer stock	(F - F of previous year) * 0.25													
Н	Stock on 1 January 2011														
ı	Total vaccine doses needed	F + G - H													
J	Number of doses per vial	Vaccine parameter													
к	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11													
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11													

		Formula	2011												
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11													
N	Cost of vaccines needed	lxg													
0	Cost of AD syringes needed	Kxca													
Р	Cost of reconstitution syringes needed	L x cr													
Q	Cost of safety boxes needed	M x cs													
R	Freight cost for vaccines needed	N x fv													
s	Freight cost for devices needed	(O+P+Q) x fd													
Т	Total fund needed	(N+O+P+Q +R+S)													
U	Total country co-financing	13 cc													
v	Country co- financing % of GAVI supported proportion	U/T													

Table 7.3.1: Specifications for Yellow Fever, 5 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Table 1	#	624,548	647,032	670,325	694,456	719,456	3,355,817
Number of children to be vaccinated with the third dose	Table 1	#						0
Immunisation coverage with the third dose	Table 1	#	97%	97%	97%	97%	97%	
Number of children to be vaccinated with the first dose	Table 1	#	605,811	627,621	650,215	673,623	697,813	3,255,083
Number of doses per child		#	1	1	1	1	1	
Estimated vaccine wastage factor	Table 1	#	1.18	1.18	1.18	1.18	1.18	
Vaccine stock on 1 January 2011		#		0				
Number of doses per vial		#	5	5	5	5	5	
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856	
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20	
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053	
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038	
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640	
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%	
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%	

Co-financing tables for Yellow Fever, 5 doses/vial, Lyophilised

Co-financing group	Faible revenu
Co-financing group	Faible revenu

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

 Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement					
Required supply item		2011	2012	2013	2014	2015	TOTAL		
Number of vaccine doses	#		599,900	621,500	643,800	666,900	2,532,100		
Number of AD syringes	#		565,200	585,500	606,600	628,300	2,385,600		
Number of re-constitution syringes	#		133,200	138,000	143,000	148,100	562,300		
Number of safety boxes	#		7,775	8,050	8,325	8,625	32,775		
Total value to be co-financed by GAVI	\$		609,000	631,000 653,500 677,000 2,570,500					

 Table 7.3.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement				
Required supply item		2011	2012	2013	2014	2015	TOTAL	
Number of vaccine doses	#		147,300	152,600	158,100	163,700	621,700	
Number of AD syringes	#		138,700	143,700	148,900	154,300	585,600	
Number of re-constitution syringes	#		32,700	33,900	35,100	36,400	138,100	
Number of safety boxes	#		1,925	1,975	2,050	2,125	8,075	
Total value to be co-financed by the country	\$		149,500	155,000	160,500	166,500	631,500	

Table 7.3.4: Calculation of requirements for Yellow Fever, 5 doses/vial, Lyophilised

		Formula	2011		2012			2013			2014			2015	
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
Α	Country Co- finance			19.71%			19.71%			19.71%			19.71%		

		Formula	2011		2012			2013			2014			2015	
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
В	Number of children to be vaccinated with the first dose	Table 1	605,811	627,621	123,681	503, 940	650,215	128,133	522, 082	673,623	132,747	540, 876	697,813	137,514	560,29 9
С	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	ВхС	605,811	627,621	123,681	503, 940	650,215	128,133	522, 082	673,623	132,747	540, 876	697,813	137,514	560,29 9
E	Estimated vaccine wastage factor	Wastage factor table	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
F	Number of doses needed including wastage	DxE	714,857	740,593	145,944	594, 649	767,254	151,197	616, 057	794,876	156,641	638, 235	823,420	162,266	661,15 4
G	Vaccines buffer stock	(F - F of previous year) * 0.25		6,434	1,268	5,16 6	6,666	1,314	5,35 2	6,906	1,361	5,54 5	7,136	1,407	5,729
Н	Stock on 1 January 2011			0	0	0									
ı	Total vaccine doses needed	F + G - H		747,027	147,212	599, 815	773,920	152,511	621, 409	801,782	158,002	643, 780	830,556	163,673	666,88 3
J	Number of doses per vial	Vaccine parameter		5	5	5	5	5	5	5	5	5	5	5	5
к	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		703,802	138,694	565, 108	729,138	143,686	585, 452	755,388	148,859	606, 529	782,494	154,201	628,29
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		165,840	32,681	133, 159	171,811	33,858	137, 953	177,996	35,077	142, 919	184,384	36,336	148,04 8

		Formula	2011		2012			2013			2014			2015	
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		9,654	1,903	7,75 1	10,001	1,971	8,03	10,361	2,042	8,31 9	10,733	2,116	8,617
N	Cost of vaccines needed	lxg		639,456	126,014	513, 442	662,476	130,550	531, 926	686,326	135,250	551, 076	710,956	140,104	570,85 2
0	Cost of AD syringes needed	K x ca		37,302	7,351	29,9 51	38,645	7,616	31,0 29	40,036	7,890	32,1 46	41,473	8,173	33,300
Р	Cost of reconstitution syringes needed	L x cr		6,302	1,242	5,06 0	6,529	1,287	5,24 2	6,764	1,333	5,43 1	7,007	1,381	5,626
Q	Cost of safety boxes needed	M x cs		6,179	1,218	4,96 1	6,401	1,262	5,13 9	6,632	1,307	5,32 5	6,870	1,354	5,516
R	Freight cost for vaccines needed	N x fv		63,946	12,602	51,3 44	66,248	13,055	53,1 93	68,633	13,526	55,1 07	71,096	14,011	57,085
s	Freight cost for devices needed	(O+P+Q) x fd		4,979	982	3,99 7	5,158	1,017	4,14 1	5,344	1,054	4,29 0	5,535	1,091	4,444
Т	Total fund needed	(N+O+P+Q +R+S)		758,164	149,406	608, 758	785,457	154,784	630, 673	813,735	160,357	653, 378	842,937	166,112	676,82 5
U	Total country co-financing	13 cc		149,406			154,784			160,357			166,112		
v	Country co- financing % of GAVI supported proportion	U/T		19.71%			19.71%			19.71%			19.71%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with predetermined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on *your government's own system of economic classification*. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

^{*} An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS								
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD		
Salary expenditure								
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174		
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949		
Non-salary expenditure								
Training	13,000,000	27,134	12 650,000	26,403	350,000	731		
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087		
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131		
Other expenditures								
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913		
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811		

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

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

^{*} An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** -	- GAVI HSS							
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD		
Salary expenditure								
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174		
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949		
Non-salary expenditure								
Training	13,000,000	27,134	12 650,000	26,403	350,000	731		
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087		
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131		
Other expenditures	<u>.</u>							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913		
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811		

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

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- 1. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

^{*} An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** -	Detailed analysis of expenditure by economic classification ** – GAVI CSO								
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD			
Salary expenditure									
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174			
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949			
Non-salary expenditure									
Training	13,000,000	27,134	12 650,000	26,403	350,000	731			
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087			
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131			
Other expenditures									
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913			
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811			

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Zorz Zist or supporting Boundaries returned to		1	
Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		2	Oui
Signature of Minister of Finance (or delegated authority)		4	Oui
Signatures of members of ICC		3	Oui
Signatures of members of HSCC		5	Oui
Minutes of ICC meetings in 2010		9, 27, 28	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		6	Oui
Minutes of HSCC meetings in 2010		7, 8	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		17	Oui
Financial Statement for ISS grant in 2010		10, 18, 19, 29, 30	
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		11, 12	Oui
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details		13	
new cMYP starting 2012		15, 16, 23	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B			
grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the *Upload file* arrow icon to upload the document. Use the *Delete item* icon to delete a line. To add new lines click on the *New item* icon in the *Action* column.

ID	File type	File name		
	Description	Date and Time Size	New file	Actions
1	File Type: other File Desc: HSS Report 2010	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\0 RSA HSS 2010 Mali.docx Date/Time: 14.05.2011 05:38:33 Size: 162 KB		
2	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Signature of the Health Minister	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\1 Signatures aut RSA 2010.pdf Date/Time: 14.05.2011 05:41:18 Size: 343 KB		
3	File Type: Signatures of members of ICC * File Desc: Signature of ICC members	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\2 Signatures CCIA RSA 2010.pdf Date/Time: 14.05.2011 05:46:10 Size:		

	File type	File name		
ID	Description	Date and Time Size	New file	Actions
		368 KB		
4	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Signature of the Finance	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\1 Signatures aut RSA 2010.pdf Date/Time: 14.05.2011 05:49:26 Size:		
	Minister	343 KB		
5	File Type: Signatures of members of HSCC * File Desc: Signature of CCSS members	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\7 Liste de présence RSS.pdf Date/Time: 14.05.2011 05:53:53 Size: 2 MB		
6	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: ICC Report endorsing the Annual Progress Report 2010.	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\5 Compte rendu CCIA valiadation RSA.pdf Date/Time: 14.05.2011 06:04:48 Size: 730 KB		
7	File Type: Minutes of HSCC meetings in 2010 * File Desc: Minutes of HSCC meetings in 2010	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\6 Compte rendu RSS.zip Date/Time: 14.05.2011 06:15:14 Size: 3 MB		
8	File Type: Minutes of HSCC meetings in 2010 * File Desc: Minutes of HSCC meetings in 2010	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\9 Compte_rendu_RSS.pdf Date/Time: 14.05.2011 06:31:37 Size: 2 MB		
9	File Type: Minutes of ICC meetings in 2010 * File Desc: Minutes of ICC meetings in 2010	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\8 Compte rendu CCIA 2010.pdf Date/Time: 14.05.2011 06:38:06 Size: 2 MB		
10	File Type: Financial Statement for ISS grant in 2010 * File Desc: Financial Statement for SSV allocation in 2010	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\4 Etat financier SSV.zip Date/Time: 14.05.2011 06:42:00 Size: 290 KB		
11	File Type: Financial Statement for HSS grant in 2010 * File Desc: Financial Statement for HSS in 2010	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\1 Etats financ2010 RSS.zip Date/Time: 14.05.2011 06:52:54 Size: 2 MB		
12	File Type: Financial Statement for HSS grant in 2010 * File Desc: Financial Statement for	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\2 Etats_financ2010_RSS.zip Date/Time: 14.05.2011 06:54:27		

	File type	File name		
ID	Description	Date and Time Size	New file	Actions
	HSS in 2010	Size: 1 MB		
13	File Type: New Banking Details File Desc: New bank details	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\7 OV_au_nouveau_compte_fonds GAVI_SSV.pdf Date/Time: 14.05.2011 06:58:43 Size: 178 KB		
14	File Type: other File Desc: FMA report	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\3 Final FMA Report Mali RSA.pdf Date/Time: 14.05.2011 07:02:48		
	гма тероп	Size: 333 KB		
15	File Type: new cMYP starting 2012 File Desc: cMYP 2007-2011 revised	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\PPAC Mali version CCIA_rev.zip Date/Time: 14.05.2011 07:26:31 Size: 969 KB		
16	File Type: new cMYP starting 2012 File Desc: cMYP 2007-2011 revised	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\SSV Pièces jointes\PPAC VRev.zip Date/Time: 14.05.2011 07:28:15 Size: 813 KB		
17	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc: CCSS meeting Report endorsing the Annual Progress Report 2010.	File name: C:\Documents and Settings\tounkarab\Bureau\GAVI\RSS pièces jointes\10 Reunion validation RSS.pdf Date/Time: 14.05.2011 08:01:07 Size: 296 KB		
18	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: 3 Etat financier SSV.pdf Date/Time: 16.06.2011 08:46:04 Size: 125 KB		
19	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: 4 Etat financier SSV.pdf Date/Time: 16.06.2011 08:46:48 Size: 202 KB		
20	File Type: other File Desc: Fund documentation letter	File name: Lettre pièces justificatives fonds GAVI 2010.png Date/Time: 16.06.2011 08:55:45 Size: 868 KB		
21	File Type: other File Desc: OV CAOP GAVI Funds 2010	File name: OV ACCT fonds GAVI 2010.png Date/Time: 16.06.2011 08:56:40 Size: 814 KB		

	File type	File name		
ID	Description	Date and Time Size	New file	Actions
22	File Type: other File Desc: GAVI fund situation 2010	File name: Situation fonds GAVI 2010.png Date/Time: 16.06.2011 08:58:05 Size: 1 MB		
23	File Type: new cMYP starting 2012 File Desc: Draft cMYP starting 2012 (PPAC)	File name: PPAC 2012-2016 Draft 19 juin 2011.doc Date/Time: 21.06.2011 13:07:57 Size: 2 MB		
24	File Type: other File Desc: cMYP Costing tools	File name: <u>cMYP_Costing_Tool_Vs.2.5_FR 17_06_2011 Version_CNI.xls_Date/Time:</u> 21.06.2011 13:09:24 Size: 3 MB		
25	File Type: other File Desc: ISS balance	File name: Soutien aux services de vaccination.doc Date/Time: 23.06.2011 08:10:20 Size: 29 KB		
26	File Type: other File Desc: Email on targets (PCV and YF)	File name: FW Rapport de Situation Mali.msg Date/Time: 23.06.2011 08:12:43 Size: 95 KB		
27	File Type: Minutes of ICC meetings in 2010 * File Desc: CR CCIA 19 Nov. 10	File name: CR réunion CCIA du 19 nov 10.doc Date/Time: 23.06.2011 08:23:39 Size: 51 KB		
28	File Type: Minutes of ICC meetings in 2010 * File Desc: CR CCIA 17 Juin 10	File name: CR réunion CCIA du 17 juin 10.doc Date/Time: 23.06.2011 08:25:00 Size: 77 KB		
29	File Type: Financial Statement for ISS grant in 2010 * File Desc: 3 SSV Financial Statement	File name: 3 Etat_financier_SSV.pdf Date/Time: 23.06.2011 08:26:31 Size: 125 KB		
30	File Type: Financial Statement for ISS grant in 2010 * File Desc: 4 SSV Financial Statement	File name: 4 Etat financier SSV.pdf Date/Time: 23.06.2011 08:27:56 Size: 202 KB		
31	File Type: other File Desc: GAVI fund documents 2010	File name: Lettre pièces justificatives fonds GAVI 2010.png Date/Time: 23.06.2011 10:19:22 Size: 868 KB		
32	File Type: other	File name: OV ACCT fonds GAVI 2010.png		ago 61 / 62

ID	File type	File name		
	Description	Date and Time Size	New file	Actions
		Size		
	File Desc: OV CAOT GAVI Funds	Date/Time: 23.06.2011 10:20:20 Size: 814 KB		
33	File Type: other File Desc: GAVI fund situation 2010	File name: Situation fonds GAVI 2010.png Date/Time: 23.06.2011 10:21:16 Size: 1 MB		