



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Burkina Faso

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 5:57:14 PM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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/country/>*

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	No	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	Yes	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Burkina Faso** 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 **Burkina Faso**

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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Léné SEBGO/Ministre de la Santé	Name	Lucien Marie Noël BEMBAMBA/Ministre de l'économie et des finances
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Dr Sylvain ZEBA	Directeur de la Prévention par les Vaccinations	00226 50324669/00226 70240561	zebasyvain@yahoo.fr
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Dr Maurice HOURS	Chef de Programme Santé et Nutrition Bureau UNICEF	00226 70472306	mhours@unicef.org
Dr Antoine SOMDA	Directeur des Etudes et de la Planification	00226 70437175	toniosomda@yahoo.fr

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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.

Name/Title	Agency/Organization	Signature	Date
M. Léné SEBGO/Ministre de la santé	Ministère de la Santé		

Dr Djamila K. CABRAL/Représentante de l'OMS	OMS		
M. Aboubacry TALL/Représentant de l'UNICEF	UNICEF		
M. Ousmana OUEDRAOGO /Représentant de ROTARY International	ROTARY International Burkina		
M. Denis BAKYONO/ Président de la Croix Rouge	Croix Rouge Burkina		
Dr Souleymane SANOU/ Secrétaire Général	Ministère de la Santé		
Dr Antoine SOMDA/Directeur des Etudes et de la Planification par intérim	Ministère de la Santé		
M.P. Prosper TAPSOBA/Directeur de l'Administration et des Finances	Ministère de la Santé		
Dr Amédée Prosper DJIGUEMDE/Directeur Général de la Santé de la Famille	Ministère de la Santé		
M. Jean Charlemagne YODA/Coordonnateur du Programme d'Appui au Développement Sanitaire	Programme d'Appui au Développement Sanitaire		
Dr Sylvain ZEBA/Directeur de la Prévention par les Vaccinations	Ministère de la Santé		
M. Lassané KABORE/Directeur Général de la Coopération	Ministère de l'Economie et des Finances		

M. Hamadou SANGARE/Directeur Général du Budget	Ministère de l'Economie et des Finances		
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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

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **Comité de pilotage du PADS**, 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/Organization	Signature	Date
TAPSOBA P. Prosper/	DAF/MS		
BAKOUAN Didier R.	DSS-SP/CNLS-IST		
NITIEMA P. Abdoulaye	SP/PNDS		
NIKIEMA Michel DM	PSLS		
DIPAMA Sylvain	IGSS/ITSS		
ILBOUDO Pierre	UNICEF		
GUIRA Matilibou	PADS		

RAMDE/NONGOMDE T. Charlotte R	DRH		
KABORE Nestor Léandre	DEP		
OUEDRAOGO Léopold	OMS		
SERE Adissa Marguerite	DGPML		
SAWADOGO O. Emmanuel	ABBEF		
DJIGUEMDE Amédée Prosper	DGSF		
ZIDA O. Emmanuel	DIEM		
HIEN A Maurice	DGPS		
BANSE Emmanuel J.M	DG/COOP		
SOMDA Antoine	DEP		
SANOU Souleymane	SG		
MEDA A Honoré	DGISS		
YODA Jean Charlemagne	PADS		

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

All comments will be treated confidentially

Comments from Partners:

[Redacted]

Comments from the Regional Working Group:

[Redacted]

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

Burkina Faso is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	760,116	760,118	786,921	786,922	814,447	814,448	842,400	842,402
Total infants' deaths	52,465	68,873	54,294	82,271	56,171	95,161	58,075	109,727
Total surviving infants	707651	691,245	732,627	704,651	758,276	719,287	784,325	732,675
Total pregnant women	912,139	912,141	944,305	944,307	997,336	977,337	1,010,880	1,010,882
Number of infants vaccinated (to be vaccinated) with BCG	707,651	804,785	732,627	804,785	758,276	804,785	784,325	804,785
BCG coverage	93 %	106 %	93 %	102 %	93 %	99 %	93 %	96 %
Number of infants vaccinated (to be vaccinated) with OPV3	691,254	710,804	704,659	710,804	719,294	710,804	732,682	710,804
OPV3 coverage	98 %	103 %	96 %	101 %	95 %	99 %	93 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	691,254	710,804	704,659	710,804	719,294	710,804	732,682	710,804
Number of infants vaccinated (to be vaccinated) with DTP3	691,254	710,963	704,659	710,963	719,294	710,963	732,682	710,963
DTP3 coverage	98 %	103 %	96 %	101 %	95 %	99 %	93 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	3	5	3	5	3	5	3
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.03	1.05	1.03	1.05	1.03	1.05	1.03
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	691,254	738,200	704,659	738,200	719,294	738,200	732,682	738,200
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	691,254	710,963	704,659	710,963	719,294	710,963	732,682	710,963
DTP-HepB-Hib coverage	98 %	103 %	96 %	101 %	95 %	99 %	93 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	1	0	1	5	1	5	1
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.01	1.05	1.01	1.05	1.01	1.05	1.01
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	691,254	692,459	704,659	692,459	719,254	692,459	732,682	692,459
Measles coverage	98 %	100 %	96 %	98 %	95 %	96 %	93 %	95 %
Pregnant women vaccinated with TT+	912,139	842,216	944,305	842,216	997,336	842,216	1,010,880	842,216

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	100 %	92 %	100 %	89 %	100 %	86 %	100 %	83 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	5,800,841	0	5,800,841	0	5,800,841	0	5,800,841
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) 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 fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

Sans objet

- Justification for any changes in **surviving infants**

Sans objet

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

Sans objet

- Justification for any changes in **wastage by vaccine**

Sans objet

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

Les objectifs figurant dans le rapport de situation annuel 2011 ont été tous atteints.

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

Sans objet

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

Non disponible	Non disponible	Non disponible	Non disponible
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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Sans objet

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

Sans objet

5.4. Data assessments

5.4.1. 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)

Le pays n'a pas conduit d'enquêtes en 2012

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Not selected**

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

Sans objet

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Depuis 2010, les activités suivantes ont été entreprises pour améliorer le système de production des données administratives :

- Monitoring des données lors des réunions décentralisées avec les régions et les districts
- Validation annuelle des données avec les régions sanitaires
- Harmonisation mensuelle des données avec les laboratoires de surveillance
- Feed-back au niveau périphérique sur la qualité des données
- Réalisation de l'auto évaluation de la qualité des données dans les districts
- Réalisations des supervisions spécifiques

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

Dans la perspective d'introduction de nouveaux vaccins, le plan d'introduction prévoit la révision des supports.

Pour améliorer encore le système de production, il est prévu des formations sur le PEV, la surveillance et la logistique au profit des districts et régions sanitaires. En plus les activités citées au 5.4.3 seront poursuivies et renforcées

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 500	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	PADS	D2	D3
Traditional Vaccines*	1,573,984	1,573,984	0	0	0	0	0	0
New and underused Vaccines**	5,763,231	401,400	5,361,831	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	296,571	177,020	119,551	0	0	0	0	0
Cold Chain equipment	212,000	0	0	68,000	0	144,000	0	0
Personnel	374,442	374,442	0	0	0	0	0	0
Other routine recurrent costs	452,222	56,842	0	152,041	241,033	2,306	0	0
Other Capital Costs	220,000	25,000	0	0	0	195,000	0	0
Campaigns costs	11,393,712	0	0	5,138,333	6,255,379	0	0	0
RAS		0	0	0	0	0	0	0
Total Expenditures for Immunisation	20,286,162							
Total Government Health		2,608,688	5,481,382	5,358,374	6,496,412	341,306	0	0

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Non applicable

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Implemented**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Rédaction d'un aide-mémoire	Yes
Réalisation d'un audit financier	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

L'aide mémoire concerne les financements à venir car depuis 2008, le Burkina n'a plus bénéficié de fonds SSV

If none has been implemented, briefly state below why those requirements and conditions were not met.

Le Burkina Faso n'a plus bénéficié de fonds de soutien aux SSV depuis 2008

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 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 [5.5 Overall Expenditures and Financing for Immunisation](#)

Les principales préoccupations soulevées en 2012 sont :

Le rapport de situation GAVI 2011,

L'évaluation de la chaîne du froid,

Le renforcement de la surveillance des maladies cibles du PEV,

Le renforcement du PEV de routine

L'introduction de nouveaux vaccins contre le pneumocoque et le rotavirus au Burkina Faso,

L'introduction de la 2ème dose du VAR,

Le plan d'action spécial GAVI et la création du compte spécial GAVI par l'Etat Burkinabè sur les dépenses inéligibles à rembourser

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

List CSO member organisations:
La croix rouge-Burkina
Rotary Club
Réseau national EPIVAC

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Objectifs définis dans le plan d'action 2013 sont :

- Objectif général

Contribuer à la réduction de la morbidité et de la mortalité dues aux maladies cibles du PEV

- Objectifs spécifiques

1. Renforcer les ressources humaines et matérielles
2. Renforcer la coordination du programme
3. Accroître les performances de la surveillance des maladies cibles du PEV
4. Renforcer l'immunisation des populations cibles du PEV
5. Améliorer la gestion des vaccins et consommables du PEV
6. Améliorer la gestion de la chaîne de froid
7. Renforcer la mise en œuvre des activités de communication en faveur du PEV

5.9. 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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Seringue autobloquante 0,05ml Seringue de reconsti	Budget de l'Etat
Measles	Seringue autobloquante 0,5ml Seringue de reconstit	Budget de l'Etat
TT	Seringue autobloquante 0,5ml	Budget de l'Etat
DTP-containing vaccine	Seringue autobloquante 0,5ml	GAVI/ Budget de l'Etat

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?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Sans objet

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

✓ Par incinération,

✓ par brûlis dans les fosses et bacs

✓ par enfouissement

Problèmes rencontrés

✓ Insuffisance des incinérateurs

✓ Mauvais états des incinérateurs

✓ Insuffisance dans la collecte des déchets

✓ Insuffisance dans la supervision des opérateurs

✓ Insuffisance de formation des opérateurs d'incinération

✓ Insuffisance de maintenance des incinérateurs

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Burkina Faso is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Burkina Faso is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Burkina Faso is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	2,913,953	2,194,000	719,953	No

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

Retard de livraison

- 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)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

Une livraison a été programmée et effectuée par GAVI pour mi-janvier 2013.
Quantités reçues : 496,900 doses de DTC-HepB-Hib, flacons de 10 doses

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Sans objet

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Nouveaux vaccins non encore introduits

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Sans objet

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Principaux résultats de la surveillance du pneumocoque
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De 2006 à nos jours, la fréquence du pneumocoque a oscillé entre 7% et 70,7% des méningites avec des pics de (65%) en 2009 et 70,7% en 2011 et 45% à la semaine 27 de l'année 2012.</p><p class="MsoNormal" style="mso-layout-grid-align:none;text-autospace:none"> </p><p class="MsoNormal" style="mso-layout-grid-align:none;text-autospace:none"> Une étude réalisée en 2009 par Yves Traore, Tsidi Agbeko Tameklo et collaborateurs sur « Incidence, Seasonality, Age-distribution, and Mortality of pneumococcal meningitis in Burkina Faso and Togo » a montré une incidence élevée chez les enfants de moins d'un an (77 cas pour 100 000). Le taux de létalité des méningites à Streptococcus pneumoniae était de 53% chez les enfants de moins de 5 ans.</p><p class="MsoNormal" style="mso-layout-grid-align:none;text-autospace:none"><span style="font-size:11.0pt;font-family:"Verdana","sans-serif";mso-bidi-font-

family:Arial;mso-bidi-font-weight:bold"> </p><p class="MsoNormal" style="mso-layout-grid-align:none;text-autospace:none">Une autre étude menée au CHU-PDG de 2006-2011 au Burkina Faso a montré que sur 183 souches sérotypés, au total 19 sérotypes différents ont été identifiés par PCR-RT. Le sérotype 1 était prédominant (69,39%). es sérotypes 5 et 23F représentaient respectivement (5,4%) et (7,65%). </p><p class="MsoNormal" style="mso-layout-grid-align:none;text-autospace:none">La plupart de ces sérotypes sont inclus dans le nouveau vaccin anti-pneumococcique à 13 valences (PCV13). </p><Principaux résultats de la surveillance du rotavirus
<!--[if gte mso 9]><xml><o:OfficeDocumentSettings> <o:RelyOnVML/> <o:AllowPNG/> </o:OfficeDocumentSettings></xml><!--[endif]>><!--[if gte mso 9]><xml> <w:WordDocument> <w:View>Normal</w:View> <w:Zoom>0</w:Zoom> <w:TrackMoves/> <w:TrackFormatting/> <w:HyphenationZone>21</w:HyphenationZone> <w:PunctuationKerning/> <w:ValidateAgainstSchemas/> <w:SaveIfXMLInvalid>>false</w:SaveIfXMLInvalid> <w:IgnoreMixedContent>>false</w:IgnoreMixedContent> <w:AlwaysShowPlaceholderText>>false</w:AlwaysShowPlaceholderText> <w:DoNotPromoteQF/> <w:LidThemeOther>FR</w:LidThemeOther> <w:LidThemeAsian>X-NONE</w:LidThemeAsian> <w:LidThemeComplexScript>X-NONE</w:LidThemeComplexScript> <w:Compatibility> <w:BreakWrappedTables/> <w:SnapToGridInCell/> <w:WrapTextWithPunct/> <w:UseAsianBreakRules/> <w:DontGrowAutofit/> <w:SplitPgBreakAndParaMark/> <w:EnableOpenTypeKerning/> <w:DontFlipMirrorIndents/> <w:OverrideTableStyleHps/> </w:Compatibility> <m:mathPr> <m:mathFont m:val="Cambria Math"/> <m:brkBin m:val="before"/> <m:brkBinSub m:val="--"/> <m:smallFrac m:val="off"/> <m:dispDef/> <m:lMargin m:val="0"/> <m:rMargin m:val="0"/> <m:defJc m:val="centerGroup"/> <m:wrapIndent m:val="1440"/> <m:intLim m:val="subSup"/> <m:naryLim m:val="undOvr"/> </m:mathPr></w:WordDocument></xml><!--[endif]>><!--[if gte mso 9]><xml> <w:LatentStyles DefLockedState="false" DefUnhideWhenUsed="true" DefSemiHidden="true" DefQFormat="false" DefPriority="99" LatentStyleCount="267"> <w:LsdException Locked="false" Priority="0" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Normal"/> <w:LsdException Locked="false" Priority="9" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="heading 1"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 2"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 3"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 4"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 5"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 6"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 7"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 8"/> <w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 9"/> <w:LsdException Locked="false" Priority="39" Name="toc 1"/> <w:LsdException Locked="false" Priority="39" Name="toc 2"/> <w:LsdException Locked="false" Priority="39" Name="toc 3"/> <w:LsdException Locked="false" Priority="39" Name="toc 4"/> <w:LsdException Locked="false" Priority="39" Name="toc 5"/> <w:LsdException Locked="false" Priority="39" Name="toc 6"/> <w:LsdException Locked="false" Priority="39" Name="toc 7"/> <w:LsdException Locked="false" Priority="39" Name="toc 8"/> <w:LsdException Locked="false" Priority="39" Name="toc 9"/> <w:LsdException Locked="false" Priority="0" QFormat="true" Name="footnote text"/> <w:LsdException Locked="false" Priority="35" QFormat="true" Name="caption"/> <w:LsdException Locked="false" Priority="0" Name="footnote reference"/> <w:LsdException Locked="false" Priority="10" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Title"/> <w:LsdException Locked="false" Priority="1" Name="Default Paragraph Font"/> <w:LsdException Locked="false" Priority="11" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Subtitle"/> <w:LsdException Locked="false" Priority="22" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Strong"/> <w:LsdException Locked="false" Priority="20" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Emphasis"/> <w:LsdException Locked="false" Priority="59" SemiHidden="false" UnhideWhenUsed="false" Name="Table Grid"/> <w:LsdException Locked="false" UnhideWhenUsed="false" Name="Placeholder Text"/> <w:LsdException Locked="false" Priority="1" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="No Spacing"/> <w:LsdException Locked="false" Priority="60" SemiHidden="false" UnhideWhenUsed="false" Name="Light Shading"/> <w:LsdException Locked="false" Priority="61" SemiHidden="false" </w:LatentStyles></xml></p>

Priority="21" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Intense Emphasis"/> <w:LsdException Locked="false" Priority="31" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Subtle Reference"/> <w:LsdException Locked="false" Priority="32" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Intense Reference"/> <w:LsdException Locked="false" Priority="33" SemiHidden="false" UnhideWhenUsed="false" QFormat="true" Name="Book Title"/> <w:LsdException Locked="false" Priority="37" Name="Bibliography"/> <w:LsdException Locked="false" Priority="39" QFormat="true" Name="TOC Heading"/> </w:LatentStyles></xml><!--[endif]--><!--[if gte mso 10]><style> /* Style Definitions */ table.MsoNormalTable {mso-style-name:"Tableau Normal"; mso-tstyle-rowband-size:0; mso-tstyle-colband-size:0; mso-style-noshow:yes; mso-style-priority:99; mso-style-parent:""; mso-padding-alt:0cm 5.4pt 0cm 5.4pt; mso-para-margin:0cm; mso-para-margin-bottom:.0001pt; mso-pagination:widow-orphan; font-size:10.0pt; font-family:"Calibri", "sans-serif"; mso-bidi-font-family:"Times New Roman";}</style><!--[endif]--><p class="MsoNormal" style="mso-layout-grid-align:none;text-autospace:none">Au Burkina Faso le rapport sur les statistiques sanitaires mondiales 2011 indique que sur 1000 naissances vivantes, 166 enfants demoins de cinq ans meurent par suite de causes diverses. Le rapport 2010Burkina Faso, estime que parmi les cinq principales causes de mortalité des enfants de 0 à 5 ans, les diarrhées occupent la deuxième place (19% des mortalités) derrière le paludisme (20%).</p><div style="mso-element:footnote-list"><br clear="all"><hr align="left" size="1" width="33%">
</div>
Le CCIA n'a pas encore commencé à examiner les résultats de ces études

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Sans objet

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

Sans objet

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	613,801	223,100
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	Budget de l'Etat: 613 801	
Donor	GAVI: 5 381 831	
Other		
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	119,551	223,100
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	January	Budget de l'Etat
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		

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/about/governance/programme-policies/co-financing/>

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(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/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)

(b) Improvement plan after EVM (**Document No 13**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

Sans objet

When is the next Effective Vaccine Management (EVM) assessment planned? **December 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Burkina Faso does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Burkina Faso does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Burkina Faso is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

Sans objet

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	691,245	704,651	719,287	732,675	2,847,858
	Number of children to be vaccinated with the first dose	Table 4	#	738,200	738,200	738,200	738,200	2,952,800
	Number of children to be vaccinated with the third dose	Table 4	#	710,963	710,963	710,963	710,963	2,843,852
	Immunisation coverage with the third dose	Table 4	%	102.85 %	100.90 %	98.84 %	97.04 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.01	1.01	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	345,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	345,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Sans objet

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low
--------------------	-----

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2013	2014	2015
Number of vaccine doses	#	2,030,700	2,030,700	2,025,500
Number of AD syringes	#	2,458,300	2,458,300	2,458,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	27,300	27,300	27,300
Total value to be co-financed by GAVI	\$	4,529,500	4,529,500	4,410,500

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2013	2014	2015
Number of vaccine doses	#	206,600	206,600	211,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	447,500	447,500	447,500

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 1)

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	9.23 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	738,200	738,200	68,154	670,046
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	2,214,600	2,214,600	204,460	2,010,140
E Estimated vaccine wastage factor	Table 4	1.01	1.01		
F Number of doses needed including wastage	$D \times E$	2,236,746	2,236,746	206,504	2,030,242
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
H Stock on 1 January 2013	Table 7.11.1	345,000			
I Total vaccine doses needed	$F + G - H$		2,237,246	206,550	2,030,696
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		2,458,206	0	2,458,206
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		27,287	0	27,287
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		4,555,033	420,536	4,134,497
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		114,307	0	114,307
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		15,827	0	15,827
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		291,523	26,915	264,608
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		4,976,690	447,451	4,529,239
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		447,450		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.23 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 2)

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	738,200	68,154	670,046	738,200	69,869	668,331
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	2,214,600	204,460	2,010,140	2,214,600	209,607	2,004,993
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.01			1.01		
F	Number of doses needed including wastage	$D \times E$	2,236,746	206,504	2,030,242	2,236,746	211,703	2,025,043
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	0	0	0
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	2,237,246	206,550	2,030,696	2,237,246	211,751	2,025,495
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,458,206	0	2,458,206	2,458,206	0	2,458,206
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	27,287	0	27,287	27,287	0	27,287
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,555,033	420,536	4,134,497	4,443,171	420,536	4,022,635
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,555,033	0	114,307	4,443,171	0	114,307
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	15,827	0	15,827	15,827	0	15,827
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	291,523	26,915	264,608	284,363	26,915	257,448
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	4,976,690	447,451	4,529,239	4,857,668	447,450	4,410,218
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	447,450			447,450		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **5228714** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	3073854	1239184	665736		
Revised annual budgets (if revised by previous Annual Progress Reviews)	0		1894223	1050203	2624421	
Total funds received from GAVI during the calendar year (A)	0	3073854	0	678693	1284920	0
Remaining funds (carry over) from previous year (B)	0	0	3073854	1197227	1394478	2115169
Total Funds available during the calendar year (C=A+B)	0	3073854	3073854	1875920	2679398	2115169
Total expenditure during the calendar year (D)	0	0	1876627	481442	564229	457136
Balance carried forward to next calendar year (E=C-D)	0	3073854	1197227	1394478	2115169	1658033
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	1050203	2624421	606767	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	1808000	1808000	1808000	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	1642937	1792888	1792889	0
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1642937	1792888	1792889	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	1690619700	681551200	366154800		
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	1041822650	577611650	1443431550	
Total funds received from GAVI during the calendar year (A)	0	1349486000	0	297960260	628601880	0
Remaining funds (carry over) from previous year (B)	0	0	1349486000	525607606	612204460	1016785670
Total Funds available during the calendar year (C=A+B)	0	1349486000	1349486000	823567866	1240806786	1016785670
Total expenditure during the calendar year (D)	0	0	823878394	211363406	261289812	219749654
Balance carried forward to next calendar year (E=C-D)	0	1349486000	525607606	612204460	979516974	797036016
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	577611650	1443431550	333721850	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	813600000	813600000	813600000	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	739321650	806799600	806799600	0
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	739321650	806799600	806799600	0

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	439.0209	439.0209	439.0209	439.0209	439.0209	480.713
Closing on 31 December	439.0209	439.0209	439.0209	439.0209	463.0916	480.713

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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 HSCC in this process.

La gestion des fonds de RSS se fait conformément aux manuels de procédures PADS. Elle a été efficace à notre avis durant l'année 2012 en ce sens qu'il n'y a pas eu d'obstacles internes liés au décaissement.

Has an external audit been conducted? **Yes**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Construire et équiper 1 SIEM dans la région sanitaire des Cascades	x	100	Rapport des activités de 2012 du PADS
Construire et équiper 3 ateliers de maintenance dans 3 districts sanitaires : (Léo, Sindou, Diapaga)	x	93	Rapport des activités de 2012 du PADS
Construire et équiper 5 CSPS dans les zones à faible couverture sanitaire : Sami (DS de Solenzo), Varpuo (DS de Dano) Boulmatchiangou, (DS de Diapaga) Sassamba, (DS de Mangodara), Datambi (DS de Sebba)	x	48	Rapport des activités de 2012 du PADS
Réaliser une évaluation finale de la mise en œuvre des activités de GAVI’RSS	x	0	Rapport des activités de 2012 du PADS

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Construire et équiper 5 CSPS dans les zones à faib	<p>Les travaux ont débuté en 2011 et sont en cours d'exécution. Les taux d'exécution physiques sont de : 19,63% pour le CSPS de Varpuo (DS Dano), 45 % pour le CSPS de Boulmatchiangou (DS de Diapaga), 45 % pour le CSPS de Sassamba (DS de Mangodara), 49 % pour le CSPS de Datambi (DS de Sebba), 82% pour le CSPS de Sami (DS de Solenzo).</p> <p>Cependant, des difficultés subsistent quant aux travaux de construction du CSPS de Varpuo où le contrat a été résilié pour une nouvelle attribution du marché.</p> <p>Concernant le faible taux de réalisation des CPCS, cela peut s'expliquer par la faible capacité des fournisseurs pendant l'exécution des travaux et l'inaccessibilité de certaines zones pendant la saison pluvieuse.</p>

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Une activité n'a pu connaître un début à ce jour. Il s'agit de l'évaluation finale de la mise en œuvre des activités financées par GAVI'RSS qui dépend de la réalisation de,la totalité des activités. A ce jour, les termes de référence pour réaliser cette activité ont été élaborés et le recrutement du bureau d'étude est en cours.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

NON

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

En 2012, le soutien de GAVI a permis de réaliser de grandes activités telles que :

- la construction et l'équipement d'un (01) SIEM dans une région sanitaire du Burkina (Cascades);
- la construction et l'équipement de trois (03) ateliers de maintenance dans 3 districts sanitaires ;
- la poursuite des travaux de construction de cinq (05) CSPS dans les zones à faible couverture sanitaire.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Au cours de l'année 2012, la principale difficulté rencontrée a été la défaillance de l'entrepreneur pour la construction du CSPS de Varpuo. La solution a été la résiliation du contrat au profit d'une autre entreprise. Concernant l'évaluation finale de la mise en oeuvre des activités financées par GAVI'RSS, sa réalisation est tributaire de la réalisation de la totalité des activités.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

NA

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

NA

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

NA

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

NA

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management

- Any changes to management processes in the coming year

La gestion des fonds de RSS se fait conformément aux manuels de procédures PADS. Elle a été efficace à notre avis durant l'année 2012 en ce sens qu'il n'y a pas eu d'obstacles internes liés au décaissement.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Objectif 1 : Renforcer les capacités de 19 districts sanitaires et 3 structures centrales pour la coordination, la supervision, le suivi et l'évaluation d'ici fin 2015						
DPS 1.1 : Renforcement des capacités logistiques des structures opérationnelles et centrales						
Activité 1.1.1 : Doter 19 districts sanitaires (Solenzo, Nouna, Toma, Garango, Sindou, Sig-Noghin, Mangodara, Manni, Orodara, Koudougou, Gaoua, Réo, Zorgho, Manga, Pô, Kaya, Boulsa, Kongounsi, Barsaloghho) de véhicules de supervision (Pick up) en 2014 et 2015						
Activité 1.1.2 : Doter 150 motocyclettes supplémentaires au profit des formations sanitaires pour les activités de vaccination en stratégie avancée de 2013 à 2015	X	74999925	0			
Activité 1.1.3 : Doter la DPV d'un véhicule de supervision en 2014						

DPS 1.2 : Coordination des interventions dans le domaine de la santé, y compris la vaccination						
Activité 1.2.1 : Organiser des rencontres trimestrielles du CTA, de 2013 à 2015	X	299997	0			
Activité 1.2.2 : Organiser des rencontres trimestrielles du CCIA, de 2013 à 2015	X	719993	0			
DPS 1.3 : Gestion, suivi et évaluation des activités de GAVI/RSS						
Activité 1.3.1 : Effectuer des sorties trimestrielles de suivi de la mise en œuvre des activités RSS de 2013 à 2015	X	7809826	0			
Activité 1.3.2 : Réaliser une évaluation finale de la mise en œuvre des activités RSS en 2015						
Activité 1.3.3 : Doter la DEP en fournitures de bureau et consommables pour la mise en œuvre des activités RSS de 2013 à 2015	X	15299460	0			
Activité 1.3.4 : Assurer les frais d'audits financiers du projet de 2013 à 2015	X	8000100	0			
Activité 1.3.5 : Appuyer la réalisation des missions de contrôles internes sur la gestion des ressources de 2013 à 2015	X	4980899	0			
Activité 1.3.6 : Appuyer la réalisation des sessions de financement des plans d'action annuels des structures sanitaires de 2013 à 2015	X	18327312	0			

Activité 1.3.7 : Appuyer le fonctionnement de l'unité de gestion du PADS de 2013 à 2015	X	9371700	0			
Activité 1.3.8 : Mobiliser une assistance technique pour appuyer l'évaluation finale et la formation spécifique en maintenance de 2013 à 2015	X	2500200	0			
Objectif 2 : Accroître dans tous les districts sanitaires le taux de couverture vaccinale pour tous les antigènes de 63,1% en 2009 à 85 % d'ici fin 2015						
DPS 2.1 : Renforcement de l'offre et la qualité des services de vaccination						
Activité 2.1.1 : Réaliser des supervisions spécifiques au niveau des districts sur la gestion du PEV de 2013 à 2015	X	41620119	0			
Activité 2.1.2 : Appuyer la réalisation des activités de vaccination en stratégie avancée de 2013 à 2015	X	7803120	0			
Activité 2.1.3 : Appuyer la réalisation des activités de vaccination intensives dans les zones faiblement couvertes de 2013 en 2015	X	3002100	0			
Activité 2.1.4 : Appuyer le monitoring des activités au niveau des formations sanitaires de 2013 à 2015	X	32380605	0			
Activité 2.1.5 : Investiguer les cas de MAPI graves de 2013 à 2015	X	9741404	0			

<p>Activité 2.1.6 : Doter 5 nouveaux CSPS en matériel médico technique: Sami (DS Solenzo), Varpuo (DS Dano), Boulmachiang ou (DS Diapaga), Sassamba (DS Mangodara), Datambi (DS Sebba) en 2013</p>	X	74999999	0			
DPS 2.2 : Renforcement des compétences des personnels de santé						
Activité 2.2.1 : Former/recycler 96 responsables PEV des districts et des régions sur la gestion du PEV en 2014						
Activité 2.2.2 : Former/recycler 300 responsables du secteur privé sur la gestion du PEV en 2014 et 2015						
Activité 2.2.3 : Former/recycler 750 agents des CSPS sur la gestion du PEV en 2014						
Activité 2.2.4 : Réviser les curricula de formation des écoles de formations de santé publiques et privées et des universités pour prendre en compte les nouvelles directives du PEV en 2014						
Activité 2.2.5 : Former 70 enseignants des écoles de formations de santé publiques et privées et des universités pour prendre en compte les nouvelles directives du PEV en 2014						

Activité 2.2.6 : Former 04 responsables PEV du niveau central au cours MLM en 2013 et 2015	X		3000600	0			
DPS 2.3 : Renforcement de la demande de services de vaccination							
Activité 2.3.1 : Appuyer les ONG-rencap dans le suivi des activités des OBC-E en 2013	X		904500	0			
Activité 2.3.2 : Appuyer les OBC-E dans la mobilisation sociale en faveur du PEV en 2014							
Activité 2.3.3 : Assurer trimestriellement la recherche des perdus de vue dans les CSPS par les ASBC de 2013 à 2015	X		17130852	0			
Activité 2.3.4 : Superviser une fois par semestre les ASBC par les CSPS de 2013 à 2015	X		32736015	0			
Activité 2.3.5 : Doter les ASBC de 600 bicyclettes en 2013	X		29999700	0			
Activité 2.3.6 : Doter 200 ASBC de kits de sensibilisation (sac, idiogramme, mégaphones ...) en 2013	X		6999300	0			
Activité 2.3.7: Monitorer les activités de santé au niveau communautaire de 2013 à 2015							
DPS 2.4 : Amélioration de la gestion des déchets biomédicaux							
Activité 2.4.1 : Assurer la maintenance de 76 incinérateurs de 2013 à 2015	X		13919400	0			

Activité 2.4.2 : Former 83 utilisateurs à la gestion des incinérateurs (70 SIECA et 13 SESA) en 3 sessions de 2 jours à Ouagadougou en 2013 et 2015	X	6231160	0			
DPS 2.5 : Surveillance des maladies évitables par la vaccination						
Activité 2.5.1 : Investiguer tous les cas de maladies sous surveillance de 2013 à 2015	X	9449524	0			
Activité 2.5.2 : Doter les laboratoires impliqués dans la surveillance épidémiologique des maladies évitables par la vaccination en consommables médicaux et réactifs en 2013 et 2014	X	9990000	0			
Objectif 3 : Augmenter les capacités de stockage des vaccins à 100% et à au moins 80% les autres critères de gestion efficace des vaccins aux niveaux central, régional et dans 19 districts sanitaires d'ici fin 2015						
DPS 3.1 : Renforcement des capacités de stockage des vaccins et consommables du PEV						
Activité 3.1.1 : Doter 172 réfrigérateurs solaires aux CSPS pour la conservation des vaccins de 2013 à 2015	X	90000000	0			

Activité 3.1.2 : Acquérir 14 congélateurs pour la conservation des vaccins au profit des nouveaux districts (Ténado, Sabou, Boussouma, Tougouri, Kampti, Thiou, N'Dorola, Léna, Karangasso Vigué, Bittou, Pouytenga, Garango, Baskuyn Manni) en 2013 et 2014	X	11999988	0			
Activité 3.1.3 : Réhabiliter 02 chambres froides de grandes capacités (20 mètre cube) de la DPV en 2013	X	7499997	0			
Activité 3.1.4 : Construire un magasin de stockage à sec au niveau central en 2013	X	67500000	0			
DPS 3.2 : Maintenance préventive et curative des équipements et des infrastructures sanitaires						
Activité 3.2.1 : Former/recycler 64 techniciens de maintenance à la maintenance des équipements médico techniques et de la chaîne de froid en 2014						
Activité 3.2.2 : Doter les SIEM en matériel et équipements de maintenance des équipements médico techniques et de la chaîne de froid en 2014						

Activité 3.2.3 : Réaliser une fois par an le contrôle de gestion des vaccins au niveau des régions sur la base des bonnes pratiques de stockage et de distribution de 2013 à 2015	X	2454454	0			
Objectif 4 : Réduire l'indice de discordance des données du Système national d'information sanitaire (SNIS) à moins de 10 % d'ici fin 2015						
DPS 4.1 : Contrôle de qualité des données						
Activité 4.1.1 : Organiser semestriellement un contrôle de qualité (DQS) des données de vaccination au niveau des DS de 2013 à 2015	X	32372550	0			
Activité 4.1.2 : Réaliser le DQA national en 2015 dans sept (07) régions sanitaires						
Activité 4.1.3 : Organiser des rencontres trimestrielles d'analyse et de validation des données, y compris celle de la vaccination dans les 13 régions chaque année de 2013 à 2015		20876846	0			
DPS 4.2: Renforcement des capacités						
Activité 4.2.1 : Mettre en œuvre l'informatisation de la collecte des données dans 20 formations sanitaires	X	20299860	0			

Activité 4.2.2 : Reproduire les supports de collecte de données DGISS de 2013 à 2015	X	12600000	0			
Activité 4.2.3 : Doter 4650 ASBC en supports de collecte de données statistiques de 2014 à 2015						
Activité 4.2.4 : Reproduire des bulletins de retro information à tous les niveaux, y compris la prise en compte des données communautaires en 2015						
		707821505	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Objectif 1 : Renforcer les capacités de 19 districts sanitaires et 3 structures centrales pour la coordination, la supervision, le suivi et l'évaluation d'ici fin 2015					
DPS 1.1 : Renforcement des capacités logistiques des structures opérationnelles et centrales					

<p>Activité 1.1.1 : Doter 19 districts sanitaires (Solenzo, Nouna, Toma, Garango, Sindou, Sig-Noghin, Mangodara, Manni, Orodara, Koudougou, Gaoua, Réo, Zorgho, Manga, Pô, Kaya, Boulsa, Kongounsi, Barsalogo) de véhicules de supervision (Pick up) en 2014 et 2015</p>	X	144202500			
<p>Activité 1.1.2 : Doter 150 motos supplémentaires au profit des formations sanitaires pour les activités de vaccination en stratégie avancée de 2013 à 2015</p>	X	74999925			
<p>Activité 1.1.3 : Doter la DPV d'un véhicule de supervision en 2014</p>	X	14420250			
<p>DPS 1.2 : Coordination des interventions dans le domaine de la santé, y compris la vaccination</p>					
<p>Activité 1.2.1 : Organiser des rencontres trimestrielles du CTA, de 2013 à 2015</p>	X	299997			
<p>Activité 1.2.2 : Organiser des rencontres trimestrielles du CCIA, de 2013 à 2015</p>	X	719993			
<p>DPS 1.3 : Gestion, suivi et évaluation des activités de GAVI'RSS</p>					

Activité 1.3.1 : Effectuer des sorties trimestrielles de suivi de la mise en œuvre des activités RSS de 2013 à 2015	X		7851330			
Activité 1.3.2 : Réaliser une évaluation finale de la mise en œuvre des activités RSS en 2015						
Activité 1.3.3 : Doter la DEP en fournitures de bureau et consommables pour la mise en œuvre des activités RSS de 2013 à 2015	X		11649600			
Activité 1.3.4 : Assurer les frais d'audits financiers du projet de 2013 à 2015	X		8000100			
Activité 1.3.5 : Appuyer la réalisation des missions de contrôles internes sur la gestion des ressources de 2013 à 2015	X		4980899			
Activité 1.3.6 : Appuyer la réalisation des sessions de financement des plans d'action annuels des structures sanitaires de 2013 à 2015	X		18327312			
Activité 1.3.7 : Appuyer le fonctionnement de l'unité de gestion du PADS de 2013 à 2015	X		9371700			
Activité 1.3.8 : Mobiliser une assistance technique pour appuyer l'évaluation finale et la formation spécifique en maintenance de 2013 à 2015	X		2500200			

Objectif 2 : Accroître dans tous les districts sanitaires le taux de couverture vaccinale pour tous les antigènes de 63,1% en 2009 à 85 % d'ici fin 2015					
DPS 2.1 : Renforcement de l'offre et la qualité des services de vaccination					
Activité 2.1.1 : Réaliser des supervisions spécifiques au niveau des districts sur la gestion du PEV de 2013 à 2015	X	41620119			
Activité 2.1.2 : Appuyer la réalisation des activités de vaccination en stratégie avancée de 2013 à 2015	X	6504549			
Activité 2.1.3 : Appuyer la réalisation des activités de vaccination intensives dans les zones faiblement couvertes de 2013 en 2015	X	2400060			
Activité 2.1.4 : Appuyer le monitoring des activités au niveau des formations sanitaires de 2013 à 2015	X	32380605			
Activité 2.1.5 : Investiguer les cas de MAPI graves de 2013 à 2015	X	9741404			

<p>Activité 2.1.6 : Doter 5 nouveaux CSPS en matériel médico technique: Sami (DS Solenzo), Varpuo (DS Dano), Boulmachian gou (DS Diapaga), Sassamba (DS Mangodara), Datambi (DS Sebba) en 2013</p>					
<p>DPS 2.2 : Renforcement des compétences des personnels de santé</p>					
<p>Activité 2.2.1 : Former/recycler 96 responsables PEV des districts et des régions sur la gestion du PEV en 2014</p>	X	11462387			
<p>Activité 2.2.2 : Former/recycler 300 responsables du secteur privé sur la gestion du PEV en 2014 et 2015</p>	X	21015072			
<p>Activité 2.2.3 : Former/recycler 750 agents des CSPS sur la gestion du PEV en 2014</p>	X	43975319			
<p>Activité 2.2.4 : Réviser les curricula de formation des écoles de formations de santé publiques et privées et des universités pour prendre en compte les nouvelles directives du PEV en 2014</p>	X	3807666			

Activité 2.2.5 : Former 70 enseignants des écoles de formations de santé publiques et privées et des universités pour prendre en compte les nouvelles directives du PEV en 2014	X	8860194			
Activité 2.2.6 : Former 04 responsables PEV du niveau central au cours MLM en 2013 et 2015					
DPS 2.3 : Renforcement de la demande de services de vaccination					
Activité 2.3.1 : Appuyer les ONG-rencap dans le suivi des activités des OBC-E en 2013					
Activité 2.3.2 : Appuyer les OBC-E dans la mobilisation sociale en faveur du PEV en 2014	X	9527400			
Activité 2.3.3 : Assurer trimestriellement la recherche des perdus de vue dans les CSPS par les ASBC de 2013 à 2015	X	17130852			
Activité 2.3.4 : Superviser une fois par semestre les ASBC par les CSPS de 2013 à 2015	X	16588224			
Activité 2.3.5 : Doter les ASBC de 600 bicyclettes en 2013					

Activité 2.3.6 : Doter 200 ASBC de kits de sensibilisation (sac, idiogramme, mégaphones ...) en 2013					
Activité 2.3.7 : Monitorer les activités de santé au niveau communautaire de 2013 à 2015	X	31500000			
DPS 2.4 : Amélioration de la gestion des déchets biomédicaux					
Activité 2.4.1 : Assurer la maintenance de 76 incinérateurs de 2013 à 2015	X	13919400			
Activité 2.4.2 : Former 83 utilisateurs à la gestion des incinérateurs (70 SIECA et 13 SESA) en 3 sessions de 2 jours à Ouagadougou en 2013 et 2015					
DPS 2.5 : Surveillance des maladies évitables par la vaccination					
Activité 2.5.1 : Investiguer tous les cas de maladies sous surveillance de 2013 à 2015	X	9449524			
Activité 2.5.2 : Doter les laboratoires impliqués dans la surveillance épidémiologique des maladies évitables par la vaccination en consommables médicaux et réactifs en 2013 et 2014	X	9990000			

Objectif 3 : Augmenter les capacités de stockage des vaccins à 100% et à au moins 80% les autres critères de gestion efficace des vaccins aux niveaux central, régional et dans 19 districts sanitaires d'ici fin 2015					
DPS 3.1 : Renforcement des capacités de stockage des vaccins et consommables du PEV					
Activité 3.1.1 : Doter 172 réfrigérateurs solaires aux CSPS pour la conservation des vaccins de 2013 à 2015	X	90000000			
Activité 3.1.2 : Acquérir 14 congélateurs pour la conservation des vaccins au profit des nouveaux districts (Ténado, Sabou, Boussouma, Tougouri, Kampti, Thiou, N'Dorola, Léna, Karangasso Vigué, Bittou, Pouytenga, Garango, Baskuyn Manni) en 2013 et 2014	X	8999991			
Activité 3.1.3 : Réhabiliter 02 chambres froides de grandes capacités (20 mètre cube) de la DPV en 2013					
Activité 3.1.4 : Construire un magasin de stockage à sec au niveau central en 2013					

DPS 3.2 : Maintenance préventive et curative des équipements et des infrastructures sanitaires					
Activité 3.2.1 : Former/recycler 64 techniciens de maintenance à la maintenance des équipements médico techniques et de la chaîne de froid en 2014	X	14797127			
Activité 3.2.2 : Doter les SIEM en matériel et équipements de maintenance des équipements médico techniques et de la chaîne de froid en 2014	X	6505200			
Activité 3.2.3 : Réaliser une fois par an le contrôle de gestion des vaccins au niveau des régions sur la base des bonnes pratiques de stockage et de distribution de 2013 à 2015	X	2454454			
Objectif 4 : Réduire l'indice de discordance des données du Système national d'information sanitaire (SNIS) à moins de 10 % d'ici fin 2015					
DPS 4.1 : Contrôle de qualité des données					

Activité 4.1.1 : Organiser semestrielle ment un contrôle de qualité (DQS) des données de vaccination au niveau des DS de 2013 à 2015	X	32372550			
Activité 4.1.2 : Réaliser le DQA national en 2015 dans sept (07) régions sanitaires					
Activité 4.1.3 : Organiser des rencontres trimestrielles d'analyse et de validation des données, y compris celle de la vaccination dans les 13 régions chaque année de 2013 à 2015	X	20876846			
DPS 4.2: Renforcement des capacités					
Activité 4.2.1 : Mettre en œuvre l'informatisation de la collecte des données dans 20 formations sanitaires					
Activité 4.2.2 : Reproduire les supports de collecte de données DGISS de 2013 à 2015	X	12600000			
Activité 4.2.3 : Doter 4650 ASBC en supports de collecte de données statistiques de 2014 à 2015	X	30996900			
Activité 4.2.4 : Reproduire des bulletins de retro information à tous les niveaux, y compris la prise en compte des données communautaires en 2015					
		806799649			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
Bailleurs de fonds du Programme d'appui au développement sanitaire	63693587	4 ans	Tous les objectifs de la proposition
Banque islamique du développement (BID IV)	13241111	5 ans	Renforcement des infrastructures sanitaires de base et équipements dans les zones les moins desservies
Fond Mondial	18937814	2 ans	Développement des ressources humaines pour la santé
Programme d'appui au développement sanitaire des régions du Plateau central et du Centre sud	46736667	2 ans	Renforcement des infrastructures sanitaires de base et équipements dans les zones les moins desservies
République de Chine Taïwan	1751637	2 ans	Renforcement des infrastructures sanitaires de base et équipements dans les zones les moins desservies
Union Européenne	8746093	5 ans	Développement des ressources humaines pour la santé

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Nouvelle proposition soumise à GAVI pour la période 2013-2015	Validé par le comité de pilotage du PADS	
RSA 2011	Validé par le comité de pilotage du PADS	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Envoi tardif du canevas et du code de remplissage ne facilite pas le remplissage du formulaire par anticipation.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Burkina Faso **has NOT received GAVI TYPE A CSO support**

Burkina Faso is not reporting on GAVI TYPE A CSO support for 2012

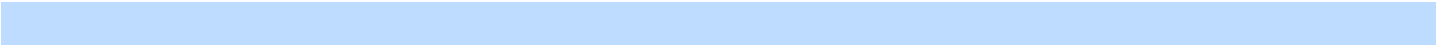
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Burkina Faso **has NOT received GAVI TYPE B CSO support**

Burkina Faso is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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 2012	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.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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 2012	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.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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 2012	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

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature RSA.PDF File desc: Date/time: 5/14/2013 3:01:39 PM Size: 2463734
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature RSA.PDF File desc: Date/time: 5/14/2013 3:01:39 PM Size: 2463734
3	Signatures of members of ICC	2.2		Signature RSA.PDF File desc: Date/time: 5/14/2013 3:05:08 PM Size: 2463734
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		CR provisoire_RSA_14-05-2013.PDF File desc: Date/time: 5/14/2013 3:01:39 PM Size: 3756058
5	Signatures of members of HSCC	2.3		Liste de présence.pdf File desc: Date/time: 5/15/2013 6:45:33 AM Size: 1317967
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		PV 34ème réunion extraordinaire GAVI CP.doc File desc: Date/time: 5/15/2013 6:55:28 AM Size: 88576
9	Post Introduction Evaluation Report	7.2.2		PJ ne concernant pas le BFA.doc File desc: Date/time: 5/15/2013 4:46:26 PM Size: 37376
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		PJ ne concernant pas le BFA.doc File desc: Date/time: 5/15/2013 4:55:00 PM Size: 37376
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		PJ ne concernant pas le BFA.doc File desc: Date/time: 5/15/2013 4:56:16 PM

				Size: 37376
12	Latest EVSM/VMA/EVM report	7.5	✓	Rapport_Final_GEV_BFA_Version_30_08_2012.pdf File desc: Date/time: 4/17/2013 6:21:51 AM Size: 1633912
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Plan d'amélioration_GEV-BFA_31 Aout 2012.xlsx File desc: Date/time: 4/17/2013 6:38:57 AM Size: 103543
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	MISE EN ŒUVRE DU PLAN D'AMELIORATION GEV.docx File desc: Date/time: 5/6/2013 12:57:08 PM Size: 15975
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	PJ ne concernant pas le BFA.doc File desc: Date/time: 5/15/2013 4:52:49 PM Size: 37376
17	Valid cMYP if requesting extension of support	7.8	✗	PPAC 2011_2015_DPV_Revisé_30 Aout 2012.pdf File desc: Date/time: 4/17/2013 10:36:21 AM Size: 1256514
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Tool_Vs 2 5_Fr PEV BFA 30_08_2012.xls File desc: Date/time: 4/17/2013 10:56:01 AM Size: 3299328
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Tab récapitulatif.pdf File desc: Date/time: 5/15/2013 1:50:01 PM Size: 457686
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Etat d'exécution au 30-04-13 en \$.pdf File desc: Date/time: 5/15/2013 1:51:47 PM Size: 825913
				Etats financiers.xlsx

21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	File desc: Date/time: 5/15/2013 2:55:38 PM Size: 61274
22	HSS Health Sector review report	9.9.3	X	CR Réunion du 25 09 2012.pdf File desc: Date/time: 5/15/2013 7:23:48 AM Size: 284297
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Releve.pdf File desc: Relevé bancaire RSS Date/time: 5/15/2013 2:02:27 PM Size: 1249734