



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Djibouti

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 01.06.2011 00:55:45

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 TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The 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	DPT-HepB-Hib, 2 doses/bottle, frozen	DPT-HepB-Hib, 2 doses/bottle, frozen	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

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 Djibouti 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 Djibouti

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	ALI YACOUB MAHAMOUD	Name	ILYAS MOUSSA DAWALEH
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
M. ABDALLAH AHMED HADE	EPI National Co-ordinator, Ministry of Health	MOBILE: (00253) 825900. OFFICE:(00253)351491	abdallahhade@yahoo.fr	
Dr MOKHTAR OMAR AHMED	Specialist in Survival and Development of Infants, UNICEF	MOBILE(00253) 817174 .OFFICE:(00253)314148	mahmedomar@unicef.org	

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
Dr saleh Banoita Tourab .Secretary General	Ministry of Health			
Dr Rida Jebeniani PI representative	WHO			
Dr Mokhtar Omar ahmed Specialist in Survival and Development of Infants.	UNICEF			
Mrs. Moumina Houmed Director of promotion of Health	Ministry of Health			
Mrs. Fatouma Mohamed Kamil Director of Health Districts.	Ministry of Health			
Dr Marcel Mbaya	HCR			
Mr Abdallah Ahmed Hadé EPI Coordinator	Ministry of Health			
Dr Jidia Stephanie Director	AMDA			
M Abdoullrahman Mohamed Aboubaker Director of Studies, planning and co-operation	Ministry of Health			
M.abdo Ali Mohamed EPI communication	. Ministry of Health			
Mme Aicha Adbara Ibrahim planning in- charge	Ministry of Health			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

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

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

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

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

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

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

Sections

Main

Cover Page
GAVI Alliance Grant Terms and Conditions

1. Application Specification

- 1.1. NVS & INS
- 1.2. Other types of support

2. Signatures

- 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
- 2.2. ICC Signatures Page
- 2.3. HSCC Signatures Page
- 2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

- 5.1. Updated baseline and annual targets
- 5.2. Immunisation achievements in 2010
- 5.3. Data assessments
- 5.4. Overall Expenditures and Financing for Immunisation
 - Table 2a:** Overall Expenditure and Financing for Immunisation
 - Table 2b:** Overall Budgeted Expenditures for Immunisation
- 5.5. Inter-Agency Coordinating Committee (ICC)
- 5.6. Priority actions in 2011 to 2012
- 5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

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

- 7.1. Receipt of new & under-used vaccines for 2010 immunization programme
 - Table 4:** Received vaccine doses
- 7.2. Introduction of a New Vaccine in 2010
- 7.3. Report on country co-financing in 2010 (if applicable)
 - Table 5:** Four questions on country co-financing in 2010
- 7.4. Vaccine Management (EVSM/VMA/EVM)
- 7.5. Change of vaccine presentation
- 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011
- 7.7. Request for continued support for vaccines for 2012 immunization programme
- 7.8. UNICEF Supply Division: weighted average prices of supply and related freight cost
 - Table 6.1:** UNICEF prices

Table 6.2: Freight costs
7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 2 doses/vial, Lyophilised
Co-financing tables for DTP-HepB-Hib, 2 doses/vial, Lyophilised

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

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

Table 7.1.4: Calculation of requirements

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. Civil Society Programme (CSO)

11. Comments

12. Annexes

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. Attachments

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	26,181	26,967	27,776	28,609	29,467	30,351
Total infants' deaths	1,754	1,808	1,861	1,917	1,975	2,034
Total surviving infants	24,427	25,159	25,915	26,692	27,492	28,317
Total pregnant women	26,181	26,967	27,776	28,609	29,467	30,351
# of infants vaccinated (to be vaccinated) with BCG	23,563	24,540	25,554	26,607	27,699	28,834
BCG coverage (%) *	90%	91%	92%	93%	94%	95%
# of infants vaccinated (to be vaccinated) with OPV3	21,496	22,392	23,324	24,290	25,568	26,902
OPV3 coverage (%) **	88%	89%	90%	91%	93%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	21,985	22,643	23,583	24,557	26,118	27,184
# of infants vaccinated (to be vaccinated) with DTP3 ***	21,496	22,392	23,324	24,290	25,568	26,902
DTP3 coverage (%) **	88%	89%	90%	91%	93%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	10%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	21,985	22,643	23,583	24,557	26,118	27,184
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	21,496	22,392	23,324	24,290	25,568	26,902
3 rd dose coverage (%) **	88%	89%	90%	91%	93%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	10%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.11	1.11	1.11	1.11	1.11	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	20,763	21,889	23,065	24,023	25,293	26,902
Measles coverage (%) **	85%	87%	89%	90%	92%	95%
Pregnant women vaccinated with TT+	18,065	19,416	20,598	21,457	23,537	25,799
TT+ coverage (%) ****	69%	72%	74%	75%	80%	85%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	20,763	22,392	23,755	24,023	25,293	26,902
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	2%	1%	1%	1%	2%	1%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

At the beginning of the second half of 2010, the National Directorate of statistics published the preliminary results of the new census of 2009; calculation of target population is also part of this data. The growth rate of the population is taken into account for every estimation from 2011. The birth rate of the population is 3.2% according to the national directorate of statistics.

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

The number of surviving infants is the same in the updated multi-year action plan 2011-2015 and in the new proposal for the GAVI support from 2011. The multi-year plan was updated in April 2011. Information on the recent demographic data and new GAVI instructions on the costing were taken into account. Most recent survey on infant mortality dates to 2006 (EDIM) with 67 for thousand live births. The surviving children are calculated based on the new census in the multi-year plan and the proposal for the new vaccine.

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

Objectives for traditional vaccines have not changed. However, the introduction of two new vaccines will give a new impetus to improve the performance of coverage for all antigens. Also, the objectives set by the vaccine till 2015 will be achieved more easily for two main reasons:
-commitment of the Ministry of Health to strengthen the prevention by immunization to efficiently contribute to the reduction of mortality of young children by 2015.

-availability and accessibility of vaccines against two major diseases (Anti-pneumococcal and Anti-rotavirus) which are the reasons of consultation, hospitalisation and deaths of children.

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

Loss rates of vaccines reported at the end of 2010 per antigen are: Pentavalent 11%, measles 25%, polio 25%. Calculation of loss rates will be rigorous in the basic health services. Training/retraining and follow-up are being carried out.

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

Review of objectives:

- achieve BCG cover from 90% to 92%, Penta3/polo3 from 88% to 90%.
- achieve measles cover from 84% to 85%.

To achieve these objectives several strategies were put in place:

- organization of regional immunization week coupled with child health days.
- strengthening of outreach in urban and peri-urban areas.
- strengthening of mobile team activities in rural areas
- maintenance and strengthening of the cold chain (three new health centers constructed and equipped with cold chain)
- organization of anti-polio immunization camps.
- use of CHO (Community Health Officers) to look for the ignorant people and to promote immunization.
- training/retraining of immunization staff on the management of vaccines and use of collection tools, monitoring of PFA, PVM (post vaccine manifestation) on the maintenance of cold chain and techniques of communication.
- awareness/information to families through the community volunteers, women counselors and I.E.C (Information-Education-Communication) health officers by organizing home visits, meetings and talks in health centers.
- regular supportive supervisions in the capital and regions.
- strengthening of Epidemiological Surveillance by timely data collection.
- use of ICC committee recommendations and lessons learnt from the 2009 annual report.

Obstacles.

- inadequacy of quality of staff at all levels.
- limited means of transportation for monitoring and supervision.
- Absence of decentralization of activities

Solutions:

- use of varied transportation means (private or public) for movement.
- contribute to the decentralization of EPI activities at peripheral and intermediary level

5.2.2.

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

Despite these efforts, all the objectives are not achieved. The main areas to be improved are:

- movements of mobile teams (maintenance, fuel, number of vehicles...) in the regions.
- inadequate human resources by number and quality.
- decentralization of follow-up supervision of activities at regional level.
- communication and social mobilization (activities in this area should be continued)

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.

There is no disparity in the provision of immunization care among populations living in the country (residents or non-residents, immigrants or refugees) and not the least between genders; parents bring their children for immunization or other health care needs when they are sick without consideration of genders. Currently, there are no daily records in these types of information but a MICS gender survey is planned.

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

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

In the field of education, the representation of girls along with boys, in recent decades has been the government's strong policy. These efforts have given conclusive results so that at present the ratio of girls attending schools is almost equal to that of boys. However, it appears that the % of girls who quit their schooling rather early is more than in boys. In this sense, there is a lot to be done to study the causes and bring out solutions.

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)*.

During 2010, the Ministry of Health had planned to organize a survey of multiple performance indicators which did not happen this year. This survey is still in the agenda of the Ministry of Health this year. It could take place this fall as the funds are already mobilized. The most recent study on the vaccine coverage dates back to 2008. In this survey results do not differ from the data generated by monthly reports. Hence, the vaccine coverage of 71% against measles furnished by EPI in 2008 is confirmed by the coverage survey of the same year with 72.9%.

* 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 Ministry of Health restructured the Medical Information System (MIS) by setting-up new schedules which puts this service under the direct responsibility of the Secretary General and the Health Minister. The data collection tools were updated by MIS and different programs of the Ministry of Health along with EPI. MIS prepares complete quarterly reports and sends to all programs and services. The timely data transmission system of medical districts is in the improvement phase.

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.

In the scope of strengthening of health system in general and medical information system in particular, Radios were installed in all the health units of the country enabling the improvement of the timely transmission of medical and epidemiological information. Development of these equipments had also intended devolution of regional activities that can rapidly respond to emergencies.

.

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 = 177	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 WORLD BANK	Donor name	Donor name	
Traditional Vaccines*	34,031			9,293					
New Vaccines	232,000		232,000						
Injection supplies with AD syringes	17,976		8,683						
Injection supply with syringes other than ADs				46,481					
Cold Chain equipment	101,277	48,310		7,800		14,336			
Personnel	183,840	176,000		124,912					
Other operational costs	246,162	88,400		266,000	25,000				
Supplemental Immunisation Activities	407,707				141,707				
Total Expenditures for Immunisation	1,222,993								
Total Government Health		312,710	240,683	454,486	166,707	14,336			

* 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

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	50,078	49,434	
New Vaccines	569,780	1,021,276	
Injection supplies with AD syringes	30,867	30,963	
Injection supply with syringes other than ADs			
Cold Chain equipment	211,189	249,755	
Personnel	266,426	329,059	
Other operational costs	406,413	320,021	
Supplemental Immunisation Activities	346,211	363,106	
Total Expenditures for Immunisation	1,880,964	2,363,614	

* 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.

The Government budget is planned annually and can be spent from January each year. Regarding the budget from partners such as UNICEF and WHO, planning is annual and bi-annual respectively. The planned activities are executed as per the initial calendar. The government budget usually covers expenses for furniture, maintenance, construction and operating costs. The actual activities of the program such as training, social mobilisation, epidemiological surveillance are executed with the help of key partner funds such as UNICEF or WHO.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 4 - 7) 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 [5 General Programme Management Component](#)

[Updated baseline and annual targets](#) to [0 In the scope of strengthening of](#) health system in general and medical information system in particular, Radios were installed in all the health units of the country enabling the improvement of the timely transmission of medical and epidemiological information. Development of these equipments had also intended devolution of regional activities that can rapidly respond to emergencies.

.

Important concerns were:

- Strengthening of vaccine cover in medical regions mainly in areas with difficult access.
- Involve majority of the civil society through non governmental organizations.
- Strengthening of communication on the importance of diseases that avoidable by vaccines.

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

If Yes, which ones?

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

List CSO member organisations:	Actions
NATIONAL UNION OF WOMEN OF DJIBOUTI (NUWD)	
ASSOCIATION BENDER DJEDID	

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?

Objectives of EPI 2011-2012 compared to cMYP 2011-2015 are :

- increase BCG cover from 90% to 92% by the end of 2012
- increase current cover of penta to 90% by the end of 2012.
- achieve the cover of 3 doses of PCV13 to 90% by end of 2012.
- increase vaccine coverage against measles to 88% before the end of 2012.
- achieve coverage of 85% in each district by 2012.
- introduce the first dose of vaccine against hepatitis B at birth and second dose of measles at 15 months.

Strategies to achieve these objectives are:

- regular implementation of micro plans in districts (all the three months).
- organization of advanced strategies in all the localities beyond 5 – 15 km
- training and re-training of health professionals consisting of doctors, nurses, mid-wives and other categories of personnel involved in the immunization services.
- supervision and follow-up of program activities and to ensure feedback.
- social mobilization and intensive communication on the promotion of immunization and new vaccines by using all means and existing communication channels.
- maintenance and equipment maintenance of cold chain
- organization of regular meetings with regional heads.

5.7. Progress of transition plan for injection safety

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

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

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

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes of 0.05 ml	UNICEF	
Measles	AD syringes of 0.5 ml	UNICEF	
TT	AD syringes of 0.5 ml	UNICEF	
DTP-containing vaccine	AD syringes of 0.5 ml	UNICEF	

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)

Since the launch of the immunization program in 2000, a policy of safety of injections exists. The AD syringes and safety boxes are made available in all the medical units of the country. The destruction system is improved since 2006 by the construction of incinerators in all the health units. The health officers benefited regularly from the training on the safety of injections and on the collection and destruction of wastes.

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

The syringes and needles are put in safety boxes which are burnt in the incinerators. Other wastes are collected in garbage bags and destroyed in the same way. In Djibouti city, a hygiene service unit is responsible for the collection and destruction of waste materials and syringes.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

7.1. Receipt of new & under-used vaccines for 2010 immunization 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	77,600	77,600	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? ...)

Vaccine doses received were consistent to the quantity approved by GAVI. Buffer stock is initially provided. Stock control (expiry dates, preservation and use) is executed regularly at the central level and in the cities. At the health unit level, this control is made during the supervisions by the central level. However each health officer in charge of the immunization should perform these activities systematically and in a routine manner.

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)

Transport is ensured with the support of UNICEF for the vaccine orders from manufacturing laboratories to the national central ware-house.. The national level management of cold chain equipments comprises of:

A negative and positive cold chamber.

About 15 refrigerators and freezers.

Supply in the regions is made every two months.

Regional cold storage equipments consist of a refrigerator and an electric freezer in regional hospitals.

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	None	
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?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No 12)

7.2.3.

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

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

During the recovery of completely vaccinated children, some local symptoms (pain, redness, fever) were reported by the parents. Generally, antipyretic care was enough to address the concerns of the parents.

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

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 [12](#).) 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 DTC-HepB-Hib, 2 doses/flacon, lyophilisé		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
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)	
1 st Awarded Vaccine DTC-HepB-Hib, 2 doses/flacon, lyophilisé		
2 nd Awarded Vaccine		
3 rd 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.

With regards to pentavalent, the co-financing begins in 2012 for Djibouti. Quote from the government will be transferred through UNICEF.

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? 26.08.2009

When was the last Vaccine Management Assessment (VMA) conducted? 20.04.2011

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.

-Increase of storage capacity of national depot by the installation of a cold chamber with positive temperature.
-Set-up of an auto-start generator for Enguela national depot and appropriate preventive maintenance of equipments.

-Systematic use of forms; purchase order and delivery forms

-Training of immunization staff on the use and maintenance of cold chain

-Training of managers on the estimation methods of requirements and strengthen the coordination with UNICEF for the follow-up of orders.

-Regular supervisory trainings, regular follow-up of vaccine monitoring.

When is the next Effective Vaccine Management (EVM) Assessment planned? 02.06.2013

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 0

Measles	Measles	10%			
---------	---------	-----	--	--	--

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 immunization programme

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

Confirm here below that your request for 2012 vaccines support is as per section 0

Measles	Measles	10%			
---------	---------	-----	--	--	--

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 antiamentaril	0	0.038	0.038	0.038	0.038	0.038
Antirrotavirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirrotavirus 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

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, 2 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	25,159	25,915	26,692	27,492	28,317		133,575
Number of children to be vaccinated with the third dose	Table 1	#	22,392	23,324	24,290	25,568	26,902		122,476
Immunisation coverage with the third dose	Table 1	#	89%	90%	91%	93%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	22,643	23,583	24,557	26,118	27,184		124,085
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		56,392					
Number of doses per vial		#	2	2	2	2	2		
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	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.23	0.26	0.30	0.35		
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	%	15.00%	15.00%	15.00%	15.00%	15.00%		
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, 2 doses/vial, Lyophilised

Co-financing group	Intermédiaire
--------------------	---------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.23	0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30	0.35

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	#		21,200	74,800	77,400	77,000	250,400
Number of AD syringes	#		15,500	74,900	77,500	77,100	245,000
Number of re-constitution syringes	#		11,800	41,600	43,000	42,800	139,200

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	#		325	1,300	1,350	1,350	4,325
Total value to be co-financed by GAVI	\$		61,500	206,500	188,000	171,000	627,000

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		1,900	7,800	11,000	14,500	35,200
Number of AD syringes	#		1,400	7,800	11,000	14,500	34,700
Number of re-constitution syringes	#		1,100	4,400	6,100	8,100	19,700
Number of safety boxes	#		50	150	200	250	650
Total value to be co-financed by the country	\$		5,500	21,500	26,500	32,000	85,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 2 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.90%			9.43%			12.37%			15.78%		
B	Number of children to be vaccinated with the first dose	Table 1	22,643	23,583	1,863	21,720	24,557	2,316	22,241	26,118	3,232	22,886	27,184	4,291	22,893
C	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	B x C	67,929	70,749	5,587	65,162	73,671	6,946	66,725	78,354	9,695	68,659	81,552	12,872	68,680
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
F	Number of doses needed including wastage	D x E	75,402	78,532	6,202	72,330	81,775	7,709	74,066	86,973	10,762	76,211	90,523	14,288	76,235
G	Vaccines buffer stock	(F – F of previous year) * 0.25		783	62	721	811	77	734	1,300	161	1,139	888	141	747
H	Stock on 1 January 2011			56,392	4,454	51,938									
I	Total vaccine doses needed	F + G - H		22,923	1,811	21,112	82,586	7,786	74,800	88,273	10,922	77,351	91,411	14,428	76,983
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		16,806	1,328	15,478	82,676	7,794	74,882	88,416	10,940	77,476	91,509	14,443	77,066
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		12,723	1,005	11,718	45,836	4,321	41,515	48,992	6,062	42,930	50,734	8,008	42,726
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		328	26	302	1,427	135	1,292	1,526	189	1,337	1,579	250	1,329
N	Cost of vaccines needed	I x g		56,620	4,472	52,148	191,600	18,063	173,537	179,195	22,172	157,023	169,111	26,691	142,420

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
O	Cost of AD syringes needed	K x ca		891	71	820	4,382	414	3,968	4,687	580	4,107	4,850	766	4,084
P	Cost of reconstitution syringes needed	L x cr		408	33	375	1,467	139	1,328	1,568	195	1,373	1,624	257	1,367
Q	Cost of safety boxes needed	M x cs		210	17	193	914	87	827	977	121	856	1,011	160	851
R	Freight cost for vaccines needed	N x fv		8,493	671	7,822	28,740	2,710	26,030	26,880	3,326	23,554	25,367	4,004	21,363
S	Freight cost for devices needed	(O+P+Q) x fd		151	12	139	677	64	613	724	90	634	749	119	630
T	Total fund needed	(N+O+P+Q+R+S)		66,773	5,273	61,500	227,780	21,473	206,307	214,031	26,482	187,549	202,712	31,994	170,718
U	Total country co-financing	I 3 cc		5,273			21,473			26,482			31,994		
V	Country co-financing % of GAVI supported proportion	U / T		7.90%			9.43%			12.37%			15.78%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

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)		1	Oui
Signature of Minister of Finance (or delegated authority)		2	Oui
Signatures of members of ICC		3	Oui
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4, 5, 6, 7	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		8, 13	Oui
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		9	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		10, 11	
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	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: G:\APR -SNV 2011\doc . joindre\APR2010\2011-05-31 signature Ministre APR\signature APR 001.jpg Date/Time: 31.05.2011 09:17:39 Size: 997 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc:	File name: G:\APR -SNV 2011\doc . joindre\APR2010\2011-05-31 signature Ministre APR\signature APR 001.jpg Date/Time: 31.05.2011 09:17:39 Size: 997 KB		
3	File Type: Signatures of members of ICC * File Desc: Members of ICC	File name: G:\APR -SNV 2011\doc . joindre\APR2010\2011-05-31 signatures NSV\signatures APR 001.jpg Date/Time: 31.05.2011 09:17:39 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		1 MB		
4	File Type: Minutes of ICC meetings in 2010 * File Desc: 2011 Evaluation result	File name: G:\APR -SNV 2011\doc . joindre\APR2010\CR 2010\PV reunion ICC VF.doc Date/Time: 31.05.2011 09:24:10 Size: 36 KB		
5	File Type: Minutes of ICC meetings in 2010 * File Desc: ICC Meeting 2010	File name: G:\APR -SNV 2011\doc . joindre\APR2010\CR 2010\Comité de Coordination Inter Agence.docx Date/Time: 31.05.2011 09:26:27 Size: 20 KB		
6	File Type: Minutes of ICC meetings in 2010 * File Desc: ICC Meeting 2010	File name: G:\APR -SNV 2011\doc . joindre\APR2010\CR 2010\COMPTE RENDU DE LA REUNION DU COMITE DE COORDINATION L.docx Date/Time: 31.05.2011 09:27:31 Size: 18 KB		
7	File Type: Minutes of ICC meetings in 2010 * File Desc: ICC Meeting 2010	File name: G:\APR -SNV 2011\doc . joindre\APR2010\CR 2010\COMPTE RENDU DE LA REUNION DU COMITE DE COORDINATION L.doc Date/Time: 31.05.2011 09:28:06 Size: 39 KB		
8	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: Meeting of the Inter-Agency Coordination Committee 10 May 2011	File name: G:\APR -SNV 2011\doc . joindre\APR2010\Comité de Coordination Inter Agence avalisant.docx Date/Time: 31.05.2011 09:29:50 Size: 23 KB		
9	File Type: EVSM/VMA/EVM report File Desc: Evaluation Report May 2011	File name: G:\APR -SNV 2011\doc . joindre\APR2010\Rapport GEV Djibouti-Version finale.doc Date/Time: 31.05.2011 09:32:09 Size: 1 MB		
10	File Type: new cMYP starting 2012 File Desc: Comprehensive Multi-Year Plan 2011-2015	File name: G:\APR -SNV 2011\doc . joindre\APR2010\cMYP\300511 Djibouti CMYP.doc Date/Time: 31.05.2011 09:35:55 Size: 1 MB		
11	File Type: new cMYP starting 2012 File Desc: cMYP 2011-2015 COSTING	File name: G:\APR -SNV 2011\doc . joindre\APR2010\cMYP\280511DjibCMYPcosting Amman.xlsx Date/Time: 31.05.2011 09:37:53 Size: 1 MB		
12	File Type: other File Desc:	File name: G:\APR -SNV 2011\doc . joindre\attachments 2011_05_29.zip Date/Time:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	Post-introduction Evaluation Report 2009	31.05.2011 12:17:57 Size: 275 KB		
13	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: ICC signature page	File name: Djibouti -signatures APR 001.jpg Date/Time: 24.06.2011 03:12:37 Size: 1 MB		

~ End ~