GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
Afghanistan

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **31.05.2011 08:28:41**

Deadline for submission: 1 Jun 2011

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 10 doses/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010
HSS	2011

CSO	2010

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 Afghanistan 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 Afghanistan

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Dr. Suraya DALIL	**Name**	Mr. Hazrat Umar ZAKHELWALL
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. Agha Gul DOST	National EPI Manager	+93 799 814 812	nationalepi05@yahoo.com,dr_adost@yahoo.com	
Dr. Abdul Wali	Health System Strengthening Coordinator and Focal Point	+ 93 799 353 178	drabwali@yahoo.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
1.Dr. Suraya DALIL, A/M Minister	MOPH			
2.Dr. T. MASHAL, DG Preventive	MOPH			
3.Dr. Ahmad Jan NAEEM, DG Policy & Plan	MOPH			
4. Dr. A.G. DOST, National EPI Manager	MOPH			
5.Mr Waheed POPALZAI, Financial Focal Point for MOPH	MoF			
6. Dr. Abdul Wali GHAYOURi, HSS/CSO Focal Point	MOPH			
7. Dr. I. ROSHANI, Representative	USAID			
8. Dr. RASOOLI, Representative	EU			
9. Dr. Sayed, Representative	WB			
10. Dr. RAFIQI, Representative	MSH			
11. Dr. Arshad QUDUS, Medical Officer, Polio	WHO			
12. Dr. Zahra MOHAMMAD, Project Officer, EPI	UNICEF			
13. Mr. Shafiq AKBARI, Director of Finance	MOPH			

Name/Title	Agency/Organisation	Signature	Date	Action
14. Dr. Wasiullah, Representative	NGO (BDN)			
15. Dr. A. Shakoor, NPO/EPI/VPD	WHO			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action
attached				

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

All comments will be treated confidentially

Comments from Partners:

This is only the WB comment:
The signature provided above is provided in our capacity solely as an informal member of the ICC & HSCC. It does not represent a contractual commitment or enforceable clause, not is it being provided in the context of any fiduciary responsibility for GAVI Alliance funds or otherwise. This signature should not be viewed as having any legal effect , not should any reliance be placed on any confirmations made above , which are not legally or operationally within the purview of our role or capacity as a committee member.

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
Dr. Tahir Khan	WHO			
Dr. Abdul Wali	MOPH			

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
Attached				

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

3. Table of Contents

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

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	1,376,369	1,412,068	1,445,958	1,480,661	1,516,196	1,552,585
Total infants' deaths	177,552	182,155	186,529	191,006	195,589	200,283
Total surviving infants	1,198,817	1,229,913	1,259,429	1,289,655	1,320,607	1,352,302
Total pregnant women	1,376,369	1,412,068	1,445,958	1,480,661	1,516,196	1,552,585
# of infants vaccinated (to be vaccinated) with BCG	1,199,858	1,228,499	1,357,983	1,317,788	1,364,576	1,397,326
BCG coverage (%) *	87%	87%	94%	89%	90%	90%
# of infants vaccinated (to be vaccinated) with OPV3	1,037,889	1,045,426	1,095,703	1,147,792	1,188,546	1,217,072
OPV3 coverage (%) **	87%	85%	87%	89%	90%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,185,135	1,205,314	1,234,240	1,263,861	1,294,194	1,325,255
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,037,889	1,045,426	1,095,703	1,147,792	1,188,546	1,217,072
DTP3 coverage (%) **	87%	85%	87%	89%	90%	90%
Wastage[1] rate in base-year and planned thereafter (%)	10%	5%	5%	25%	25%	25%
Wastage[1] factor in base-year and planned thereafter	1.11	1.05	1.05	1.33	1.33	1.33
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	1,185,135	1,205,314	1,234,240	1,263,861	1,294,194	1,325,255
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	1,037,889	1,045,426	1,095,703	1,147,792	1,188,546	1,217,072
3rd dose coverage (%) **	87%	85%	87%	89%	90%	90%
Wastage[1] rate in base-year and planned thereafter (%)	10%	5%	5%	25%	25%	25%
Wastage[1] factor in base-year and planned thereafter	1.11	1.05	1.05	1.33	1.33	1.33

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	946,750	971,631	1,032,731	1,096,206	1,162,134	1,217,071
Measles coverage (%) **	79%	79%	82%	85%	88%	90%
Pregnant women vaccinated with TT+	1,027,927	1,059,051	1,127,847	1,184,528	1,288,766	1,397,326
TT+ coverage (%) ****	75%	75%	78%	80%	85%	90%
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	12%	13%	11%	9%	8%	8%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

No change. All the data is consistent with the data reflected in cMYP 2011-2015 and based on UNIDATA population figures with 2.4% annual growth rate.

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

No change in surviving infants.

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

No change in target by vaccines. Target by vaccines are based on coverage objective indicated in cMYP 2011-2015.

The folowing explanation was provided when the country was asked again:

Considering the current security situation in the country and the accumulation of factors that contributing to population inaccessibility to health care services, we assume that the Penta3 coverage would not be more than 85% in 2011. The reported 2010 reported Penta3 coverage (87%) may be inflated while the reported Penta3 coverage in 2009 was 83%. Afghanistan is going to implement EPI coverage survey in 2011 and hope that we would have the actual coverage data. It should be mentioned that the DPT3 coverage in NRVA (2007-2008) is about 45%.

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

The NIP will shift from single dose Pentavalent Vaccine to 10 dose vial effective 1st July 2011 with expected 25%wastage rate

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

Belo are the reported Immunization coverage for 2010 and key activities carried out/achieved against targets for 2010:i

Antigen	Target	Achievement
1. BCG…….....	85%.....	87%
2. DTP3 (Penta3)…….....	85%.....	87%
3. OPV3…….....	85%.....	87%

4. Measles…….....80%.....79%

5. TT2+…….....68%..... 75%

6. DoR…….....10%.....12%

- (57.7%) of districts reported >80% of DPT-Hep B Hib3 (Penta3).
- (28.5%) districts reported 50%-& 79% DPT-Hep B Hib3 (Penta3).
- (11.2%) districts reported <50% DPT-Hep B Hib3 (Penta3).
- Drop-out rate of Penta1-Penta3 12%
- Estimated number of <1 children missed opportunity to be vaccinated with Penta – 170,000 – 200,000

1) Program planning & management

- In line with National Health Strategy and based on previous cMYP (2006-2010) MOPH has developped the new cMYP 2011-2015 for Afghanistan's immunization program. This cMYP corresponds with MOPH five year health planning cycle. The cMYP was formulated following a detailed situation analysis of the national immunization program, the political and economic situation and all were guided by the national immunization policy and in line with strategic plan of the Ministry of Public Health of Afghanistan and Global Immunization Vision and Strategies (GIVS). WHO/EMRO supported and facilitated a 3-days training workshop on development of cMYP for all concerned ministries and agencies in March, 2010.The current cMYP was updated in May 2011 and covers the period of 2011-2015 and aligned with National Health Strategy.
- Revision of National Immunization Policy (NIP) based on new National Health Strategy (2011-2015) and latest WHO recommendations stated during the Inter-country meeting of national EPI managers.
- Revision of National RED Guideline. The new RED guideline is under piloting in 5 provinces/……. districts
- Districts micro-plans updated in (45%) districts.
- Bi-weekly EPI task force meetings at national and provincial levels were conducted
- Quarterly EPI review workshops conducted at regional l
- Two NITAG meetings held during 2010. The NITAG has recommended introducing pneumococcal vaccine into NIP in January 2013.
- Updating of cMYP for immunization program

2) Immunization service delivery & accelerated immunization activities

- Throughout the country, 1251 EPI fixed centers were functional and about 2700 vaccinators and supportive staffs were engaged in providing immunization services.
- The implementation rate of outreach and mobile activities reported is >50%
- Increased accessibility through integration of immunization service delivery with sub-centers and mobile health teams (> 250).
- As part of national vaccination week, the three rounds of Child Health Weeks (integration of MUAC, distribution of compact food for malnourished children and pregnant women, ferrous sulfate for women and bed-nets for pregnant women with immunization with all antigens) in 31 districts with DPT3 coverage less than 50% .
- The 4 rounds of accelerated immunization activities conducted in Kabul city and two districts of Kabul province.
- The 2nd phase of TT SIAs conducted in 56 districts.
- The 4 rounds of NIDs and 4 rounds of sub-NIDs conducted in 2010
- Due to in-security and unavailability of health care services, people in 10 districts had no access to any health care service including immunization
- The conflict periodically interrupted provision of immunization services in certain areas of the country

3) Advocacy and communication

- The 1st vaccination week initiative focusing on advocacy, education and communication activities was inaugurated on 24th April 2010 by HE /A Minister of Public Health, WHO/UNICEF representatives.
- Participation of MOPH high level authorities in teleconference with medias about the value and importance of immunization
- Production of communication materials and distribution to all health facilities
- Production of radio/ TV spots and regular broadcasting on national medias

4) Vaccine supply management

- Self-assessment result shows that all indicators related to the pre-shipment & arrival, temperature monitoring, building, equipment , maintenance, and stock management are maintained at the level of >80% at national, regional and provincial levels.
- There was no stock-out of any vaccine
- Available cold chain capacity at all levels is enough to accommodate all vaccines including for NIDs and SIAs.

5) Cold chain & logistic management

- Maintaining functionality of the cold chain system at national, regional and provincial levels (>80% -self-assessment)
- Replacement of (10%) RCW50 refrigerators at service levels
- Replacement/distribution of 240 (70%) new ILR to the provincial VSF
- More than 90% of health facilities have adequate cold chain equipment
- There was no shortage of any types of syringes and safety boxes in 2010
- The National cold chain and logistic staff provided technical assistance in training of regional and provincial staff in using new version of VSSM and carried out repairing of cold chain equipment

- The EVM Assessment is planned to be carried out in July 2011

6) Capacity building

- Refresher training courses conducted for 222 vaccinators (100%) in provinces where staff turnover was high and the new vaccinators have been recruited.
- Training of 14 (86%) trainers on all aspects of hepatitis B vaccine for adults.
- Training of 63 (100%) trainers, vaccine & logistics officers on vaccine stock store management.
- Training of 36 (100%) trainers on all aspects of H1N1 disease and vaccine
- Training of 34 EPI managers on advocacy, education, and communication for successful implementation of national vaccination week and carrying out pre- and post vaccination week evaluation.
- Training of 102 (100%) immunization health workers for implementation of accelerated vaccination service delivery.
- Training of 110 (100%) EPI managers, trainers and supervisors on monitoring /supportive supervision
- Training of 10 (65%) regional trainers on measles/NNT/AEFI surveillance & immunization safety
- Training of 383 (74%) focal points on measles/NNT/AEFI surveillance
- Training of 58 (100%) monitors for conducting Data Quality Self-Assessment in 22 provinces
- Training of 60 (100) District Health Officers (DHO) on routine immunization micro-planning, monitoring, AFP/Measles/NNT surveillance

7) Surveillance of VPD

- Detection of 1572. AFP cases with 25 lab confirmed cases of polio (mainly from areas with ongoing conflict).
- Continuation of measles case-base surveillance through about 500 AFP/measles/NNT and 156 DEWS focal points and 1251 reporting sites (vaccination centers). The 7 cases of death due to measles reported in 2010.
- Detection of 1989 measles and 46 Rubella confirmed (clinical, epidemiological and lab)
- Detection of 23 neonatal cases
- Detection of D4 and H1 measles genotypes in 2010
- National measles lab has maintained 100% PT
- Continuation of hospital – base Rotavirus and Meningitis surveillance
- Testing of 824 specimens from .patients with gastroenteritis for Rotavirus and 465 (56%) are positive.

8) Monitoring & evaluation of immunization program

- The planned coverage evaluation survey could not be conducted in 2010 and it is planned to conduct in 2011. WHO and UNICEF experts have been providing technical support in designing/planning of coverage evaluation survey and as it has been agreed between UNICEF and Central Statistic Office, the survey will be carried out in between June and August 2011.
- The DQS conducted in 22 provinces of the country
- Planned supervisory visits to the health facilities conducted in all provinces. Each health facility visited at least once (50%) in two months by government or NGOs.
- Quarterly review meetings held with NGOs for improving the quality of immunization monitoring system

Challenges faced and how they were addressed

- Inaccessibility to immunization services in security compromised districts, places where population have no access to health care services, nomads, IDPs, and urban slums.
- Inadequate management of human and financial resources at service levels
- Health system reform & government beaurocracy have caused reduction of number of vaccinators , low level of payment, high staff turnover,
- Inadequate monitoring/supervision for managerial decisions and specific actions
- Lack of progress in achieving immunization targets because of conflict, lack of access to immunization services, poor management of the program at services levels and inadeuate monitoring.

To reach the unreached children and women with vaccination and some other child health interventions, MOPH with the support of UNICEF and WHO organized accelerated immunization activities in 24 districts of central region of Afghanistan and 3 rounds of child health weeks in the districts with less than 50% DPT coverage in 2010 and same child health weeks are planned in 2011. Integration of immunization service delivery in mobile health teams and health sub-centers is another step taken by MOPH. Around 150 mobile health teas and sub-centers are functinal and supported by MOPH/HSS and WB in the country.Resumption of immunization service delivery in 13 security-compromised districts is a progress in those areas of the country. The joint efforts are going on to strengthen monitoring/supervision of immunization programs and use findings for actions.Improving outreach activties as a key strategy for delivery of immunization services to the population is a matter of concern for MOPH and needs strong coordination with donors and NGOs at national, regional, provincial and district levels. District Health Officers have been assigned by MOPH to support and closely monitor NGOs performance at district levels.The provincial and regional EPI management teams are instructed to review immunization performance on quarterly basis and take appropriate actions based on data and findings. At national level, efforts are going on to allocate more resources for outreach and accelerated immunization activties.

5.2.2.

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

The targets set in national immunization policy and cMYP 2006-2010 could not be achieved. As reported, there is a slight increase in BCG, MCV1, DPT3/OPV3 and TT2+ coverage in 2010.
The factors hindering to reach the targeted coverage are:

- In-security and ongoing conflicts in certain areas interrupted provision of immunization services
- In-accessibility to children and women in remote areas ((Around 160,000 -200,000 children <1 year missed opportunity to be vaccinated)
- Poor follow up of health facility/district micro-plans and immunization strategies by NGOs
- Inadequate management of fund at service delivery level
- Inadequate planning for reaching the under-served population
- Delay in transferring GAVI ISS fund to the provinces & government beaurocracy deterred many planned activities particularly supervision and monitoring
- Poor comprehensive approach to immunization advocacy and communication, to ensure consistency of the strategies and activities
- High turnover of trained vaccinators
- Shortage of trained immunization health workers especially female
- Low payment for immunization health workers

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? No

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 reported coverage data is official government report. There is big discrepancy between reported coverage and household survey and NRVA. Percentage of vaccinated children 12-23 month old published NRVA 2007/8:BCG-74%, OPV3-71%, DPT3-43%, measles-56%, TT2-67%.
***** 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.

Due to the unavailability of competent organization to perform immunization coverage survey, the planned EPI coverage survey in 2010 could not be conducted

5.3.3.

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

To improve the accuracy of immunization administrative data and improving immunization monitoring system, the MOPH with the support of WHO conducted Data Quality Self-assessment (DQS) in 22 provinces.

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.

- The National EPI together with partners have planned to:
* Conduct national immunization coverage survey 2011
- Strengthen supportive supervision by increasing the number of trained supervisors, and conducting regular supportive supervisory visits and on the job training
- Computerization of immunization information system at provincial levels
- Monthly district-wise review of immunization data and providing regular feedback and forward of information by provincial EPI management team
- Strengthen monitoring of NGOs immunization performance and data
- Focus on accuracy of recording/reporting, as well as completeness and timeliness of coverage reports

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 $US = 45	Enter the rate only; no local currency name

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

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** USAID	**Donor name** WB	**Donor name** EU	
Traditional Vaccines*	1,455,487	0	0	1,455,487	0	0	0	0	
New Vaccines	12,885,992	383,500	12,502,492	0	0	0	0	0	
Injection supplies with AD syringes	772,664	0	281,756	490,908	0	0	0	0	
Injection supply with syringes other than ADs	172,156	0	0	172,156	0	0	0	0	
Cold Chain equipment	0	0	0	0	0	0	0	0	
Personnel	5,179,431	489,765	631,807	140,400	0	1,583,884	1,346,230	987,345	
Other operational costs	7,344,958	984,328	675,345	1,645,642	153,551	1,745,323	1,387,420	753,349	
Supplemental Immunisation Activities	17,396,276	0	100,000	12,972,207	4,324,069	0		0	
		873,265	2,119,899	21,756,018	967,000	1,583,884	1,346,230	987,345	
vehicles	0								
Total Expenditures for Immunisation	*45,206,964*								
Total Government Health		2,730,858	16,311,299	38,632,818	5,444,620	4,913,091	4,079,880	2,728,039	

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

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

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

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	12,932,762	31,466,086	
New Vaccines	0	18,711,835	
Injection supplies with AD syringes	792,574	1,142,885	
Injection supply with syringes other than ADs	180,453	190,358	
Cold Chain equipment	673,244	696,759	
Personnel	1,629,891	1,735,075	
Other operational costs	7,610,951	8,052,502	
Supplemental Immunisation Activities	13,814,792	0	
Vehicles	111,186	135,544	
Other capital equipment	19,584	19,584	
Total Expenditures for Immunisation	37,765,437	62,150,628	

* 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.

There is difference between the planned amount of fund ($48,830,849 and the actual expenditures ($45,206,964. the decrease is due to:
1. Overestimation of injection supplies with AD syringes: actual cost was- $1,708,664 and spent - $944,820
2. The fund planned for procurement of cold chain equipment was not spent- $456,094
3. Because of in-accessibility in certain areas of the country the whole fund planned for campaigns (polio, TT, AIA) could not be spent: planned $19,800,223 and spent- $13,814,792
4. The whole fund planned for personnel and operation cost was spent (see table above)
There is some decrease in GAVI ISS fund expenditure during 2010. It was planned to spend $ 1,882,000 for 2010 and the actual expenditure is $ 1,339,920 with difference of $542,080.
Though the GoA has committed itself for co-financing for Hib vaccine and it is expected to provide the required amount of co-finance for pneumococcal vaccine also. GoA is providing part of operation cost of routine immunization program. Based on the new MOPH Health and Nutrition Strategy for 2011-2015, it is assumed that the fund for health sector has been granted by GoA, donors and partners for the period of recently updated health and nutrition strategy. The total estimated fund needed for immunization programs for the period of 2011-2015 is $255,791,131, out of which $86,264,642 is considered secured and the funding gap is $169,526,489.
The GOA desires to achieve financial sustainability for EPI at the earliest. It plans to co-finance the new vaccine through available national resources and improve the level of co-financing and options for financial sustainability by adapting the following strategies based on the country context and also referred to in cMYP 2011-2015:

1. Mobilize government resources for NIP:
Include NIP requirement (co-financing for new vaccine) in National Development Budget.
Set target for government financial commitment to routine immunization.
Regularly update EPI five year plan and budgeting with the active participation of partners.

2. Mobilize donor funding for immunization
Advocate with donors to specify required funding for EPI from support provided for BPHS
Identify new donors for NIP through CGHN and other forums
Use different mechanisms to attract additional funding for EPI
Generate reports on expenditures in link with activities and results and share with partners
Develop proposals for new activities and present to donors for fund raising

3. Mobilize resources from private sector
Identify potential private providers especially in hard to reach areas
Promote financial contribution of private sector in provision of support to different immunization initiatives such as mass campaigns

4. Ensure reliability of resources
Build financial management capacity at all levels to ensure timely report and improve planning.
Incorporate the NIP requirement in MoPH annual budget.
Review/ update NIP requirement regularly

5. Promote integration and maximize efficiency of immunization
Integrate EPI with other evidence based child survival interventions and develop integrated managerial and logistic tools;
Ensure all health facilities are providing immunization services and follow one point station service delivery approach.
Improve planning for out reach, enhance mobilization activities

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number 1) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

The ICC recommendation is to strenthen outreach and mobile activities and communicate with finance department of MOPH to release fund on time for all immunizaton activties.
ICC has approved an action plan and monitoring framework to pursue the following strategies for improving financial sustainability:

- Approved introduction of pneumococcal vaccine into national immunization program
- Endorsed cMYP for 2011-2015
- Endorsed plan of action for 2011
- Has improved advocacy and negotiation with government and donors for mobilization resources for routine immunization program
- Reviewed program progress and approved the adjusted plan of action

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
MSH,BDN,TechServe,AHDS. BRAC	

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?

EPI is a priority program for MOPH of GoA. The main objectives of the EPI program as reflected in the current cMYP are to:

1. Achieve 90% coverage nationally and over 80% coverage with all childhood vaccines in every district
2. Achieve polio eradication
1. Strengthen and sustain 95% reduction in measles mortality
2. Eliminate Maternal and Neonatal Tetanus
3. Maintain 100% safe injections
4. Maintain "no stock-out" for vaccine and immunization supplies
5. Enhance national capacity to manage EPI service delivery network
6. Strengthening linkage of immunization with other maternal and child health interventions
7. Strengthen advocacy and communication for routine immunization

8. Continue efforts for financial sustainability for immunization
9. Conduct national vaccination week focusing on advocacy, education, communication and accelerating immunization activities in low performing districts (DPT3<50%), hard-to-reach areas
10. Strengthening district micro-planning/re-scheduling
11. Further improving monitoring and supportive supervision
12. Improving quality of immunization data management
13. Strengthening vaccine & supply stock management
14. Conducting immunization coverage survey
15. Strengthening surveillance of vaccine preventable diseases (measles, MNT, Rotavirus, Pneumococcal and meningitis)
16. Apply for introduction of pneumococcal vaccine into NIP.

All the above planned activties are linked with cMYP.

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	UNICEF	
Measles	AD+Mixing Syr	UNICEF	
TT	AD	UNICEF	
DTP-containing vaccine	AD	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)

The injection policy was developped in 2005.

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

- Use safety boxes at all levels of service delivery
- Incineration of all sharp waste or burying it in places where there are no incinerators.

According to the 2007 third-party assessment of BPHS health facilities called the Balanced Score Card, 84% of health facilities implemented "proper sharps disposal

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 1,410,000
Remaining funds (carry over) from 2009	US$ 3,973,525
Balance carried over to 2011	US$ 4,043,605

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

Major activities conducted under ISS in 2010:
1. Program planning and mamangement including district micro-planning
2. Capcity building
3. Immunization service delivery
4. Routine advocay, education and communication & vaccination week
5. Program monitoring and supervision
6. Vaccine preventable diseases surveillance
7. Transportation & maintenace and overheads

6.2. Management of ISS Funds

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

If Yes, please complete Part A below.
If No, please complete Part B below.

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

The internal FMA assessment is going on and the final report will be attached.
The present situation with ISS fund usage is as indicated above. MoF Afghanistan has promised to provide accurate and documented explaination to MOPH for the diffrence of $68,163 between 2008 balance and the amount carried over to 2009 and will be submitted to GAVI Secretariat. The ISS fund will be adjusted after receiving MoF document.

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

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

The fund should be channelled to the same bank account.

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

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

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 2) (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 External audit not held).

6.4. Request for ISS reward

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

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

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

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

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			976,453	1,037,889
2	Number of **additional** infants that are reported to be vaccinated with DTP3				61,436
3	Calculating	$20	per additional child vaccinated with DTP3		1,228,720
4	**Rounded-up estimate of expected reward**				**1,229,000**

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

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

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	2,829,550	2,829,550	0	

** 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? ...)

Slight reduction in vaccine utilization was observed during 2010.

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)

Introduction of VSSM at national and regional levels

7.1.2.

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

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced	Not introduced	
Phased introduction		**Date of introduction**

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

7.2.2.

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

If your country conducted a PIE in the past two years, please attach relevant reports (Document No Not conducted)

7.2.3.

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

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

7 cases of abcess after TT vaccination, one case of death after TT vaccination and 2 cases of death after Penta vaccination reported during 2010. The investigation teams concluded that the 7 abcess cases were due to incorrect immunization practices by newly recruited vaccinators, the death of a woman was proved to be co-incidental (she had haemorrage before vaccination) and the two deaths of two twine children took place at night in a cradle due to suffocation by carbodioxide.

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

No new vaccine was introduced in 2010.

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

Is there a balance of the introduction grant that will be carried forward? No

If Yes, how much? US$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	448,000	115,400
2nd Awarded Vaccine	383,500	187,300
3rd Awarded Vaccine	585,000	188,100
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other	Government	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.	The co-finance paid on time and according to Afghanistan fiscal year.	
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	7	
2nd Awarded Vaccine		
3rd Awarded Vaccine		

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? 15.09.2007

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

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

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

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

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

No EVSM or VMA conducted since 2008 in the country.

When is the next Effective Vaccine Management (EVM) Assessment planned? 15.07.2011

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

Shifting from single dose Penta to 10-dose vial vaccine is planned effective 1st July 2011.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 2) 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

Yes, confirmed according to 7.9 calculation of requirements.

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

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

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	1,229,913	1,259,429	1,289,655	1,320,607	1,352,302		6,451,906
Number of children to be vaccinated with the third dose	Table 1	#	1,045,426	1,095,703	1,147,792	1,188,546	1,217,072		5,694,539
Immunisation coverage with the third dose	Table 1	#	85%	87%	89%	90%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	1,205,314	1,234,240	1,263,861	1,294,194	1,325,255		6,322,864
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.33	1.33	1.33		

	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		$	0.15	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.15	0.20	0.20	0.20	0.20

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

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		3,612,900	4,897,700	4,712,400	4,778,800	18,001,800
Number of AD syringes	#		3,820,400	4,160,600	3,940,500	3,996,000	15,917,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		42,425	46,200	43,750	44,375	176,750

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		9,489,000	12,035,500	10,161,500	9,414,500	41,100,500

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 endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		297,800	434,000	481,800	540,000	1,753,600
Number of AD syringes	#		315,000	368,700	402,900	451,600	1,538,200
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		3,500	4,100	4,475	5,025	17,100
Total value to be co-financed by the country	*$*		782,500	1,066,500	1,039,000	1,064,000	3,952,000

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

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			8.14%			9.28%			10.15%		
B	**Number of children to be vaccinated with the first dose**	Table 1	1,205,314	1,234,240	93,989	1,140,251	1,263,861	102,864	1,160,997	1,294,194	120,037	1,174,157	1,325,255	134,542	1,190,713
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	3,615,942	3,702,720	281,966	3,420,754	3,791,583	308,590	3,482,993	3,882,582	360,110	3,522,472	3,975,765	403,625	3,572,140
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
F	**Number of doses needed including wastage**	D x E	3,796,740	3,887,856	296,064	3,591,792	5,042,806	410,424	4,632,382	5,163,835	478,946	4,684,889	5,287,768	536,820	4,750,948
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		22,779	1,735	21,044	288,738	23,500	265,238	30,258	2,807	27,451	30,984	3,146	27,838
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		3,910,635	297,799	3,612,836	5,331,544	433,924	4,897,620	5,194,093	481,753	4,712,340	5,318,752	539,966	4,778,786
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		4,135,304	314,908	3,820,396	4,529,157	368,620	4,160,537	4,343,253	402,837	3,940,416	4,447,492	451,515	3,995,977
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		45,902	3,496	42,406	50,274	4,092	46,182	48,211	4,472	43,739	49,368	5,012	44,356
N	**Cost of vaccines**	I x g		9,659,2	735,563	8,92	12,369,	1,006,7	11,3	10,544,	977,957	9,56	9,839,6	998,937	8,840,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			69		3,706	183	04	62,479	009		6,052	92		755
O	Cost of AD syringes needed	K x ca		219,172	16,691	202,481	240,046	19,537	220,509	230,193	21,351	208,842	235,718	23,931	211,787
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		29,378	2,238	27,140	32,176	2,619	29,557	30,856	2,862	27,994	31,596	3,208	28,388
R	Freight cost for vaccines needed	N x fv		338,075	25,745	312,330	432,922	35,235	397,687	369,041	34,229	334,812	344,390	34,963	309,427
S	Freight cost for devices needed	(O+P+Q) x fd		24,855	1,893	22,962	27,223	2,216	25,007	26,105	2,422	23,683	26,732	2,714	24,018
T	Total fund needed	(N+O+P+Q+R+S)		10,270,749	782,128	9,488,621	13,101,550	1,066,309	12,035,241	11,200,204	1,038,819	10,161,385	10,478,128	1,063,751	9,414,377
U	Total country co-financing	I 3 cc		782,127			1,066,309			1,038,819			1,063,751		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.14%			9.28%			10.15%		

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)

The CSO form is available at this address: CSO 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.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

Annex 2

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

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		21	Yes
Signature of Minister of Finance (or delegated authority)		1	Yes
Signatures of members of ICC		22	Yes
Signatures of members of HSCC		18	Yes
Minutes of ICC meetings in 2010		2, 3	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4	Yes
Minutes of HSCC meetings in 2010		10	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		13, 24	Yes
Financial Statement for ISS grant in 2010		6, 20	Yes
Financial Statement for CSO Type B grant in 2010		23	Yes
Financial Statement for HSS grant in 2010		9	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)		26, 28	
New Banking Details			
new cMYP starting 2012		5	
Summary on fund utilisation of CSO Type A in 2010		25	
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

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

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

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature pages of Ministers of health and finance	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\GAVI_Final\Signatures[1].doc **Date/Time:** 30.05.2011 04:43:58 **Size:** 2 MB		
2	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of ICC meetings in 2010 * **File Desc:** Minute of ICC meeting in 2010	C:\Documents and Settings\abdulghafoora\Desktop\GAVI_Final\MinuteICCJan10_Revised.doc **Date/Time:** 30.05.2011 04:45:18 **Size:** 68 KB		
3	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** minute of ICC meeting	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\GAVI_Final\ICC Min Dec10 MASHAL.doc **Date/Time:** 30.05.2011 04:45:52 **Size:** 79 KB		
4	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** minute of ICC meeting	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\GAVI_Final\ICC_May_11.doc **Date/Time:** 30.05.2011 04:49:34 **Size:** 84 KB		
5	**File Type:** new cMYP starting 2012 **File Desc:** new cMYP 2011-2015	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\GAVI_Final\AfgcMYP11-15- updated Apr 2011)Final.zip **Date/Time:** 30.05.2011 04:51:08 **Size:** 1 MB		
6	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Audit report of ISS fund	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Audit Report.doc **Date/Time:** 30.05.2011 04:53:35 **Size:** 1 MB		
7	**File Type:** other **File Desc:** NITAG letter of recommendation	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\NITAG letter for NVI Mar 2011.pdf **Date/Time:** 30.05.2011 04:55:02 **Size:** 181 KB		
8	**File Type:** other **File Desc:** National EPI action plan for 2011	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\National EPI Plan of Actiona for year 1389.docx **Date/Time:** 31.05.2011 00:18:00 **Size:** 2 MB		
9	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** HSS financial statement	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\ANNEX 1 HSS Financial Statement 2010.xls **Date/Time:** 31.05.2011 01:18:59 **Size:** 124 KB		
10	**File Type:** Minutes of	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent		

ID	File type Description	File name Date and Time Size	New file	Actions
	HSCC meetings in 2010 * **File Desc:** Minute of HSS SC meetings	to GAVI\ANNEX 9 HSS SC meeting minutes including APR endorsement.zip **Date/Time:** 31.05.2011 01:20:20 **Size:** 1 MB		
11	**File Type:** other **File Desc:** CSO Type B Evaluation Report	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\ANNEX 10 Final Report External Evaluation CSO Support Type B.doc **Date/Time:** 31.05.2011 01:21:27 **Size:** 805 KB		
12	**File Type:** other **File Desc:** APR CSO Section	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\CSO report 2010 Afghanistan.docx **Date/Time:** 31.05.2011 01:22:49 **Size:** 349 KB		
13	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** HSS APR endorsement	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\HSS Annex 11 APR endorsement.zip **Date/Time:** 31.05.2011 01:24:25 **Size:** 2 MB		
14	**File Type:** other **File Desc:** APR HSS Section annex 2-3	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\HSS Annexes 2-3.zip **Date/Time:** 31.05.2011 01:26:14 **Size:** 1 MB		
15	**File Type:** other **File Desc:** APR HSS Section annexes 7-8	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\HSS Annexes 7-8.zip **Date/Time:** 31.05.2011 01:29:15 **Size:** 983 KB		
16	**File Type:** other **File Desc:** APR HSS Section annexes 4-6	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\HSS Annexes 4-6.zip **Date/Time:** 31.05.2011 01:27:32 **Size:** 817 KB		
17	**File Type:** other **File Desc:** APR HSS Section	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\HSS Report 2010 Afghanistan.docx **Date/Time:** 31.05.2011 01:30:37 **Size:** 217 KB		
18	**File Type:** Signatures of members of HSCC *	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Sent to WHO to be sent to GAVI\HSS report endorsement.jpg **Date/Time:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: HSCC signature	31.05.2011 01:31:46 **Size:** 923 KB		
19	**File Type:** other **File Desc:** Signatures of NITAG members	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\NITAG_Member[1].doc **Date/Time:** 31.05.2011 04:10:27 **Size:** 500 KB		
20	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Financial Statement for ISS grant in 2010	**File name:** C:\Documents and Settings\abdulghafoora\Desktop\Expeniture_for_year_1389[1].doc **Date/Time:** 31.05.2011 04:12:06 **Size:** 335 KB		
21	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** C__Documents+and+Settings_abdulghafoora_Desktop_GAVI_Final_Signatures[1].doc **Date/Time:** 05.06.2011 16:31:44 **Size:** 2 MB		
22	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** C__Documents+and+Settings_abdulghafoora_Desktop_GAVI_Final_Signatures[1].doc **Date/Time:** 05.06.2011 16:43:37 **Size:** 2 MB		
23	**File Type:** Financial Statement for CSO Type B grant in 2010 * **File Desc:** ANNEX TYPE B CSO-FINANCIAL STATEMENT	**File name:** ANNEX 8 CSO Type B FS.pdf **Date/Time:** 14.06.2011 05:59:41 **Size:** 880 KB		
24	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** NHSCC SUB GROUP CCM minutes	**File name:** NHSCC Sub CCM, minutes of meeting.pdf **Date/Time:** 14.06.2011 06:05:24 **Size:** 165 KB		
25	**File Type:** Summary on fund utilisation of CSO Type A in 2010 **File Desc:** Financial statement	**File name:** Financial Statement CSO Type A.pdf **Date/Time:** 11.07.2011 02:42:36 **Size:** 411 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
26	**File Type:** CSO Mapping Report (Type A) **File Desc:** Report is attachment number 29	**File name:** CSO Report Title.pdf **Date/Time:** 11.07.2011 02:43:38 **Size:** 2 MB		
27	**File Type:** other **File Desc:** APR CSO Type A section	**File name:** CSO type A narrative.docx **Date/Time:** 11.07.2011 02:45:07 **Size:** 25 KB		
28	**File Type:** CSO Mapping Report (Type A) **File Desc:**	**File name:** CSO Report.pdf **Date/Time:** 11.07.2011 02:46:29 **Size:** 1 MB		

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