GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of

Angola

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **16.06.2011 13:22:28**

Deadline for submission: 1 Jun 2011

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

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

1.1. NVS & INS support

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

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

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

2. Signatures

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

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

By signing this page, the Government of Angola 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 Angola

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. José VIEIRA DIAS VAN-DÚNEM	**Name**	Dr. Carlos Alberto LOPES
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. Alda DE SOUSA	EPI Manager	244 391226, 244 936117967	aldamorais@yahoo.com.br	

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. Evelise FRESTA, Vice-Minister of Health	MoH			
Dr. Adelaide DE CARVALHO, National Director of Public Health	MoH			
Dr. Rui GAMA VAZ, Representative	WHO			
Dr .Koenraad VANORMELINGEN, Representative	UNICEF			
Heather SMITH/Dr. Health Officer	USAID			
Ms. Silvia NAGY, Rotary International	Rotary			
Ms: Ana PINTO, Director	CORE			
Sr.Walter,QUIFICA, Secretariat Executive	Red Cross			

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 Angola's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	1,014,980	1,043,399	1,072,614	1,102,647	1,133,522	1,165,260
Total infants' deaths	152,247	135,642	139,440	143,344	147,358	151,484
Total surviving infants	862,733	907,757	933,174	959,303	986,164	1,013,776
Total pregnant women	1,014,980	1,043,399	1,072,614	1,102,647	1,133,522	1,165,260
# of infants vaccinated (to be vaccinated) with BCG	939,341	970,361	997,531	1,036,489	1,065,510	1,106,997
BCG coverage (%) *	93%	93%	93%	94%	94%	95%
# of infants vaccinated (to be vaccinated) with OPV3	790,045	844,214	867,852	901,745	926,994	963,087
OPV3 coverage (%) **	92%	93%	93%	94%	94%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	933,759	907,757	933,174	959,303	986,164	1,013,776
# of infants vaccinated (to be vaccinated) with DTP3 ***	783,757	844,214	867,852	901,745	926,994	963,087
DTP3 coverage (%) **	91%	93%	93%	94%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	15%	15%	15%	15%	15%
Wastage[1] factor in base-year and planned thereafter	1.05	1.18	1.18	1.18	1.18	1.18
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	933,759	907,757	933,174	959,303	986,164	1,013,776
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	783,757	844,214	867,852	901,745	926,994	963,087
3rd dose coverage (%) **	91%	93%	93%	94%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	15%	15%	15%	15%	15%
Wastage[1] factor in base-year and planned thereafter	1.05	1.18	1.18	1.18	1.18	1.18

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	801,168	844,214	867,852	901,745	926,994	963,087
Measles coverage (%) **	93%	93%	93%	94%	94%	95%
Pregnant women vaccinated with TT+	882,432	970,361	997,531	1,036,489	1,065,510	1,106,997
TT+ coverage (%) ****	87%	93%	93%	94%	94%	95%
Vit A supplement to mothers within 6 weeks from delivery	466,930	549,493	997,531	1,036,489	1,065,510	1,106,997
Vit A supplement to infants after 6 months	683,950	757,069	829,667	852,898	876,779	901,329
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	16%	7%	7%	6%	6%	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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

Provide justification for any changes in **births**

No changes

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

No changes in 2010. (IMR 150/1.000 Births)
For the period 2011-2015 was utilized Infant Mortality Rate of 130/1000 (WHO Global Health Statistics Report 2010)

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

In 2010 Angola achieves 91% of coverage for Penta-3 at national level, for this reason the target for the next five years was increased gradually until 95% in 2015.

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

In 2010 the Angolan MoH receive from GAVI Pentavalent vaccine 1 dose/vial, for 2011-2015 the MoH request Pentavalent 10 doses/vial in order to save vaccine storage capacity and eventually reduce the cost. For the mentioned reasons the wastage was changed from 5% to 15%.

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

All the targets was achieved (>90% of immunization coverage) except for yellow fever vaccine (40%) and for TT-2+ in pregnant women that achieves 87% coverage.
In 2010 the Angolan Government with support of partners renewed their commitment to interrupt polio transmission by the end of 2010. In this regard an emergency plan to STOP polio transmision has been developed with a particular attention to routine immunization strengthening. The plan prioritized 32 districts with largest number of unvaccinated children for 4 rounds of outreach and mobile immunization activities. Partners support immunization component given technical and financial support.The ESSO oil Company supported EPI intensification activities in 6 out of 18 provinces for implementation of RED strategy.UNICEF support another 5 provinces with technical and financial resources for routine intensification and deliver motorcicles and cold chain equipment.WHO provided technical support countrywide with 21 local national officers and 20 Polio international officers/consultants. In 15 selected districts also supported outreach and mobile teams activities.

The ongoing decentralization process in the country, allow Provincial Government and municipal administration investments' in health infrastructure, cold chain and operational activities, becoming one of the enable factors for expansion and sustainability of routine immunization service delivery.

The Figure 1 (Attachment 7) shows the evolution of national routine immunization coverage by antigens from 2006 to 2010.
In 2009 only 6 out of 18 provinces achieved Penta-3 coverage of 80% or above as compared to 11 provinces in 2010. The national Penta3 routine immunization coverage increased from 73% to 91% from 2009 to 2010, respectively. Six provinces (Uige. Moxico, Huila, Huambo, Kuanza Sul and Lunda Sul) reported over 100% Penta3 coverage in 2010 (range from 101 to 157%) suggesting significant under estimation of population and gaps in the quality of routine immunization data. The Figures 2 and 3 (Attachment 7) shows the Angola Penta-3 Routine immunization coverage by provinces in 2009 and 2010.

In 2010, 9 provinces were infected with wild poliovirus: Luanda, Bie, Huambo, Lunda Norte, Lunda Sul, Bengo, Benguela, Uige and Cabinda; out of which 4 Provinces (Cabinda, Luanda, Luanda Norte and Benguela) had coverage rate under 80% .

The coverage of routine immunization at district level is not uniform, from 164 districts of the Country, in 65 of them were not achieved the coverage >=80%. From these districts in 26, the coverage was below 50% and in Rivungo very low population and hard to reach district located in the south border of the Country was not performed routine activities in 2010 by lack of staff. The evolution of routine immunization coverage at district level is showed in the Figure 4 (Attachment 7). Ten of the 164 districts of the country accounted for 59% of children unvaccinated in Routine immunization in 2010, most of them in Luanda and Benguela provinces. See Figure 5 Attachment 7).

The immunization coverage in 32 Polio infected districts (districts notified polio cases since 2005) was improved in 2010 compared to 2009. The number of districts with Penta-3 coverage of 80% or above increased from 15 to 19 in 2009 and 2010 respectively. The number of districts with coverage below 50% reduced from 7 to 2 in 2009 and 2010 respectively. See the Figures 6 (Attachment).

Despite the progress made in 2010, remain problems for program implementation related to:
•Small network and inequitable distribution of primary health care services;
•Insufficient cold chain equipment to cover all health facilities nationally and fuel supply in some municipalities
•Insufficient number of the skilled technicians;
•Insufficient means of transport, that difficult and increases operational cost for supervision and mobile teams.

5.2.2.

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

Yellow fever an tetanus toxid routine immunization coverage targets of 90% was not achived:

- Reduced Yellow Fever vaccine supply from the producer Laboratory.

- The reasons for not achieving 90% TT2+ coverage in pregnant women was due to service delivery failure at the antenatal care and outreach activities.

5.2.3.

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

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

The routine immunization collection data is not segregated by sex, because MoH data collection forms not collected by sex.

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

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

In order to know the real situation of gender distribution of immunization coverage, during the annual/ mid term evaluations will be carried out random immunization coverage surveys, in this surveys will be included the sex segregation of immunization indicators.

5.2.4.

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

Was not implemented activities for promote the gender equality in immunization during 2010, because was not considered gender differences given the high rate achieved.

5.3. Data assessments

5.3.1.

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

The only source for routine immunization was the administrative data. The data of surveys was not available.

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

5.3.2.

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

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

5.3.3.

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

As informed in the previous Progress report to GAVI, the routine immunization data quality auditing was conducted in four randomly selected districts (municipalities) by external consultants from Swiss Centre for International Health from September 15th to 20th, 2008. Angola did´nt pass the evaluation.

In 2010 the tools for Data Quality Self Assessment (DQSA) was adapted for Angola and was trained Central level supervisors in the methodology and use of tools. Was also selected the key questions and included in the supervisor check list in order to take more care in the quality of data in the routine supervisions. The next step (planned for implementation in June-July 2011) is to train the 18 provincial supervisors of EPI in the Data Quality Self Assesment (DQSA).

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.

1.Implementation of improved data collection forms (2nd semester 2011)
a.The current tally sheets will be changed to nominal registration of every child.
b.Summary report by health facility will be added to existing district monthly consolidated report.
2.In 2011 simplified data quality self assessment tool is included in supervision check list.
3.Immunization coverage surveys in randomly selected districts will be conducted in October 2011.
4.During ICC monthly meetings summary of completeness, timelines and performance indicators by district will be presented.
5.Regular monthly feed back will be send to all provinces.

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 = 95	Enter the rate only; no local currency name

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

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

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** ESSO	**Donor name**	**Donor name**	
Traditional Vaccines*	1,472,957	1,472,957							
New Vaccines									
Injection supplies with AD syringes	1,033,451	812,220	221,231						
Injection supply with syringes other than ADs									
Cold Chain equipment	757,771	267,883		489,888					
Personnel	1,738,808	1,185,488		86,000	40,000	427,320			
Other operational costs	1,140,850	1,140,850							
Supplemental Immunisation Activities	14,471,126	4,754,824		5,439,977	4,276,325				
Underused vaccines	8,514,843	644,186	7,870,677						
Transportation	963,213	751,740		151,474	60,000				
Training	188,075	16,200		67,195	56,000	48,680			
IEC/social mobilization	106,300			106,300					
Disease surveillance	1,200,800				1,200,800				
Programme management	255,780	255,000			780				
Other capital equipmnet	56,684	56,684							

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name ESSO	Donor name	Donor name	
Vehicles	197,200					197,200			
Total Expenditures for Immunisation	*32,097,858*								
Total Government Health		11,358,032	8,091,908	6,340,834	5,633,905	673,200			

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,150,021	1,223,779	
New Vaccines	11,150,676	21,743,176	
Injection supplies with AD syringes	1,400,632	1,410,803	
Injection supply with syringes other than ADs			
Cold Chain equipment	1,213,601	1,369,185	
Personnel	2,558,295	2,915,518	
Other operational costs	1,892,353	2,268,194	
Supplemental Immunisation Activities	13,319,932	23,520,927	
Underused vaccines	9,744,176	9,478,207	
Transportation	703,144	612,123	
Training	322,261	203,038	
IEC/social mobilization	446,513	358,864	
Disease surveillance	1,391,133	1,485,687	
Programme management	420,948	524,192	
Other capital equipmnet	180,205	180,205	
Vehicles	353,021	424,385	
Total Expenditures for Immunisation	46,246,911	67,718,283	

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

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

The history of government financing of EPI in Angola shows an important transition in the last 10 years from a program totally dependent on external cooperation to a program where the costs are gradually being assumed by the government including routine immunization vaccines, injection supplies and operation expenses.

In 2010 routine traditional vaccines and injection suplies were procured entirelly by Goverment funds, the Pentavalent was procured by GAVI. The outreach activities was covered by Goverment and development partners; the main funding gap were for supervision (223,620 USD)and procurement of national positive cold room (290,000 USD).

The Goverment of Angola is gradually descentralizing Primary Health Care financing to municipal level, from 2011 municipalities are responsible for financing local EPI investment and operational cost and the gap wil be covered by partners.

The central goverment is cofinancing Pentavalent vaccine in 2011 and will be cofinancing introduction of new vaccines Pneumo and Rotavirus vaccines in 2012 and 2013 respectivelly.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 14

Please attach the minutes (Document number 4) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

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

The main concers are the following:

1. Insufficient cold chain equipments and problems in maintenance
2. Relative low coverage in some Polio infected districts (Cazenga, Kilamba Kiaxi, Lobito and others)
3. Insuficent qualified personnel at all levels of the health system
4. Lack of reliable population data (last census was conducted 1970)

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
CORE Group	
RED Cross	
Rotary	

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?

The main objectives and priority actions are linked with the c-MYP and are the following:
1. Interrupt the wild Poliovírus transmission in the Country
2. Introduce new vaccines to accelerate the reduction of children under 5 mortality rate
3. Scaling up the RED strategy implementation to all districts (97 to 164 districts)
4. Improve the vaccine storage capacity at central level and provinces.

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	ADS	Government	
Measles	ADS	Government	
TT	ADS	Government	
DTP-containing vaccine	ADS	Government/GAVI	
Yellow fever	ADS	Government	

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)

Yes
There are no incinerators in Goverment Health Facilities.

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

As in previous reports disposal of used syringes and safety boxes is by open burning and buring burnt material in a hole in the Country, except Luanda Province where a private company destroys the immunization waste by incineration.

The used vials of vaccines were disposed by burring them in specific holes.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

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

7.1.1.

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

Table 4: Received vaccine doses

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

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	2,544,900	2,544,900	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? ...)

No problems encontered

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)

Pentavalent vaccine was received in two shipments

7.1.2.

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

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

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

Vaccine introduced		
Phased introduction		**Date of introduction**

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

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

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

7.2.3.

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

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

7.2.4.

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

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

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

7.2.5.

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

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

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

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

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		

Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

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

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

7.4. Vaccine Management (EVSM/VMA/EVM)

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

When was the last Effective Vaccine Store Management (EVSM) conducted? 15.06.2011

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

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

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

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

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

EVM/VMA/EVM assesment was not implemented in the Country. The first EVM assesment currently is in process of implementation.

When is the next Effective Vaccine Management (EVM) Assessment planned? 20.06.2012

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

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 5) that has endorsed the requested change.

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

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

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

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

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

7.7. Request for continued support for vaccines for 2012 vaccination programme

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

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

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

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

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

Table 6.2: Freight Cost

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

7.9. Calculation of requirements

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

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	907,757	933,174	959,303	986,164	1,013,776		4,800,174
Number of children to be vaccinated with the third dose	Table 1	#	844,214	867,852	901,745	926,994	963,087		4,503,892
Immunisation coverage with the third dose	Table 1	#	93%	93%	94%	94%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	907,757	933,174	959,303	986,164	1,013,776		4,800,174
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.18	1.18	1.18	1.18	1.18		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		2,000,000					
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		$	0.76	0.98	1.20	1.41	1.63		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

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

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.76	0.98	1.20	1.41	1.63
Your co-financing	0.76	0.98	1.20	1.41	1.63

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	#		826,600	1,753,600	1,224,000	634,300	4,438,500
Number of AD syringes	#		568,800	1,651,600	1,152,800	597,400	3,970,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		6,325	18,350	12,800	6,650	44,125

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		2,151,000	4,320,000	2,648,000	1,254,000	10,373,000

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	#		499,400	1,665,500	2,290,900	2,979,000	7,434,800
Number of AD syringes	#		343,700	1,568,600	2,157,600	2,805,700	6,875,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		3,825	17,425	23,950	31,150	76,350
Total value to be co-financed by the country	*$*		1,299,500	4,103,000	4,956,000	5,890,000	16,248,500

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

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			37.66%			48.71%			65.18%			82.45%		
B	**Number of children to be vaccinated with the first dose**	Table 1	907,757	933,174	351,472	581,702	959,303	467,294	492,009	986,164	642,759	343,405	1,013,776	835,832	177,944
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	2,723,271	2,799,522	1,054,415	1,745,107	2,877,909	1,401,882	1,476,027	2,958,492	1,928,276	1,030,216	3,041,328	2,507,496	533,832
E	**Estimated vaccine wastage factor**	Wastage factor table	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
F	**Number of doses needed including wastage**	D x E	3,213,460	3,303,436	1,244,209	2,059,227	3,395,933	1,654,221	1,741,712	3,491,021	2,275,366	1,215,655	3,588,768	2,958,845	629,923
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		22,494	8,473	14,021	23,125	11,265	11,860	23,772	15,495	8,277	24,437	20,148	4,289
H	**Stock on 1 January 2011**			2,000,000	753,282	1,246,718									
I	**Total vaccine doses needed**	F + G - H		1,325,930	499,400	826,530	3,419,058	1,665,485	1,753,573	3,514,793	2,290,860	1,223,933	3,613,205	2,978,993	634,212
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		912,438	343,662	568,776	3,220,148	1,568,593	1,651,555	3,310,314	2,157,585	1,152,729	3,403,000	2,805,685	597,315
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		10,129	3,815	6,314	35,744	17,412	18,332	36,745	23,950	12,795	37,774	31,144	6,630

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
N	**Cost of vaccines needed**	I x g		3,275,048	1,233,517	2,041,531	7,932,215	3,863,925	4,068,290	7,135,030	4,650,445	2,484,585	6,684,430	5,511,137	1,173,293
O	**Cost of AD syringes needed**	K x ca		48,360	18,215	30,145	170,668	83,136	87,532	175,447	114,353	61,094	180,359	148,702	31,657
P	**Cost of reconstitution syringes needed**	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	M x cs		6,483	2,442	4,041	22,877	11,144	11,733	23,517	15,328	8,189	24,176	19,933	4,243
R	**Freight cost for vaccines needed**	N x fv		114,627	43,174	71,453	277,628	135,238	142,390	249,727	162,767	86,960	233,956	192,891	41,065
S	**Freight cost for devices needed**	(O+P+Q) x fd		5,485	2,066	3,419	19,355	9,429	9,926	19,897	12,969	6,928	20,454	16,864	3,590
T	**Total fund needed**	(N+O+P+Q+R+S)		3,450,003	1,299,412	2,150,591	8,422,743	4,102,870	4,319,873	7,603,618	4,955,859	2,647,759	7,143,375	5,889,525	1,253,850
U	**Total country co-financing**	I 3 cc		1,299,412			4,102,870			4,955,859			5,889,525		
V	**Country co-financing % of GAVI supported proportion**	U / T		37.66%			48.71%			65.18%			82.45%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

In 2010 EPI was top priority of the Government of Angola, partners and donors. Goverment implemented an Emergency STOP Polio Transmission Plan that includes strong support for intensification of routine immunization. Development partners through ICC increased advocacy to the President of Republic, Provincial Governments and municipal administrators, who have assumed leadership by mobilizing human and financial resources for implementation of outreach and mobile teams activities, procurement of cold chain equipments and fiancing Polio vaccination campaigns. The Emergency Plan was extended to 2011.

The involvement of local governments is critical for the sustainability future Immunization Programme in the Country. One other important element of note is increase local and international resorce mobilization through private sector like oil companies and the potential support of the European Union and the World Bank Municipal health system strenghthening Project.

The main challenge is maintenance of intensified routine immunization activities in all municipalities, increase human resourse capacity at all levels for service delivery, supervision and data quality improvement; provision of cold chain equipments to more health facilities in order to increase the access.

The Government intends to introduce new vaccines in 2012 (Pneumo) and 2013 (Rotavirus), which requires careful preparation in 2011, which includes increase vaccine storage capacity at central and provincial levels and training health personnel at different levels. These activities will be closelly monitored by ICC.

12. Annexes

Annex 1

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

Annex 2

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

Annex 3

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

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

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

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

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

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		10	
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		8, 9	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		6	
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 Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signature of Dr. Carlos Alberto Masseca Vice Minister of Health (Minister in charge)	**File name:** 01 Vice Minister of Health signature (Minister in charge).pdf **Date/Time:** 16.06.2011 10:26:43 **Size:** 473 KB		
2	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of Dr. Carlos Alberto Lopes Minister of Finance	**File name:** 02 Minister of Finance siganature.pdf **Date/Time:** 16.06.2011 10:32:14 **Size:** 473 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Signatures of members of ICC * **File Desc:** Signatures of all ICC members	**File name:** 03 ICC members signatures.pdf **Date/Time:** 16.06.2011 10:39:18 **Size:** 472 KB		
4	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 14 Minutes of Interagency Coordination Committee Mestings	**File name:** 04 ICC Minutes 2010.doc **Date/Time:** 16.06.2011 10:45:36 **Size:** 2 MB		
5	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Minute of last ICC endorsing officially GAVI APR 2010	**File name:** Minute of Meeting of ICC endorsing GAVI Report 2010.doc **Date/Time:** 16.06.2011 12:56:48 **Size:** 251 KB		
6	**File Type:** new cMYP starting 2012 **File Desc:** Angolan cMYP 2011 -2015	**File name:** ANGOLAN EPI Multiyear Plan 2011 2015.doc **Date/Time:** 16.06.2011 13:04:24 **Size:** 2 MB		
7	**File Type:** other **File Desc:** Graphics for GAVI Report 2010	**File name:** Attachment 7 GAVI Report.doc **Date/Time:** 16.06.2011 13:20:01 **Size:** 205 KB		
8	**File Type:** EVSM/VMA/EVM report **File Desc:** EVM report	**File name:** Angola Effective Vaccine Assessment EVM report June 2011.doc **Date/Time:** 22.06.2011 02:56:25 **Size:** 2 MB		
9	**File Type:** EVSM/VMA/EVM report **File Desc:** Improvement plan	**File name:** Angola ACTION PLAN FOR IMPROVING EFECTIVE VACCINE MANAGEMENT.doc **Date/Time:** 22.06.2011 02:56:50 **Size:** 418 KB		
10	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** ISS financial statement	**File name:** Angola Financial statetment 2010.pdf **Date/Time:** 22.06.2011 02:57:16 **Size:** 701 KB		
11	**File Type:** other **File Desc:** GAVI's correspondence with Angola	**File name:** Re Angola's APR submission - issues to be clarified before tabling Angola to the IRC review.htm **Date/Time:** 04.07.2011 08:47:22 **Size:** 58 KB		
12	**File Type:** other **File Desc:** Summary 2011 budget	**File name:** Angola-Summary Budget Vaccines & injection supplies 2011 2015.xls **Date/Time:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		07.07.2011 03:02:24 **Size:** 226 KB		
13	**File Type:** other **File Desc:** cMYP costing tool	**File name:** Angola 28.05.11-cMYP costing tool.xls **Date/Time:** 07.07.2011 04:59:18 **Size:** 3 MB		

~ End ~