Annual Progress Report 2009

Submitted by

The Government of

INDIA

Reporting on year: **2009**

Requesting for support year:

Date of submission: **12th August 2010**

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

By filling this APR the country will inform GAVI about :

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

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country*]……..……

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

Minister of Health (or delegated authority):

Title: ……

Signature: ……

Date: ……

Minister of Finance (or delegated authority):

Title: ……

Signature: ……

Date: ……

This report has been compiled by:

Full name	Full name .....
Position.....	Position.....
Telephone.....	Telephone.....
E-mail.....	E-mail.....
Full name	Full name .....
Position.....	Position.....
Telephone.....	Telephone.....
E-mail.....	E-mail.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
Ms. K. Sujatha Rao, Secretary (Health)	Government of India		
Mr.Billy Stewart, Senior Health Advisor	DFID		
Dr. Pritu Dhalaria, Director Immunization	PATH		
Dr. Henri van der Homebergh, Chief of Health,	UNICEF		
Ms. Kerry Pelzman, Director PHN	USAID		
Dr. Sangay Thinley, Ag. WHO Representative	WHO		
Dr. V.Rajan, Lead Health Specialist	World Bank		
Dr. Srinath Reddy, President	PHFI		

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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HSCC Signatures Page

If the country is reporting on HSS **– India has not received HSS support, hence not reporting on the same and hence this page not applicable.**

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), …… *[insert name]* 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.

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.

Name/Title	Agency/Organisation	Signature	Date

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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Signatures Page for GAVI Alliance CSO Support (Type A & B) - India has not received CSO support and hence not applicable.

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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).

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
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1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space 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**:*
The numbers provided in APR refer only to the 10 states implementing hep B vaccine and not for the entire country. They are consistent with the numbers submitted in the previous APR.

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

Same as above.

*Provide justification for any changes **in Targets by vaccine**:*

*Provide justification for any changes **in Wastage by vaccine**:*

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

Achievement of Hep B Immunization in 2009 in the 10 states is as below:

Hep B Coverage for 10 States Jan-Dec 2009

Sl. No.	State	Target Infants 2009	Hep B – Birth		Hep B - 1		Hep B - 2		Hep B – 3	
			Number	%	Number	%	Number	%	Number	%
1	ANDHRA PRADESH	1485030	494232	33	1532434	103	1516099	102	1514282	102
2	HIMACHAL PRADESH	101288	0	0	123619	122	122591	121	126789	125
3	JAMMU & KASHMIR	338896	10606	3	234151	69	221525	65	220801	65
4	KARNATAKA	1072230	0	0	841953	79	811023	76	827859	77
5	KERALA	120332	0	0	130289	108	107164	89	110687	92
6	MADHYA PRADESH	2063730	1154137	56	1446975	70	1349744	65	1285929	62
7	MAHARASHTRA	1892442	32641	2	1687120	89	1483197	78	1535102	81
8	PUNJAB	463879	0	0	444917	96	424473	92	423562	91
9	TAMIL NADU	1108184	0	0	1079606	97	1057702	95	1063463	96
10	WEST BENGAL	1724134	74823	4	1325173	77	1229069	71	1097881	64
Total		**10370145**	**1766439**	**17**	**8846237**	**85**	**8322587**	**80**	**8206355**	**79**

Source: Data as reported by States to GoI for JRF 2009 (Provisional)

The Hepatitis B vaccine was introduced in the year 2007-08 in the 10 states under GAVI Phase II support. The coverage of Hep B 3 achieved in the states in the year 2009 varied from 62% to in Madhya Paradesh to 125 % in the Himachal Pradesh as per the reported data. It may be noted that the coverage has improved compared to the previous year 2008, the first year of introduction (reported in the APR 2008). The administrative coverages vary widely in India. The issue is discussed at 1.3.1 below.

The reported birth dose coverage is low. Some of reasons are: states have started by implementing for institutional deliveries in major hospitals. But the implementation is not uniform across the states and across hospitals. There are also issues in recording and reporting often leading to data

Major Activities conducted and the challenges faced in Immunization:
Government of India has been fully supporting the Routine immunization programme in the country with own resources through National Rural Health Mission (NRHM). NRHM was launched the in 2005 with a goal to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. The Mission envisages providing effective health care to rural population throughout the country by raising the outlays for Public Health from 0.9% of GDP to 2-3% of GDP. One of the main objectives of NRHM is reduction in child and maternal mortality. The NRHM aims to improve resources, management capacity, accountability and state autonomy through decentralization of funds to the states. States are required to develop project implementation plans (PIPs) and funds are released to the states based on their approved plans.

Strengthening Routine Immunization as part of NRHM to date has shown impact on Health system strengthening and Immunization

Progress in on-going activities
• In recent years, ministry has initiated multiple steps under NRHM to strengthen RI service delivery and quality of immunization.
• Intensified efforts for
– Decentralized planning
Improving service delivery
Social mobilization–Training of all immunization staff
–Strengthening immunization HMIS, Supportive Supervision and monitoring
–Accelerated disease control
–AEFI & VPD surveillance strengthening
–Strengthening program management capacity
–Introduction & scaling up of under utilized and new vaccines
–Strengthening Cold Chain system, vaccine logistics management
–Improving injection safety including safe disposal of immunization waste

Improving Service Delivery
• Decentralized planning and need based funding.
• Cold chain strengthening through expansion and replacement of CFC equipment.
• Provision of alternate vaccine delivery mechanism and provision of alternate
Vaccinator for underserved urban and rural areas.
• Provision of 2nd ANM at Sub centers
• Improving mobilization for immunization and improved tracking to reduce drop outs through Accredited Social Health Activist (ASHA) hired at village level *(>600000 hired Source: NRHM)*
Increasing institutional deliveries through incentive based scheme Janani Suraksha Yojana (JSY)

Training
Health Workers
• Immunization Handbook for Health Workers developed by GOI in 2006.
• Training of Trainers conducted in 2006 and 2007
• Two day training of HWs is continuing at district level since 2007.

• over 192,000 out of total 230,000 Health Workers which included ANMs, MPW(M), LHV, HA(M), Data handlers and other immunization related field staff have been trained so far (as on June, 2010'

Medical Officers

• Immunization Handbook for Medical officers training developed in 2008.
• National Workshop for Master Trainers held in September 08
• 2 Additional National ToTs conducted to fast track Training of MOs in 10 HepB States
• About 1600 trainers trained in the country and 14500 out of 60000 Medical officers trained in different states as of June, 2010.

Cold Chain training

• National cold chain training center established in 2007 at Pune. All refrigerator mechanics (~400) trained by Dec, 2008
• TOTs for repair of voltage stabilizers conducted on 2009 and 29 trainers trained who in turn are training the cold chain technicians in their respective states.
• Training of WIC/WIF cold chain technicians completed in Dec 2009 and 154 technicians are trained.

Monitoring of Routine Immunization

- GOI conducts Periodic coverage evaluation surveys to monitor trends and progress, these include National Family Health Survey (NFHS), District Level Household Survey(DLHS), Coverage Evaluation Survey (CES)
- Concurrent monitoring and supportive supervision are ongoing in Uttar Pradesh, Bihar, Jharkhand, Rajasthan, MP, Orissa and, Assam, Jharkhand in collaboration with development partners
- GoI launched revised RI monitoring strategy, in July 2009 by including House to House (H-to-H) component along with modified session monitoring format. The monitoring is being conducted by the state government officials and partners in the states. The data generated is locally analyzed and shared within states/ districts
- Electronic monitoring tools like HMIS and RIMS, are in place to monitor district & sub district immunization data
- Ongoing Cold Chain Monitoring and assessment through EVSM and VMAT tools.
- Periodic review meetings Regional/ State level Cold chain & SEPIO review meetings at regular intervals.

The districts have been allocated funds to conduct regular review meetings at district and sub-district levels.

Adverse Events Following Immunization (AEFI) Surveillance

• Thrust on strengthening AEFI reporting system in the country.
• National AEFI committee constituted in Jan 2008. AEFI committees have been constituted in all 35 States and 516 districts out of 642 districts in the country.
• 10 states have conducted State level AEFI workshops for sensitization of District AEFI committee members and Immunization Programme Managers
• AEFI training is part of HW training.

Strengthening program management capacity

• Under NRHM, program management units are established at all levels.
• Setting up of Technical Support Unit at all levels is proposed through GAVI HSS support.

Introduction of Underutilized and New vaccines

Hepatitis – B

• Hepatitis B vaccine was introduced in 2002 under Phase I GAVI support in 33 districts and 15 cities.
• Under Phase II GAVI Support, 10 states have introduced Hepatitis B in all districts in 2007-08.
• Immunization Schedule modified in August, 2008 to include Birth dose for Institutional deliveries and to provide 3 doses at 6, 10 14 weeks irrespective of the Birth Dose. Coverage of Hep B has picked up but birth dose coverage is still very low.

- Following the cessation of GAVI support to HepB vaccine in pilot area cities and districts in 2007, GoI is supporting programme with own funds
- Following cessation of GAVI support to Monovalent HepB vaccine by Dec 2009, GoI is

procuring the vaccine for the 10 states with own funds
- GoI is planning to introduce HepB vaccine through routine immunization in all the remaining states with own funds.

JE vaccination
• A multi year (2006-10) plan for implementation of phased JE campaigns in districts is being followed.
• 90 out of 104 targeted Districts in 12 States have completed JE immunization campaigns. Process for integrating JE vaccine in the Routine programme initiated in the districts following campaigns
• SA14-14-2 live vaccine is being used

Introduction of Hib vaccine as Pentavalent: The National Technical Advisory Group on Immunization (NTAGI) recommended the introduction of Hib as Pentavalent vaccine (DPT-HepB-Hib) in the country in 2008. GoI plans to introduce the Pentavalent vaccine in a phased manned starting in 2010-11. Initially it will be introduced in 5 selected states In 2010-11. An Introduction plan for Pentavalent vaccine is attached with the current APR.

Collaboration with Partner Agencies:
• GoI is working in close collaboration with technical and funding partners in the field of immunization such as: WHO, UNICEF, USAID, MCHIP (earlier Immunization Basics), PATH, NIPI, PHFI, DFID, World Bank, KfW, BMGF and Indian Academy of Paediatrics (IAP)
• Immunization Partners meetings are held periodically to support GoI in identifying areas for partner support and issues for strengthening the ongoing activities in Routine immunization.
• 3 such meetings were held in 2009. Minutes of the meetings are attached.

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

India is a very large country with the largest birth cohort in the world. The population is very diverse and different states have achieved different levels of development. The levels of healthcare infrastructure and service delivery also vary among the states. The states with the highest birth cohorts also have issues related to health care infrastructure, lack of human resources and service delivery. Also the community involvement in the programme is comparatively poor in backward states. GoI launched the revised monitoring strategy in July 2009 to help states/ districts identify local specific issues for taking corrective action. NRHM envisages decentralized planning to address the issues affecting immunization coverage.

1.3 *Data assessments*

1.3.1 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)[1].

It is often observed that the reported administrative coverage data of some states/ districts is higher than the surveyed data and the estimates. In such cases, states are encouraged to look into the differences at the periodic SEPIO review meetings and also encouraged to verify/validate their reported coverage by comparing with the vaccine consumption in the districts.

GoI has started an electronic name based registration system of beneficiaries and tracking them. States have started implementing it.

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / NO]. If YES:

Please describe the assessment(s) and when they took place.

No.

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

Health Management Information System was introduced in October 2008. It is envisaged that the Health Statistics Information Portal system would facilitate the flow of physical and financial performance from the District level to the State HQ and the Centre using a web based Health Management Information System (HMIS) interface. The portal will provide periodic reports on the status of the health sector. The training for use of HMIS system has been completed and currently all the states are sending their reports through HMIS. The system is expected to mature over time.

Routine Immunization Monitoring System (RIMS) software put in place at district level since 2006 continues to provide valuable assistance to program & data managers at all levels in data analysis and taking necessary action.

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

HMIS will be further strengthened through feedback, review and training as necessary

1.4 *Overall Expenditures and Financing for Immunisation*

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

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

Expenditures by Category	**Budgeted Year 2009-10**	**Expenditure Year 2009-10**	**Budgeted Year 2010-11**
Traditional Vaccines[2]	45175824	42250549	43956044
New Vaccines	10989011	5468132	14015385
Injection supplies with AD syringes	22953846	18826374	21978022
Injection supply with syringes other than ADs	0	0	0
Cold Chain equipment	11476923	10375824	18731868
Operational costs	439560	74725	219780
Other (please specify)	32967033	32964835	43956044
Total EPI	124002198	109960440	142857143

[2] *Traditional vaccines: BCG, DTP, OPV (or IPV), Mealses 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.*

Total Government Health			

Exchange rate used (as on 15/05/2010)	US$ 1= INR 45.5

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.

During the reporting year, budget allocated for new vaccines could not be fully utilized as there has been a delay in the decision on the introduction of Hib as Penatavalent vaccine. Otherwise the country had sufficient funding for the immunization programme from own resources.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? Nil. But immunization partners met three times during 2009. Technical partners also met during the NTAGI meeting.
Please attach the minutes **(Document N°.....)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

Although no formal ICC meeting was held in 2009, there were other platforms for ICC members to meet and discuss.

1. **National Technical Advisory Group on Immunization (NTAGI):** 1 meeting held on 03rd August, 2009 (Minutes enclosed)
2. **Immunization Partners meeting:** 3 meetings held in 2009 on 6th March, 5th June, and 18th September (Minutes of all the 3 meetings enclosed)

Some of the issues discussed in depth in the above meetings were:

- Reaching the unreached, reducing left-outs and drop-outs
- Strengthening Village Health and Nutrition Day of which RI session is a part
- Roll out of revised monitoring strategy
- Preparation of cMYP
- Recommendation for development of annual plans by GoI and States
- Development of State PIPs and allocation of NRHM funds for RI
- Use of GAVI funds as catalyst
- Status of cold chain equipment, Replacement of all CFC equipment
- Revision of micro-plans in UP and Bihar using data available from Polio Immunization Rounds
- MR vaccine introduction and CRS surveillance
- Performance assessment of Health Worker Training
- Review of progress of HW and MO training in Routine Immunization
- Review of Hep B vaccine coverage in states
- Status of Hep B studies
- Update on Hib/Pneumo vaccine introduction
- Status of JE vaccine campaigns and issues related to coverage in Routine Immunization
- Discussion on AEFIs in India and those related to Pentavalent vaccine in neighbouring countries
- Strengthening Human resources
- Coordination among partners and development of joint action plans

Some of the areas noted with concern were:

- Varying Political Commitment
- Inability of RI to reach all children in spite of polio drops reaching almost every child
- Lack of coverage improvement plans in the states and districts

Are any Civil Society Organisations members of the ICC ?: **[Yes** / **No].** If yes, which ones?

List CSO member organisations:

CSO members are 1. Indian Academy of Paediatrics

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

The Priority actions for EPI programme for 2010-11 are:

- Focus on reducing the left and drop outs in the priority states and improve coverage
- Beneficiary (mother and child) tracking mechanism is being put in place in all states
- Complete the RI training of MOs and HWs in priority states
- Strengthen HMIS and improve timely reporting of coverage data and VPDs
- Strengthen monitoring of the programme. Encourage the States to conduct monitoring and use the data appropriately
- Strengthen cold chain and Vaccine management especially at Divisional , state , GMSD and National level .
- Implementation of microplans of RI
- Implement Alternate Vaccine Delivery system .
- Conduct review meetings with State Immunization officers at least once in six months. States to conduct review meetings for DIOs regularly
- To conduct meetings with immunization partners regularly at national level at least once in a quarter and more frequently if necessary
- Provide second opportunity for measles vaccine out the country either through the routine system in well performing states or campaigns in States and districts with estimated high measles mortality
- Introduce Hib as Pentavalent vaccine in starting with 5 states in 2010-11

2. Immunisation Services Support (ISS) – Not Applicable to India

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$.....
Remaining funds (carry over) from 2008: US$.....
Balance carried over to 2010: US$.....

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

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

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.

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

1.4 *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 previous high), 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.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Hep B Monovalent in 10 dose vial	**27,687,300**	**2 December, 2008**	34,640,330	

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

If numbers [A] and [B] 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?...)*	• 7022050 doses received in Feb, 2009 was from the previous year's supply. Many states had introduced the vaccine late in 2008 and the consumption was yet to take off due to which there were space constraints and some of the supplies for 2008 were actually delivered in Feb, 2009. • There were reports of vaccine lost due to change in VVM in the year 2008 in a few states such as Karnataka, West Bengal etc • There were also reports of vaccine stock outs for short periods at a few places usually in the district and PHC stores
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 SD)	•

3.2 *Introduction of a New Vaccine in 2009*

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	•

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: US$ 1,100,000 Receipt date: April, 2008

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.

Training: In 2008, Government of India developed a set of training material for training of Medical Officers consisting of a Handbook on Immunization, Facilitators' Guide and a Training kit (consisting a set of posters, interactive games, Flip chart material etc), with an aim to train all the 60,000 Medical Officers in the country. The training program is of 3 days including half a day of field visit with a batch size of 20 participants facilitated by four trainers per batch. In early 2009 GoI

also published, “Operational Guidelines for Hepatitis B Vaccine in the Universal Immunization Programme”. The training on Hep B operational guidelines was integrated into the 3 day RI training programme in the Hep B vaccine implementing states.

As per the original plan, NIHFW conducted a National Master trainer’s workshop in Sep, 2008 and was to conduct ToTs for all the states. In order to fast track the training of Medical Officers in the country, WHO-NPSP was given the responsibility of organizing the ToTs in the 10 Hhep B implementing states, UP, Bihar and a few small states/ UTs. Accordingly 3 additional National ToTs for RI including Hep B training of MOs were conducted in Chennai and Pune in which 75 state officers and NPSP staff were trained. About 41 such ToT courses were conducted in the states and a pool 1200 trainers trained (4-8 trainers per district) who in turn are conducting the MO training in states in batches.

For Health Worker orientation on Hepatitis B, training material such as a Flip Chart presentation and multi fold information brochure was developed based on the material available in the Operational Guidelines for Hepatitis B vaccine in the UIP. The district level M.O. trainers trained in ToTs, have been conducting orientation of Health workers at block level in the Hep B vaccine implementing states.

Training material:
The following training material were prepared centrally and disseminated in 2009/ early 2010:

1. Facilitators Guides for MO Training: 2000
2. Training Kits: 1000
3. Operational Guidelines for Hepatitis B Vaccine in UIP: 35000
4. Flip Charts on RI with focus on Hep B in 9 local languages for Health worker orientation: 5500

IEC:
Interpersonal communication through health workers and ASHAs was the mainstay of IEC. A pamphlet for community leaders was developed for enlisting their support. These pamphlets, used as handouts were printed locally by the states and used by HW for Interpersonal communication with local leaders and Village elders.

Periodic Review and monitoring: States are conducting periodic review meetings of District Immunization Officers in which implementation UIP in the districts including the implementation of hepatitis B vaccine is reviewed. Similarly, districts regularly hold review meetings block/PHC M.O.s, who in turn also conduct review meetings with their HWs. All the meetings are funded by GoI as per the NRHM Programme Implementation Plan (PIPs) submitted by the states.

Monitoring of hepatitis B vaccine in the 10 States has been integrated into the routine Immunization monitoring plan at the state, district and PHC/CHC level. GoI launched the revised RI monitoring strategy wherein a house to house monitoring was added to the existing session monitoring system. Availability of hepatitis B vaccine is monitored using the session monitoring checklist. The data is collated and used locally. At national level, the programme is being monitored by GoI through periodic field visits to the states and analysis of reported administrative data. An assessment of Hep b vaccine uptake was conducted in 5 states and in 10 districts in December, 2009. Hepatitis B has also been included in the Coverage Evaluation Survey (CES) 2009 conducted by Unicef the results of which are awaited.

Please describe any problems encountered in the implementation of the planned activities:

The earlier plan for Hep B training was to conduct it as stand alone training for 1 day. Integrating the Hep B training into a 3 day comprehensive training on all aspects of RI in small batches has resulted in some delay although the quality of training has been better.

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US$ **581,857**

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

The balance of funds will be utilized for training and monitoring related activities in hep B implementing states. Also in consultation with GoI part of the unutilized funds will also be used for specific RI activities and for strengthening RI in high priority states.

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable –* No Co-financing arrangement for India. Hence this page not applicable

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?
1. Government
2. Donor (specify)
3. Other (specify)

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1.
2.
3.
4.

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

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]*

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[YES / NO]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Assessment of State vaccine Store of Orissa was undertaken using the WHO-UNICEF Effective Vaccine Store Management (EVSM) from 7 to 15th September 2009, in order to evaluate the current status and define gaps that need to be addressed. During the assessment, system and the documentation of the past 12 months was observed closely. The findings based on each criteria of the EVSM are then reported based on strengths and weaknesses of the current practice.

Follow up VMAT was carried out in the state of Orissa (Sept 2009) and status of implementations of recommendations of 2007 VMA was reviewed. VMA was also conducted in Jharkhand (Feb 2009). Action points have been identified, and Government has initiated steps to improve cold chain, vaccine and logistics management. Work plan was prepared for implementation of recommendation. Infrastructure and human resource strengthening has been initiated in these states through NRHM.

When is the next EVSM/VMA* planned? *[mm/yyyy]*

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 *Change of vaccine presentation*

If you would prefer during 2011 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 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:

No such request from GoI for Monovalent HepB

Presentation for HiB vaccine is to be DPT-HepB-Hib Pentavalent vaccine – liquid 10 dose vial

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 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 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for *.....[vaccine type(s)]* vaccine for the years 2011-*.....[end year].* At the same time it commits itself to co-finance the procurement of *.....[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of *.....[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ..... *[1st and last year]* which is attached to this APR **(Document N°.....).**

The country ICC has endorsed this request for extended support of *.....[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°.....)**

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm**]** / **[NO**, I don't**]**

If you don't confirm, please explain:

No for Monovalent HepB Vaccine. Government of India has started the procurement of HepB vaccine for the programme in 10 states with own funds and hence no support is being requested from GAVI.

India requests for DPT-HepB-Hib liquid Pentavalent vaccine in 10 dose presentation as below:

1. Year 2010-11 (April – March): 6.96 million doses (vaccine for the period Dec' 10 – Mar' 11 + 3 month's Buffer stock)
2. Year 2011-12 (April to March) : 12.4 million doses

An Introduction Plan for Pentavalent vaccine is attached with this APR

4. Injection Safety Support (INS) – Not applicable to India

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash *[YES/NO]* or supplies *[YES/NO]* ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

4.2 *Progress of transition plan for safe injections and management of sharps waste.*

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG		
Measles		
TT		
DTP-containing vaccine		

Please report how sharps waste is being disposed of:

Does the country have an injection safety policy/plan? [YES / NO]
If YES: Have you encountered any problem during the implementation of the transitional plan for

safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)*

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US$): .....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Total	

5. Health System Strengthening Support (HSS) Not applicable for India -

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from ……(month) to ……..(month).
5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
5.1.3 Duration of current National Health Plan is from ……..(month/year) to ……(month/year).

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

5.1.4 Duration of the current immunisation cMYP is from ……..(month/year) to …….(month/year)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.*']

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
Focal point for any accounting of financial management clarifications:			
Other partners and contacts who took part in putting this report together:			

5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

5.1.7 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? .....
Please attach the minutes **(Document N°.....)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°.....).**

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar year(s)									

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:		
Activity 1.1:		
Activity 1.2:		
Objective 2:		
Activity 2.1:		
Activity 2.2:		
Objective 3:		
Activity 3.1:		
Activity 3.2:		

5.4 *Support functions*

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
TOTAL COSTS					

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

5.5.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

5.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further 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 HSS funds.

Part B: briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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.

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N°.....)**.

External audit reports for HSS, ISS and CSO-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 HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

5.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**

Provide justification for any changes in **the denominator:**

Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.9 *Other sources of funding in pooled mechanism for HSS*

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	**Amount in US$**	**Duration of support**	**Contributing to which objective of GAVI HSS proposal**

6. Strengthened Involvement of Civil Society Organisations (CSOs) No support received for CSOs hence Not applicable to India

6.1 *TYPE A: Support to strengthen coordination and representation of CSOs*

This section is to be completed by countries that have received GAVI TYPE A CSO support[5]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°**.....).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2 *TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP*

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[6] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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 HSCC in this process.

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS 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 CSO Type B programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

6.2.5 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

8. 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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 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[7]**
Balance brought forward from 2008 (*balance as of 31 December 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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[8] – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & 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 expenditure						
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

[7] An average rate of CFA 479.11 = USD 1 applied.
[8] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 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[9]**
Balance brought forward from 2008 (*balance as of 31 December 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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[10] – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & 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
TOTAL FOR ACTIVITY 1.1	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**

[9] An average rate of CFA 479.11 = USD 1 applied.

[10] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES						
Non-salary expenditure						
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR ACTIVITY 1.2	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR OBJECTIVE 1	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 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 'Type B'		
	Local Currency (CFA)	Value in USD[11]
Balance brought forward from 2008 (*balance as of 31 December 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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & 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
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

[11] An average rate of CFA 479.11 = USD 1 applied.

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure						
Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure						
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**