



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Guinea

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 11.06.2011 13:24:27

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	DTC-HepB-Hib, 1 dose/flacon, liquide	DPT-HepB-Hib, 1 doses/vial, freeze-dried	2011
SVN	Antiamaril, 5 doses/flacon, lyophilisé	Anti-amaril, 5 doses/vial, freeze-dried	2015

Programme extension

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

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DPT-HepB-Hib, 1 dose/vial, Liquid	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011
ISS	2011

2. Signatures

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

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

By signing this page, the Government of Guinea 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 Guinea

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 YANSANE Mohamed Lamine, Chief of Staff	Name	Mr BALDE Mohamed Yaya, Chief of Staff
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 SOUMAH Camille Tafsir	EPI Coordinator	+224 64 38 18 33	Camille_Tafsir@Yahoo.fr	
Dr DIALLO Rouguiatou	Focal point for EPI WHO	+224 62 93 13 20	diallor@gn.afro.who.int	
Dr. Ahmed Tidiane DIALLO	Focal point for EPI/UNICEF	+224 60 29 51 01	atidiallo@unicef.org	
Mr. Mamadou Oularé	EPI Accountant	+224 64 60 20 15		

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. Dr. BALLO Younoussa, Secretary General	Ministry of Health			
Dr. YANSANE Mohamed Lamine, Chief of Staff	Ministry of Health			
Dr. ONIVOGUI Goma; DN Public Health	Ministry of Health			
Dr. SOUMAH Camille Tafsir, EPI Coordinator	Ministry of Health			
Dr. SOMPARE Djénou, EPI Immunization Section Head	Ministry of Health			
Dr. YOMBOUNO Samah, vaccine logistician	Ministry of Health			
Mr. BAH Oury	Ministry of Higher Education			
Mr. DIALLO Elhadj Mamadou Aliou	Ministry of Finance			
Mr. LENO Marcel	Minister responsible for Co-operation			
Mr. CAMARA Kanfory	Ministry of Agriculture			
Mr. CAMARA Foudé Lounceny	Ministry of Environment			
Dr. SYLLA Abdoulaye	Ministry of Fisheries			
Mr. LELANO Etienne Sewa	Ministry of Territorial Administration and Decentralization			
Mrs. KOLIE Bernadette	Ministry of Youth Affaires			

Name/Title	Agency/Organisation	Signature	Date	Action
Mrs. NABE Binta	Ministry of Social Affairs, Promotion of Women and Children			
Dr. René Zitsamelé-Coddy	WHO Representative in Guinea			
Mr. JULIEN HARNEIS	UNICEF Representative in Guinea			
	USAID			
Mr. DIAKITE Moussa Kémoko	Rotary Club International			
Dr. SYLLA Mohamed Salif	ADMIH (Association for the Development of Maternal and Infant Health)			
Dr. SALL Boubacar	Director of strategies and development bureau at MSHP			

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 Guinea'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)

- 6.1. Report on the use of ISS funds in 2010
- 6.2. Management of ISS Funds
- 6.3. Detailed expenditure of ISS funds during the 2010 calendar year
- 6.4. Request for ISS reward
 - Table 3:** Calculation of expected ISS reward

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

- 7.1. Receipt of new & under-used vaccines for 2010 vaccination 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 vaccination 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, 1 dose/vial, Liquid

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

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

Table 7.2.1: Specifications for Yellow Fever, 5 doses/vial, Lyophilised

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

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

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

Table 7.2.4: 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	431,196	439,029	452,639	466,671	481,138	496,053
Total infants' deaths	39,238	43,903	45,264	46,667	48,114	49,605
Total surviving infants	391,958	395,126	407,375	420,004	433,024	446,448
Total pregnant women	485,086	493,908	509,219	525,005	541,280	558,060
# of infants vaccinated (to be vaccinated) with BCG	413,719	417,078	430,007	443,341	457,081	471,250
BCG coverage (%) *	96%	95%	95%	95%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	353,550	363,516	387,700	399,004	411,337	424,126
OPV3 coverage (%) **	90%	92%	95%	95%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	388,159	395,126	407,375	420,004	433,024	446,448
# of infants vaccinated (to be vaccinated) with DTP3 ***	353,845	363,516	387,700	399,004	411,337	424,126
DTP3 coverage (%) **	90%	92%	95%	95%	95%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	388,159	395,126	407,375	420,004	433,024	446,448
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	353,845	363,516	387,700	399,004	411,337	424,126
3 rd dose coverage (%) **	90%	92%	95%	95%	95%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	357,589	371,148	387,700	399,004	411,373	424,712
Yellow Fever coverage (%) **	91%	94%	95%	95%	95%	95%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	369,169	371,148	387,700	399,004	411,373	424,712
Measles coverage (%) **	94%	94%	95%	95%	95%	95%
Pregnant women vaccinated with TT+	343,954	395,126	432,896	462,004	487,152	502,254
TT+ coverage (%) ****	71%	80%	85%	88%	90%	90%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months	1,795,207					
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	9%	8%	5%	5%	5%	5%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for 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 changes when compared to the 2009 report. The growth rate is 3.1% when compared to 2.8% for the previous years.

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

No change when compared to 2009 with an infant mortality rate of 91 per 1000.

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

No changes

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

No changes

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

During the year 2010 the main activities developed are:

- Provision of health districts with vaccines and adapted management tools;
- Strengthening of logistics (bikes, cold chain, vehicles for supervision)
- Implementation of Reach Every District (RED) and integrated immunization campaigns against yellow fever and poliomyelitis;
- Supervision of immunization activities in health units;
- Monitoring of Activities
- Improvement of data quality by the use of SMT and DVD-MT tools in the districts.

5.2.2.

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

Apart from TT+, all the immunization covers were below the target fixed for 2010. The reasons are:

- Shortage caused by the use of vaccines for other targets (school-based vaccination).

To face this, the coordination has solicited support for the education sector program for purchasing ATV vaccine.

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.

NA

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.

Right to access to health care guaranteed by the constitution.

5.2.4.

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

Right to access to health care is guaranteed by the constitution. Social Mobilization for handling rumors through public and private radio, rural and community radios was implemented..

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 the year 2010, there has been no survey on immunization cover. The data are those produced in the routine information system.

* 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.

NA

5.3.3.

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

- Revision of data collection tools
- Training of officers on collection and strengthening the use of SMT and DVD-MT
- Computerization of information system
- Availability of fleets of telephones and internet keys at the regional level, EPI and Division for Prevention and Fight Against the Diseases.
- Quarterly review of immunization data and epidemiological surveillance
- Monthly data consolidation meetings between different agencies (EPI, Prevention Division, National Directorate of Public Health, WHO, UNICEF).

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.

- Generalize the use of DQS in health districts ;
- Continue the computerization of routine information system at health districts level;
- Updating of population data based on the results of the population census and housing under construction by the Ministry of Planning and Cooperation.
- Data consolidation of population at all levels of the health system.

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 = 6900	Enter the rate only; no local currency name
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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 ROTARY	Donor name HKI	Donor name JICA	
Traditional Vaccines*	994,633	0	0		0	0	0		
New Vaccines	3,870,183	0	3,870,183						
Injection supplies with AD syringes	77,317		77,317						
Injection supply with syringes other than ADs									
Cold Chain equipment	579,746	537,717		72,307		42,029			
Personnel	1,132,814	739,281		78,923	289,226				
Other operational costs	522,139	232,571	40,645	4,298,612	170,000				
Supplemental Immunisation Activities	7,438,356				3,107,743	20,435	32,000		
Total Expenditures for Immunisation	14,615,188								
Total Government Health		1,509,569	3,988,145	4,449,842	3,566,969	62,464	32,000		

* 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*	970,739	1,055,675	
New Vaccines	8,122,702	7,488,144	
Injection supplies with AD syringes	549,426	616,940	
Injection supply with syringes other than ADs			
Cold Chain equipment	945,724	382,035	
Personnel	1,290,649	1,398,051	
Other operational costs	1,230,793	546,522	
Supplemental Immunisation Activities	2,925,298	2,155,273	
Total Expenditures for Immunisation	16,035,331	13,642,640	

* 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.

Amongst others, the reasons for deficits stated are:

- Political and social crisis
- Low financial capability of the State to adhere to its clauses with its partners for the acquisition of vaccines;
- Contra performance of the health system
- Suspension of help from most of the bi and multi lateral partners.

To address these constraints, the coordination deployed efforts for additional mobilization of resources from partners by:

- Establishment of financial agreement with partners (IIV, co-financing);
- Execution of integrated interventions;
- Launch of primary health care: contribution of rural development committees (RDC) up to 15% of their budget, availability of medicines, management tools, training of staff and set-up of Health Committees.

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](#)

In 2010, the ICC meetings were mainly concerned about:

- Solving routine EPI problems on financial and operational plans (appeal for help to partners for the purchase of vaccines and other operational costs, implementation of RED);
- Funding for organizing integrated immunization campaigns: acceleration of routine EPI ;
- Adoption of PAO of EPI 2010;
- Adoption of plans on immunization campaigns against poliomyelitis and yellow fever;
- Discussion and adoption of APR 2009
- Discussion on co-financing/GAVI;
- Revision of cmyr (updating of baseline data and objectives);

In 2010, the difficulties faced, amongst others, are:

- Non-payment of pro-rata share of Guinea putting it at fault for the co-financing in 200
- The Socio-political context that prevented the implementation of timely activities.

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
Association for the Development of Maternal and Infant Health (ADMIH)	
Guinean Association for Family Welfare (GAFW)	

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?

For the period 2011-2012 and confirming to cMYP, the objectives of EPI are to achieve and maintain immunization covers at 90% at the national level and at least at 80% in all the health districts for all the antigens (GIVS). The priority activities are:

- Introduction of vaccines against Rota-virus and pneumococcal;
- Improvement of data quality by extension of DVD_MT and DQS tools;
- Strengthening of logistics at different levels of the health pyramid (CC, supervision vehicles, bikes for advanced strategies);
- Continuation of RED approach;
- Continuation of implementation of the communication plan;
- External review of EPI;
- Revision of cmyr;
- Evaluation of cold chain and vaccines;
- Training of service providers on EPI;
- Strengthening of surveillance activities of diseases that can be avoided by immunization.

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 0.05 ml	Budget from State and JICA	
Measles	AD syringes 0.5ml	Budget from State and JICA	
TT	AD syringes 0.5ml	Budget from State and JICA	
DTP-containing vaccine	AD syringes 0.5ml	Budget from State and GAVI	
Vaccine against YF	AD syringes 0.5ml	Budget from State and 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)

In 2010 the country did not record problems with regards to safety of injections.

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

Collection of syringe needle wastes from public and private clinics (medical centers, health centers and hospitals). The collected wastes are then transported to incinerators and disposed under supervision by systematic incineration.

Existence of a plan for the rehabilitation and construction of incinerators which is being implemented;

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 201,584
Balance carried over to 2011	US\$ 105,430

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

Main activities executed with ISS funds in 2010 are:

- Transport and installation of 20 solar refrigerators in health centers purchased with the help of GAVI funds
- Transit of immunization consumables (ADS, safety collectors) at the central level;
- License for the internet connection
- ICC meetings ;
- Supervision of vaccine and cold chain management activities

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

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

NA

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

GAVI funds are domiciled in a local commercial bank and are within the budget of the Ministry of Health in the form of a grant under the heading FINEX (External Funding). Management of ISS funds is secured by ICC to which the President (Secretary General of the Ministry of Health) and the Vice President Representative of WHO) are signatories of checks. At the beginning of each year the national Coordination of EPI develops an operational action plan which is validated in the ordinary session of ICC.

Implementation of PAO is subject to preparation of applications (technical file) which are then submitted to ICC for their complete adoption after amendments. After this step, the funds are disbursed for the implementation of PAO activities

At ICC a technical commission responsible for the preparation of PAO and annual budget of the Program exists comprising of the EPI team, EPI focal points from WHO, UNICEF and officials of the ministry of finance.

A committee for the receipt of material purchased for EPI with GAVI funds is set-up by the Ministry of Health to serve as an interface between ICC and EPI (the presidency of this committee is provided by WHO and UNICEF is one of the members). To this effect, the management tools are developed for a better follow-up.

In the implementation of « Reach Every District » approach, the ICC promoted the immunization activities by advanced strategy and trained supervision. It ensures efficient allocation of resources and the integration of all the resources made available to EPI for this strategy by the partners especially UNICEF, WHO and APNDS project of the World Bank. Funds necessary to this approach for the districts are sent by bank transfer. In terms of implementation of activities, supporting documents are sent to the Coordination committee for validation and preparation of financial statements.

ICC also ensures the implementation of national policy on safety of injections. An internal audit is planned each year to ensure the coherence and reliability of expenses. An annual status report is sent to the secretariat of GAVI before 15th May of the following year after adoption of ICC. This report is signed by the Ministers of Health and Finances or their representatives.

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 3) (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 program during your government's most recent fiscal year, this must also be attached (Document Number Available for 30/06/11).

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/tscoveredtp3.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			339,664	353,845
2	Number of additional infants that are reported to be vaccinated with DTP3				14,181
3	Calculating	\$20	per additional child vaccinated with DTP3		283,620
4	Rounded-up estimate of expected reward				284,000

* 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	1,169,300	1,176,692	0	
Yellow Fever	415,100	401,400	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? ...)

Delay in vaccine shipments in 2009 due to the fund share of Guinea.

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)

Updating the forecasting based on the physical inventory of the vaccine and the regular monitoring of supplies with Copenhagen.

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? NA

Please describe the reason and impact of stock-out

NA

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	No	
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? NA

If your country conducted a PIE in the past two years, please attach relevant reports (Document No 2)

7.2.3.

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

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

NA

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

\$US	0
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

NA

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

NA

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

If Yes, how much? US\$ 0

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

NA

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 NA). (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 DTC-HepB-Hib, 1 dose/flacon, liquide	186,000	60,200
2nd Awarded Vaccine Antiamaril, 5 doses/flacon, lyophilisé	108,000	134,300
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	0	
Other	0	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. Social and political crisis;		
2. Low financial capabilities of the State.		
3. Contra-performance of the health system related to cost recovery system;		
4. Suspension of help from most of the bi and multi lateral partners.		
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 DPT-HepB-Hib, 1 doses/vial, freeze-dried	3	

2 nd Awarded Vaccine Anti-amaril, 5 doses/vial, freeze-dried	3
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.

A summary on Guinea's default in co-financing :

- Opening of a special line in BND for the payment of co-financing amounts
- Application to the World Bank following the resumption of the project to support national health development plan.
- Better follow-up of execution of the special line in BND.

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? **01.06.2006**

When was the last Vaccine Management Assessment (VMA) conducted? **01.06.2006**

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

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.

An evaluation of vaccine and cold chain management is in process since 7 March 2011.

When is the next Effective Vaccine Management (EVM) Assessment planned? **07.03.2011**

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

Pentavalent, 10 doses/Vial, liquid

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 3) 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 Pentavalent vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of Pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of Pentavalent vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 4).

The country ICC has endorsed this request for extended support of Pentavalent vaccine at the ICC meeting whose minutes are attached to this APR (Document No 5).

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

NA

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamaril	0	0.038	0.038	0.038	0.038	0.038
Antirovirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirovirus 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, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	395,126	407,375	420,004	433,024	446,448		2,101,977
Number of children to be vaccinated with the third dose	Table 1	#	363,516	387,700	399,004	411,337	424,126		1,985,683
Immunisation coverage with the third dose	Table 1	#	92%	95%	95%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	395,126	407,375	420,004	433,024	446,448		2,101,977
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.15	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, 1 dose/vial, Liquid

Co-financing group	Faible revenu
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	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	#		1,194,500	1,225,100	1,247,700	1,274,200	4,941,500
Number of AD syringes	#		1,263,200	1,295,600	1,319,500	1,347,500	5,225,800
Number of re-constitution syringes	#		0	0	0	0	0

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of safety boxes	#		14,025	14,400	14,650	14,975	58,050
Total value to be co-financed by GAVI	\$		3,137,500	3,027,500	2,709,000	2,529,000	11,403,000

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	#		98,500	107,900	126,700	142,800	475,900
Number of AD syringes	#		104,200	114,100	133,900	151,000	503,200
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,175	1,275	1,500	1,700	5,650
Total value to be co-financed by the country	\$		259,000	267,000	275,000	283,500	1,084,500

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

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.62%			8.09%			9.21%			10.08%		
B	Number of children to be vaccinated with the first dose	Table 1	395,126	407,375	31,022	376,353	420,004	33,994	386,010	433,024	39,893	393,131	446,448	44,990	401,458
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	1,185,378	1,222,125	93,066	1,129,059	1,260,012	101,980	1,158,032	1,299,072	119,677	1,179,395	1,339,344	134,969	1,204,375
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	1,244,647	1,283,232	97,720	1,185,512	1,323,013	107,079	1,215,934	1,364,026	125,661	1,238,365	1,406,312	141,718	1,264,594
G	Vaccines buffer stock	(F – F of previous year) * 0.25		9,647	735	8,912	9,946	805	9,141	10,254	945	9,309	10,572	1,066	9,506
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,292,879	98,454	1,194,425	1,332,959	107,884	1,225,075	1,374,280	126,606	1,247,674	1,416,884	142,783	1,274,101
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		1,367,267	104,119	1,263,148	1,409,654	114,091	1,295,563	1,453,352	133,890	1,319,462	1,498,407	150,999	1,347,408
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		15,177	1,156	14,021	15,648	1,267	14,381	16,133	1,487	14,646	16,633	1,677	14,956

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
N	Cost of vaccines needed	$I \times g$		3,193,412	243,181	2,950,231	3,092,465	250,289	2,842,176	2,789,789	257,009	2,532,780	2,621,236	264,149	2,357,087
O	Cost of AD syringes needed	$K \times ca$		72,466	5,519	66,947	74,712	6,047	68,665	77,028	7,097	69,931	79,416	8,003	71,413
P	Cost of reconstitution syringes needed	$L \times cr$		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times cs$		9,714	740	8,974	10,015	811	9,204	10,326	952	9,374	10,646	1,073	9,573
R	Freight cost for vaccines needed	$N \times fv$		111,770	8,512	103,258	108,237	8,761	99,476	97,643	8,996	88,647	91,744	9,246	82,498
S	Freight cost for devices needed	$(O+P+Q) \times fd$		8,218	626	7,592	8,473	686	7,787	8,736	805	7,931	9,007	908	8,099
T	Total fund needed	$(N+O+P+Q+R+S)$		3,395,580	258,576	3,137,004	3,293,902	266,592	3,027,310	2,983,522	274,856	2,708,666	2,812,049	283,377	2,528,672
U	Total country co-financing	$I \div 3$		258,576			266,592			274,856			283,377		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Yellow Fever, 5 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	395,126	407,375	420,004	433,024	446,448		2,101,977
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	94%	95%	95%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	371,148	387,700	399,004	411,373	424,712		1,993,937
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	5	5	5	5	5		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Faible revenu
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	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		331,000	339,400	350,100	361,600	1,382,100
Number of AD syringes	#		350,100	359,000	370,300	382,400	1,461,800
Number of re-constitution syringes	#		73,500	75,400	77,800	80,300	307,000
Number of safety boxes	#		4,725	4,825	4,975	5,150	19,675
Total value to be co-financed by GAVI	\$		338,500	347,500	358,000	370,000	1,414,000

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

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		80,500	82,600	85,200	88,000	336,300
Number of AD syringes	#		85,200	87,300	90,100	93,000	355,600
Number of re-constitution syringes	#		17,900	18,400	18,900	19,600	74,800
Number of safety boxes	#		1,150	1,175	1,225	1,250	4,800
Total value to be co-financed by the country	\$		82,500	84,500	87,500	90,000	344,500

Table 7.2.4: Calculation of requirements for Yellow Fever, 5 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			19.56%			19.56%			19.56%			19.56%		

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
B	Number of children to be vaccinated with the first dose	Table 1	371,148	387,700	75,830	311,870	399,004	78,042	320,962	411,373	80,462	330,911	424,712	83,071	341,641
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	371,148	387,700	75,830	311,870	399,004	78,042	320,962	411,373	80,462	330,911	424,712	83,071	341,641
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	389,706	407,085	79,622	327,463	418,955	81,945	337,010	431,942	84,485	347,457	445,948	87,224	358,724
G	Vaccines buffer stock	(F – F of previous year) * 0.25		4,345	850	3,495	2,968	581	2,387	3,247	636	2,611	3,502	685	2,817
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		411,430	80,472	330,958	421,923	82,525	339,398	435,189	85,120	350,069	449,450	87,909	361,541
J	Number of doses per vial	Vaccine parameter		5	5	5	5	5	5	5	5	5	5	5	5
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		435,170	85,115	350,055	446,189	87,271	358,918	460,229	90,017	370,212	475,318	92,969	382,349
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		91,338	17,865	73,473	93,667	18,321	75,346	96,612	18,897	77,715	99,778	19,516	80,262

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$		5,845	1,144	4,701	5,993	1,173	4,820	6,181	1,209	4,972	6,384	1,249	5,135
N	Cost of vaccines needed	$I \times g$		352,185	68,884	283,301	361,167	70,642	290,525	372,522	72,863	299,659	384,730	75,250	309,480
O	Cost of AD syringes needed	$K \times ca$		23,065	4,512	18,553	23,649	4,626	19,023	24,393	4,772	19,621	25,192	4,928	20,264
P	Cost of reconstitution syringes needed	$L \times cr$		3,471	679	2,792	3,560	697	2,863	3,672	719	2,953	3,792	742	3,050
Q	Cost of safety boxes needed	$M \times cs$		3,741	732	3,009	3,836	751	3,085	3,956	774	3,182	4,086	800	3,286
R	Freight cost for vaccines needed	$N \times fv$		35,219	6,889	28,330	36,117	7,065	29,052	37,253	7,287	29,966	38,473	7,525	30,948
S	Freight cost for devices needed	$(O+P+Q) \times fd$		3,028	593	2,435	3,105	608	2,497	3,203	627	2,576	3,307	647	2,660
T	Total fund needed	$(N+O+P+Q+R+S)$		420,709	82,286	338,423	431,434	84,385	347,049	444,999	87,038	357,961	459,580	89,890	369,690
U	Total country co-financing	$I \text{ } 3 \text{ } cc$		82,286			84,385			87,038			89,890		
V	Country co-financing % of GAVI supported proportion	U / T		19.56%			19.56%			19.56%			19.56%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

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

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

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

Performances of EPI are in progress since 2005 due to the implementation of the Reach Every District approach for each child in all health districts of the country. Immunization cover of Penta3 is 90% in 2010. Gradual introduction of new vaccines and development of a new cMYP constitutes a major part for the reduction of infant mortality rate.

The policy of replacement of petrol refrigerators by solar ones supported by ICC has now become a reality.

Implementation of IIV enabled the improvement of the availability of vaccines by the securitization of funds in the national budget. However, the country has failed in co-financing, which is imperative to solve as it compromises the GAVI support for the years to come.

ICC recommends EPI to pursue this path and improve the quality of data through joint supervision with the partners at district level.

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.

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)		15	Oui
Signature of Minister of Finance (or delegated authority)		5	Oui
Signatures of members of ICC		1, 2, 18, 19	Oui
Signatures of members of HSCC		Missing	Oui
Minutes of ICC meetings in 2010		8, 9	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		3, 7, 10, 11	Oui
Minutes of HSCC meetings in 2010		Missing	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		Missing	Oui
Financial Statement for ISS grant in 2010		4, 12, 13, 14	
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		Missing	Oui
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		16, 20, 21	
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: <u>Signatures of members of ICC *</u> File Desc: <u>Signatures of members of ICC</u>	File name: F:\Document 06.jpg Date/Time: 14.05.2011 15:42:21 Size: 169 KB		
2	File Type: <u>Signatures of members of ICC *</u> File Desc: <u>Signatures of members of ICC 2</u>	File name: F:\Document 07.jpg Date/Time: 14.05.2011 15:47:43 Size: 111 KB		
3	File Type: <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> File Desc: <u>Minutes of ICC meeting in 2011 endorsing APR 2010</u>	File name: C:\Users\delld\Desktop\PV réunions CCIA\cci (1).jpg Date/Time: 14.05.2011 16:45:15 Size: 72 KB		
4	File Type: <u>Financial Statement for ISS grant in</u>	File name: C:\Users\delld\Desktop\Etat financier fonds GAVI		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	2010 * File Desc: Financial Statement for 2010	2010\cci003.jpg Date/Time: 14.05.2011 16:45:15 Size: 61 KB		
5	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Signature of Minister of Finance	File name: F:\Document 05.jpg Date/Time: 15.05.2011 06:50:15 Size: 127 KB		
6	File Type: other File Desc: APR HSS Section	File name: C:\Users\dell\Desktop\Documents NA RSS GAVI GUINEE.docx Date/Time: 15.05.2011 07:10:51 Size: 9 KB		
7	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: Signature of CCSS members (HSS) NA	File name: C:\Users\dell\Desktop\PV réunions CCIA\CCSS.jpg Date/Time: 15.05.2011 07:52:22 Size: 72 KB		
8	File Type: Minutes of ICC meetings in 2010 * File Desc: Guinea(HSS) NA	File name: C:\Users\dell\Desktop\PV réunions CCIA\CCSS 2010.jpg Date/Time: 15.05.2011 07:55:24 Size: 137 KB		
9	File Type: Minutes of ICC meetings in 2010 * File Desc: Minutes of CCSS meeting in 2011 endorsing APR 2010 (HSS) NA	File name: C:\Users\dell\Desktop\PV réunions CCIA\CCSS 2011.jpg Date/Time: 15.05.2011 07:57:15 Size: 64 KB		
10	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: Financial status for HSS in 2010 (HSS) NA	File name: C:\Users\dell\Desktop\PV réunions CCIA\RSS 2010.jpg Date/Time: 15.05.2011 07:59:11 Size: 72 KB		
11	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: ICC Report endorsing the Annual Progress Report 2010.	File name: C:\Documents and Settings\latidiallo\Desktop\GAVI\PV réunion du CCIA du 10 mai 2011\bisvfu300511.doc Date/Time: 30.05.2011 08:22:48 Size: 1 MB		
12	File Type: Financial Statement for ISS grant in 2010 * File Desc: Financial Statement of EPI Guinea from 2002 to 2010	File name: E:\Etats financiers et recapitulatif fonds GAVI reçu\Etat financier GAVI de 2002 à 2010.xls Date/Time: 30.05.2011 08:27:42 Size: 155 KB		
13	File Type: Financial Statement for ISS grant in 2010 *	File name: E:\Etats financiers et recapitulatif fonds GAVI reçu\Recapitulatif fonds GAVI de 2002 à 2010.xls		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	File Desc: Summary of funds received from GAVI	Date/Time: 30.05.2011 08:35:21 Size: 28 KB		
14	File Type: Financial Statement for ISS grant in 2010 * File Desc: Financial Statement 2010	File name: F:\Etat financier 2010.xls Date/Time: 11.06.2011 13:13:27 Size: 23 KB		
15	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: F_Document+05.jpg Date/Time: 14.06.2011 18:40:08 Size: 127 KB		
16	File Type: new cMYP starting 2012 File Desc: Guinea's cMYP 2011-2015	File name: Guinee - PPAC 2011-2015.doc Date/Time: 28.06.2011 09:41:49 Size: 1 MB		
17	File Type: other File Desc: Clarifications on the 2010 APR	File name: Re clarification on Rapport de Situation Annuel Guinie.pdf Date/Time: 28.06.2011 12:35:49 Size: 32 KB		
18	File Type: Signatures of members of ICC * File Desc: Signature of 10 May 2011 - page 1	File name: doc0057.JPG Date/Time: 29.06.2011 04:50:32 Size: 189 KB		
19	File Type: Signatures of members of ICC * File Desc: Signatures of 10 May 2011 - page 2	File name: doc0058.JPG Date/Time: 29.06.2011 04:51:43 Size: 123 KB		
20	File Type: new cMYP starting 2012 File Desc:	File name: cMYP 2011 - 2015 Guinée.doc Date/Time: 29.06.2011 06:32:19 Size: 1 MB		
21	File Type: new cMYP starting 2012 File Desc: Endorsing letter	File name: cMYP 2011 - 2015 endorsement Guinée.doc.pdf Date/Time: 29.06.2011 06:34:20 Size: 593 KB		