



GAVI Alliance

Annual Progress Report **2013**

submitted by
the Government of
Burkina Faso

Reporting year: **2013**

Support request for the year: **2015**

Submitted on: **May 14, 2014**

Deadline for submission: 5/22/2014

Please submit the **2013** annual progress report via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or to the representatives of a GAVI Alliance partner. Documents may be provided to GAVI partners, their staff and the public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *We invite you to use previous annual status reports and approved requests for support from GAVI as reference documents. The electronic copy of previous annual status reports and GAVI support requests are available from the following address: <http>*

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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 program(s) described in the Country's application. Any significant change from the approved program(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 THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the program(s) description in this application. The GAVI Alliance will document any change which will be approved by the GAVI Alliance and the Country's application will be amended.

REIMBURSEMENT OF FUNDS

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

SUSPENSION/ CANCELLATION

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 a purpose other than for the programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this 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 accept any gifts, payments or benefits 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 assessments 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 are any claims of the misuse of funds, the Country must retain 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 Government's signatories confirm that this support application is accurate and correct and is a legally binding commitment for the Country, under its law, to perform the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all the 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 UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages 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 programs described in this application, including without limitation, any financial loss, reliance claims, harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programs described in this application.

By preparing 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

the request for any funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly in compliance with the Alliance's principles of accountability and transparency

1. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Rotavirus, 3 schedule -doses	Rotavirus, 3 schedule -doses	2015

DTP-HepB-Hib (Pentavalent) vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in liquid form in vials of one or ten doses and in liquid/lyophilized form in two-dose vials to be used with a schedule of three injections. The other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed specifically.

1.2. Extension of the Program

No NVS is eligible for an extension of this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2013	Request for Approval of	Eligible For 2013 ISS reward
HSS	Yes	HSS grant next installment N/C	N/A
HSFP	No	Next installment of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A
COS	No	Not applicable	N/A

AVI: Allocation of vaccine introduction; CSO: Operational support for a campaign

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year **2012** is available [here](#). French version is also available [here](#).

2. Signatures

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

By signing this page, the **Burkina Faso** Government 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 funds 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 without the signatures of both the Minister of Health and Minister Finance or their delegated authorities.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority):	
Name	Léné SEBGO	Name	Lucien Marie Noël BEMBAMBA
Date		Date	
Signature		Signature	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries on this document):

Full name	Position	Telephone	E-mail
Dr Zeba Sylvain	Director of Prevention by Immunization	00226 70240561	zebasyvain@yahoo.fr
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M. P. Prosper TAPSOBA	Director of Administration and Finances	0022670200122	tapspiga@yahoo.fr
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Dr Ouattara Mâ	Focal Point for EPI WHO office	0022670200907	ouattarama@who.int
Dr SAFIOU OSSENI RAMI	Head of UNICEF Health and Nutrition program	0022650490110	srosseni@unicef.org

2.2. ICC Signatures Page

If the country presents a report on the Immunization Services Support (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 is an integral part of GAVI Alliance monitoring of the country's 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 the government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunization 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/Minister	Ministry of Health		
Dr Djamila K. CABRAL/ Representative	World Health Organization		
Mrs Sylvana NZIRORERA/ Deputy Representative	United Nations Children's Fund		
M. Ousmana OUEDRAOGO/ Representative	ROTARY International Burkina		
Dr Amédée Proper DJIGUEMDE/ Secretary	Ministry of Health		
Dr Sylvain DIPAMA/ Director General for studies and sectoral statistics	Ministry of Health		
M.P. Prosper TAPSOBA/ Director of Administration and Finances	Ministry of Health		
Dr Djénéba SANON/ Director General of Health	Ministry of Health		
M. Jean Charlemagne YODA/ Coordinator	Support Program for Medical Development		
Dr Sylvain ZEBA/ Director of Prevention by Immunizations	Ministry of Health		
M. Bort CALLEWAERT/ Representative	European Union Delegation		
M. Edouard BETSEM	Office of Preventive Medicine		

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

All comments will be treated confidentially

Comments from partners:



2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **PADS monitoring committee (PSHD -Programme of Support for Health Development)**, endorse this report on the Health Systems Strengthening Program. 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 the country's 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 the 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
Dr DJIGUEMDE Amédée Prosper/ Secretary General	Ministry of Health		
Dr SANON Djénéba/ Director General for Health	Ministry of Health		
Pr SIEMDE Rasmané/ Director General of Pharmacy, Medications and Laboratories	Ministry of Health		
Dr SANOU Souleymane/ Inspector General for Health Services	Ministry of Health		
M. TAPSOBA P. Prosper/ Director of Administration and Finance	Ministry of Health		
Mme OUEDRAOGO Micheline/ Director of Procurement	Ministry of Health		
SAWADOGO Emmanuel wendbénédo/ Representative for NGOs and Societies.	NGOs and Societies		
YODA Jean Charlemagne/ Coordinator	PSHP		
M. KABORE Lassané/ Director General for Cooperation	Ministry of Economy and Finance		

Dr BAKOUAN Didier/ Permanent Secretary	Permanent Secretary of the National Council for Fight against AIDS/ STI		
M. GNANKAMBARI Moumouni/ Director General Treasury and Pubic Accounting	Ministry of Economy and Finance		
M. OUIHINGA Moumouni/ Director General of Planning and Economy	Ministry of Economy and Finance		
M. BAMBARA Pierre Claver/ Director of Procurement Monitoring and financial commitments	Ministry of Health		
Mme SOUBEIGA Zelhata/ Permanent Secretary of the National Council for gender promotion	Ministry of Women's welfare		
M. DAO Foussemi/ Program Manager	WHO		
M. KARAGA Denis	UNICEF		
M. NASSA/ SAWADOGO Michel/ Program Manager	UNFPA		
M. TIENDREBEOGO Sylvestre	PSSLS		
M. OUEDRAOGO P. Jac/ Human Resources Manager	Ministry of Health		

If the HSCC wishes it may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from partners:

APR

Comments from the Regional Working Group:

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

Burkina Faso does not present the report on use of CSO funds (Type A and B) in 2014

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4. Baseline and annual targets

Countries are requested to make a realistic evaluation of vaccine wastage, clarified by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the wastage rate table appendix of the support request guidelines. Please note the reference wastage rate for Pentavalent vaccine available in ten dose vials.

Number	Achievements in line with the WHO/ UNICEF joint report		Targets (Preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	786.922	786.922	814.448	814.448	842.402	842.402
Total infants' deaths	82.271	82.271	95.161	95.161	109.727	109.727
Total surviving infants	704651	704.651	719.287	719.287	732.675	732.675
Total pregnant women	944.307	944.307	977.337	977.337	1,010,882	1,010,882
Number of infants who have received (should receive) BCG vaccine	804.785	806,004	804.785	784,092	804.785	811,007
BCG coverage	102%	102%	99 %	96%	96%	96%
Number of infants who received (should receive) OPV3 vaccine	710.804	713,156	710.804	719.287	710.804	732.675
OPV3 coverage	101 %	101 %	99 %	100 %	97 %	100 %
Number of infants who have received (should receive) DTP1 vaccine	710.804	740,497	710.804	719.287	710.804	732,695
Number of infants who received (should receive) DTP3 vaccine	710.963	715,052	710.963	719.287	710.963	732,695
DTP3 coverage	101 %	101 %	99 %	100 %	97 %	100 %
Wastage [1] rate during the reference year and anticipated thereafter (%) for DTP vaccine	3	3	3	3	3	3
Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine	1.03	1.03	1.03	1.03	1.03	1.03
Number of infants who received (should receive) 1 dose(s) of DTP-HepB-Hib vaccine	704.659	740.497	738.200	719.287	738.200	732.695
Number of infants who received (should receive) 3 dose(s) of DTP-HepB-Hib vaccine	704.659	715.052	738.200	719.287	710.963	732.695
DTP-HepB+Hib coverage	100 %	101 %	103%	100 %	97 %	100 %
Wastage [1] rate in base-year and planned thereafter (%) [2]	5	3	1	3	1	3
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.03	1.01	1.03	1.01	1.03
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID	25 %	0%	25 %	25 %	25 %	25 %
Number of infants who received (should receive) 1 dose(s) of Pneumococcal (PCV13) vaccine	704.659	219.448	719.294	719.287		732.695

Number of infants who received (should receive) 3 dose(s) of Pneumococcal (PCV13) vaccine	704.659	0	719.294	719.287		732.695
Pneumococcal (PCV13) coverage	100 %	0%	100 %	100 %		100 %
Wastage [1] rate in base-year and planned thereafter (%)	5	0	5	1		1
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1.01		1.01
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0%	5 %
Number of infants who received (should receive) 1 dose(s) of Rotavirus vaccine	704.659	217.411	719.294	719.287		732.695
Number of infants who received (should receive) 3 dose(s) of Rotavirus vaccine	704.659	0	719.294	719.287		732.695
Rotavirus coverage	100 %	0%	100 %	100 %		100 %
Wastage [1] rate in base-year and planned thereafter (%)	5	1	5	1		1
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01		1.01
Maximum loss rate for Rotavirus vaccine, 3-dose schedule	5 %	5 %	5 %	5 %	0%	5 %
Number of infants who received (should receive) 1st dose(s) of measles vaccine	692.459	703.551	692.459	719.287	692.459	732.695
Measles coverage	98 %	100 %	96%	100 %	95%	100 %
Pregnant women immunized with TT+	842.216	830.829	842.216	860.057	842.216	839.032
TT+ coverage	89%	88%	86%	88%	83%	83%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	5,800,841	0	5,800,841	0	5,800,841	0
Annual DTP Dropout rate [(DTP1–DTP3)/ DTP1] x100	0%	3%	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 optimize wastage, coverage and cost.

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Please fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2013 must be consistent with those that the country reported in the **WHO/ UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 2015 in the Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APRs or in the new application for GAVI support or in the cMYP.

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

- Justification for any changes in **births**:

The differences between the JRF and APR data can be explained by the fact that the JRF accounts for live births (757,590) where as the APR considers the total number of births (expected deliveries is 786,922).

The gap between fully immunized children in 2013 (806004) and the estimated number of children (784,092) to be immunized in 2014 is explained by the lack of control of the target population.

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

Not applicable

- Provide justification for any changes in targets per vaccine: **Please note that for targets of more than 10%, the results from previous years must be justified.**

Not applicable

- Justification for any changes in **Wastage rate by vaccine**

Not applicable

5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of the immunization program against the objectives (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Coverage objectives have been achieved for all antigens except TT2 +. According to the GIVS objective, all 63 districts have reached at least 80% immunization coverage for all antigens administered to the target children aged 0-11 months. The main dropout rate for PENTA1/PENTA3 and BCG/ MV are 3% and 13% respectively.

The main activities completed are related to the five components of the Reach Every District approach which is implemented in all the districts since 2005. Following the socio-political crisis in the sub-region, Burkina hosted refugee populations who are also covered by the routine immunization program. For the refugees concerned, it should be noted that the children benefited from the additional campaigns.

The major obstacle is the quality of the data arising from coverages beyond 100% for certain antigens. As a remedy, the program has introduced registers for registering individuals under the immunized targets instead of a check-in register.

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

The only goal not achieved concerns TT2 + and the major reason is the lack of registration of pregnant multiparous women who received multiple doses in previous pregnancies

5.3. Monitoring the implementation of GAVI gender policy

5.3.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3, through administrative sources and/ or surveys, available in your country? **No, not available**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Year of reference for estimation	DTP3 coverage estimation	
		Boys	Girls

5.3.2. How have you been using the above data to address the gender-related barrier to immunization access?

Not applicable

5.3.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **Yes**

5.3.4. How the gender-related barriers at the access and implementation of immunization services (for example, mothers having no access to the services, the gender of service provider, etc.) were resolved from the programs point of view? (For more information on these gender-related barriers, refer to the GAVI “Gender and immunization” sheet at <http://www.gavialliance.org/fr/librairie/>)

From the programming point of view, Burkina has revised the vaccination tools used for collecting gender based information from 2014.

5.4. Data assessments

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

The last formal valuation dates to 2009 for the coverage survey and to 2010 for the demographic and health survey (DHS). This situation doesn't help us explain potential financial gaps.

Please note that the WHO/ UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

Not applicable

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

The following activities were organized from improve the production of administrative data.

- Introduction of a register for registering individuals under the immunization targets instead of a check-in register.
- Monitoring of data during the decentralized meetings with the regions and districts
- Early validation of data with the health regions
- Monthly harmonization of data with monitoring laboratories
- Monthly feed-back at the peripheral level on data quality

- Implementation of self-assessment of data quality in the districts
- Training of EPI managers on EPI management and surveillance of target diseases
- Implementation of specific monitoring

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.

Improvement of data quality is one of the strategies systematically developed in the annual plans of the program. The following activities are in line with this strategy.

- Introduction of a register for registering individuals under the immunized targets instead of a check-in register.
- Monitoring of data during the decentralized meetings with the regions and districts
- Early validation of data with the health regions
- Monthly harmonization of data with monitoring laboratories
- Monthly feed-back at the peripheral level on data quality
- Implementation of self-assessment of data quality in the districts
- Training of EPI managers on EPI management and surveillance of target diseases
- Implementation of specific monitoring

5.5. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please fill in the table using US\$.

Exchange rate used	1 US\$ = 483.245	Only enter the exchange rate and not the name of the local currency
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Table 5.5a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditure by Category	Year of Expenditure 2013	Sources of Finance						
		Country	GAVI	UNICEF	WHO	PSHP	NGO_LVIA	Other Donors
Traditional vaccines*	1,839,781	1,839,781	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	9,841,439	684.571	9,156,868	0	0	0	0	0
Injection material (AD syringes and others)	397.152	191.939	205.213	0	0	0	0	0
Cold Chain equipment	69.799	0	14.485	55.314	0	0	0	0
Staff	407.465	407.465	0	0	0	0	0	0
Other routine recurrent costs	1,849,967	122.252	1,089,828	207.224	154.473	168.990	43.146	64.054
Other Capital Costs	70.844	2.690	0	0	0	45.008	0	23.146
Campaigns costs	12,375,416	0	0	5,456,173	6,919,243	0	0	0

N/A		0	0	0	0	0	0	0
Total Expenditure for Immunization	26,851,863							
Total Government Health expenditure		3,248,698	10,466,394	5,718,711	7,073,716	213.998	43.146	87.200

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

5.5.1. If no government funds are allocated to traditional vaccines, please explain why and provide plans for expected sources of funding for 2014 and 2015

Not applicable, because the country buys all the traditional vaccines

5.6 Financial Management

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

If **Yes**, briefly describe progress for 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	Implementation?
Transfer of management to PSHP	Yes
Conducting audits of ISS funds in 2008	Yes

If the above table shows that the plan from the Aide-Memoire was completely or partially implemented, briefly describe what exactly was executed.

- Management of funds meant for the introduction of Pneumo and Rota was transferred to PSHP (Programme of Support for Health Development)
 - Two audits were conducted in 2011 and 2012; one of the recommendations made in the audits was to reimburse the non eligible expenses.

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

Not applicable

5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **7**

Please attach the minutes (**Document N° 4**) of all the ICC meetings held in 2014, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections **5.1 Baseline and updated annual targets** to **Overall Expenditure and Financing for Immunization**

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

If **yes**, which ones?

List of CSO members of the ICC:
Red Cross
ROTARY CLUB
EPIVAC National Network
SPONG (in 2013, this organization participated in the ICC meetings)

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI program for 2014 to 2015?

The main objectives are:

- At least 85% of HDs have reached a coverage rate of 80% for all the antigens.
- Increase the proportion of districts achieving 100% coverage for the following antigens.
 - BCG: 79% to 90%
 - OPV1: 75% to 87%
 - OPV3: 70% to 85%
 - Penta1: 75% to 87%
 - Penta3: 68% to 84%
 - MV: 57% to 79%
 - YFV: 54% to 78%
 - TT2+: 35% to 51%
- Reach the following vaccine coverages
- Pneumo3: 100%
- Rota3: 100%
- Dropout rate PENTA1-PENTA3: 3%
- Dropout rate BCG/MV: 12%

Priority activities

- Organization of 4 supplementary immunization campaigns (NID) against Polio
- Preparation a national documentation for the certification of Polio eradication in Burkina Faso.
- Introduction of 2nd dose of MV
- Introduction of RR (rubella vaccine) in lieu of MV
- Organization of mass immunization campaign against measles and rubella
- Prepare a plan for the introduction of the vaccines IPV and HPV
- Developing a national strategy on non- EPI vaccination
- Procuring Cold Chain equipment
- Organization of a thorough review of the EPI

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
FR BCG	AD syringe 0.05ml and reconstitution syringe RUF 3ml	State Budget
FR Measles	AD syringe 0.05ml and reconstitution syringe 5ml	State Budget
FR TT	AD syringe 0.5ml	State Budget
FR DTP-containing vaccine	AD syringe 0.5ml	GAVI/ State Budget
PCV13	AD syringe 0.5ml	GAVI/ State Budget

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)

Not applicable

Please explain how sharp waste was been eliminated in 2013, what were the problems, etc...

Waste is destroyed by the following methods:

•- By incineration,

•- by landfill

Please report on any problems encountered:

• - Insufficient number of efficient incinerators

• - Poor state of incinerators

• - Failure in the collection and destruction of safety boxes that are filled up

• - Insufficiency in the monitoring of incinerator operators

• - Insufficient training of incineration operators

• - Insufficient maintenance of incinerators

•

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Burkina Faso does not present report on the use of ISS funds (Type A and B) in 2013

6.2. Detailed expenditure of ISS funds during the calendar year

Burkina Faso does not present report on the use of ISS funds (Type A and B) in 2013

6.3. Request for ISS reward

The request for the expected reward for ISS is not applicable for the 2013 in Burkina Faso

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

7.1. Receipt of new & under-used vaccines for 2013 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2013 that GAVI communicated to you in its decision letter (DL)? Please fill the table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013.

	[A]	[B]		
Vaccine Type	Total doses for 2013 in DL	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Has the country experienced a stock shortage at any level in 2013?
DTP-HepB-Hib	2,230,500	2,727,400	0	Yes
Pneumococcal (PCV13)	695.500	658.000	0	No
Rotavirus	694.200	669.600	0	No

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

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

- What are the main problems encountered? (Lower vaccine utilization than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stock? Problems with cold chain? Doses discarded due to VVM changing color or due to the expiry date?)

The difference between the quantities approved and the quantities received are due to the receipt of vaccine stock in January 2013 pertaining to a delivery expected in 2012.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the schedule 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 optimize wastage, coverage and cost.

In the case of delayed shipment, reminders are sent to UNICEF to accelerate the procurement process.

If **Yes**, for any vaccine in **Table 7.1**, indicate the duration, reason and the impact of stock-out even if the stock-out occurred at the central, regional, district or a lower level.

Stock shortages affected the district level (01) and lasted two days. The stock shortages were due to a logistics issue (breakdown of refueling vehicle). However, the stock shortage did not affect routine vaccination activities.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the approved proposal and report on achievements.

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES/ NO]	Yes	10/31/2013
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	

Rotavirus, 1 dose (s) per vial, ORAL		
PHASED INTRODUCTION	No	
Nationwide introduction [YES/ NO]	Yes	10/31/2013
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	

DTP-HepB-Hib, 10 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES/ NO]	Yes	
Was the time and scale of the introduction as planned in the proposal? If not, Why?	Yes	

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 No. 9)

Not applicable

7.2.3. Adverse Events 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**

Has your country implemented a risk communication strategy along with national preparation plans to deal with possible immunization issues? **Yes**

7.2.4. Supervision

Has your country set-up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country conducted special studies on:

a. Rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Inter-Agency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **No**

Are you planning to use data from national sentinel surveillance and/ or special studies to monitor and assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of monitoring/ special studies and NITAG/ ICC contributions:

Not applicable

7.3. Lump sum allocation for the introduction of a new vaccine in 2013

7.3.1. Financial Management Reporting

	Amount in US\$	Amount in local currency
Funds received in 2013 (A)	1,160,744	560,923,850
Balance of funds carried forward from 2012	0	0
Total Available Funds in 2013 (C=A+B)	1,160,744	560,923,850
Total expenditures in 2013 (D)	434,641	210,038,319
Balance carried over to 2014 (E=C-D)	726,103	350,885,531

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 10, 11). (Terms of reference for this financial statement are attached in **Annexe 1.**) Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of the Ministry of Health.

7.3.2. Programme 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.

- Creation of collection facilities
- Staff training
- Supervision of health workers
- Appraisal meeting of political and administrative heads and partners
- Launching ceremony
- Production and distribution of radio and TV Spots
- Implementation of radio broadcasts
- Advocacy mission with pediatricians and laboratory managers
- Supply of vaccines and consumables to the regions, districts and HSPC
- Monitoring the rehabilitation of the cold room infrastructure.

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

- Delayed allocation of financial resources
- Cumbersome procedures for the acquisition of equipment

Please describe the activities that will be undertaken with the balance of funds carried forward to 2014

- Supply of vaccines and consumables to the regions and health districts
- Maintenance and repair of cold chain equipment and logistics for transporting vaccines
- Supervision of activities
- Procurement of cold chain equipment

7.4. Report on country co-financing in 2013

Table 7.4: 5 questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	136.500	37,800
Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL	92.004	24.750
Vaccine selected # 3: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	456.067	214.000
Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources?		
Government	684571	
Donor	GAVI: 9841439	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing of vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL	0	0
Vaccine selected # 3: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	11.367	235.400
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	State budget
Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL	October	State budget
Vaccine selected # 3: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	October	State budget
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.		
For preparing the cMYP 2016-2020, technical support will be sought for developing financial viability strategies/viabilities.		

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/program-policies/co-financing/>

Not applicable

Is GAVI's new or under-used vaccines and injection supply support reported in the national health sector budget? **Yes**

7.5 Vaccine Management (EVSM/ EVM/ VMA)

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 the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the annual progress 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 the following documents:

- (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

Not applicable

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Burkina Faso does not provide a report on NVS as part of the prevention campaign

7.7. Change of vaccine presentation

Burkina Faso does not require changes in the vaccine presentation in the coming years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

The renewal of multi-year support for Chad is not available in 2014

7.9. Request for continued support for vaccines for the 2015 vaccination program

In order to request NVS support for 2015 vaccination do the following:

Confirm below that your request for 2015 vaccine support is as per table 7.11 Calculation of requirements

Yes

If you don't confirm, please explain:

Not applicable



7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Cost of Commodities

Estimated prices of supply are not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	No threshold	200,000\$		250,000\$	
			<=	>	<=	>
Yellow fever	YF	7.80%				
Type A meningococcal	MENINACONJUGATE	10.20%				
Pneumococcal (PCV10)	PNEUMO	3.00%				
Pneumococcal (PCV13)	PNEUMO	6.00%				
Rotavirus	ROTA	5.00%				
Measles second dose	MEASLES	14.00%				
DTP-HepB	HEPBHIB	2.00%				
HPV bivalent	HPV2	3.50%				
HPV quadrivalent	HPV2	3.50%				
RR	OR	13.20%				

Vaccine Antigens	Vaccine Type	500,000\$		2000000\$	
		<=	>	<=	>
Yellow fever	YF				
Type A meningococcal	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles second dose	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50%	6.40%		
HPV bivalent	HPV2				
HPV quadrivalent	HPV2				
RR	OR				

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	704.651	719.287	732.675	2,156,613
Number of children to be vaccinated with the first dose	Table 4	#	704.659	738.200	732.695	2,175,554
Number of children to be vaccinated with the third dose	Table 4	#	704.659	738.200	732.695	2,175,554
Immunization coverage with	Table 4	%	100.00%	102.63 %	100.00%	

	the third dose					
	Number of doses per child	Parameter:	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.05	1.01	1.03
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	400.000		
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	400.000		
	Number of doses per vial	Parameter:	#		10	10
	AD syringes required	Parameter:	#		Yes	Yes
	Reconstitution syringes required	Parameter:	#		No	No
	Safety boxes required	Parameter:	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40%	6.40%
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%

* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

** The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

For Pentavalent vaccines, GAVI applies a benchmark of a 4.5 month buffer + operational stock. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact the WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

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

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

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

		2014	2015
Number of vaccine doses	#	2,052,500	1,598,400

Number of AD syringes	#	2,477,600	1,873,100
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	27.275	20.625
Total value to be co-financed by GAVI	\$	4,315,500	3,399,500

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

		2014	2015
Number of vaccine doses	#	222.100	170.700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	455.000	354.000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 4	704.659	738.200	72.083	666.117
B1	Number of children to be vaccinated with the third dose	Table 4	704.659	738.200	72.083	666.117
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,113,977	214.600	216.249	1,998,351
E	Estimated vaccine wastage factor	Table 4	1.05	1.01		
F	Number of doses required including wastage	$D \times E$		2,236,746	218.411	2,018,335
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		37.734	3.685	34.049
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1st January	Table 7.11.1	0	400.000		
H3	Shipment plan	UNICEF shipment report		3,161,600		
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,274,500	222.098	2,052,402
J	Number of doses per vial	Vaccine parameter		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		2,477,568	0	2,477,568
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		27.254	0	27.254
N	Cost of the required vaccines	$1 * \text{price of vaccine per dose}(g)$		4,378,413	427.538	3,950,875
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$		111.491	0	111.491
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit } (cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes } (cs)$		137	0	137
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$		280.219	27.363	252.856
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies } (fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		4,770,260	454.900	4,315,360
U	Total country co-financing	$I \times \text{Country co-financing per dose } (cc)$		454.900		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy 2014 shipment. The information would be updated when the shipment plan is available.

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	732.695	70.665	662.030
B1	Number of children to be vaccinated with the third dose	Table 4	732.695	70.665	662.030
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,198,085	211.993	1,986,092
E	Estimated vaccine wastage factor	Table 4	1.03		
F	Number of doses required including wastage	$D \times E$	2,264,028	218.353	2,045,675
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	10.231	987	9.244
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	505.530	48.756	456.774
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	1,339,003	129.140	1,209,863
H2	Stock on 1st January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,769,000	170.610	1,598,390
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	1,873,064	0	1,873,064
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	20.604	0	20.604
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose (g)}$	3,447,781	332.519	3,115,262
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	84.288	0	84.288
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	104	0	104
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$	220.658	21.282	199.376
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	3,752,831	353.800	3,399,031
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	353.800		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy 2014 shipment. The information would be updated when the shipment plan is available.

Table 7.11.1: Characteristics for Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	704.651	719.287	732.675	2,156,613
	Number of children to be vaccinated with the first dose	Table 4	#	704.659	719.294	732.695	2,156,648
	Number of children to be vaccinated with the third dose	Table 4	#	704.659	719.294	732.695	2,156,648
	Immunization coverage with the third dose	Table 4	%	100.00%	100.00%	100.00%	
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.01	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	79.300			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	79.300			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00%	6.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

** The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

Co-funding tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

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

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015
Number of vaccine doses	#	2,077,300	2,105,400
Number of AD syringes	#	2,299,200	2,429,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	25.300	26.725
Total value to be co-financed by GAVI	\$	7,570,500	7,630,500

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

		2014	2015
Number of vaccine doses	#	122.400	124.900
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	440.000	446.500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (section 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	5.56 %		
B	Number of children to be vaccinated with the first dose	Table 4	704.659	719.294	40.023	679.271
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B \times C$	2,113,977	2,157,882	120.068	2,037,814
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses required including wastage	$D \times E$		2,265,777	126.071	2,139,706
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		11.526	642	10.884
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,199,600	122.389	2,077,211
J	Number of doses per vial	Vaccine parameter		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		2,299,119	0	2,299,119
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		25.291	0	25.291
N	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		7,458,844	415.019	7,043,825
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		103.461	0	103.461
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		127	0	127
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		447.531	24.902	422.629
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		8,009,963	439.920	7,570,043
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		439.920		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (section 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	5.60 %		
B	Number of children to be vaccinated with the first dose	Table 4	732.695	41.023	691.672
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2,198,085	123.067	2,075,018
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses required including wastage	$D \times E$	2,220,066	124.297	2,095,769
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	10.051	563	9.488
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,230,200	124.865	2,105,335
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	2,428,950	0	2,428,950
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	26.719	0	26.719
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose}(g)$	7,515,774	420.793	7,094,981
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit} (ca)$	109.303	0	109.303
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit} (cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes} (cs)$	134	0	134
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value} (fv)$	450.947	25.248	425.699
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies} (fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	8,076,158	446.040	7,630,118
U	Total country co-financing	$I \times \text{Country co-financing per dose} (cc)$	446.040		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.60 %		

Table 7.11.1: Characteristics for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	704.651	719.287	732.675	2,156,613
	Number of children to be vaccinated with the first dose	Table 4	#	704.659	719.294	732.695	2,156,648
	Number of children to be vaccinated with the third dose	Table 4	#	704.659	719.294	732.695	2,156,648
	Immunization coverage with the third dose	Table 4	%	100.00%	100.00%	100.00%	
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.01	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	227.525			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	227.525			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		No	No	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.13	0.13	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00%	5.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

** The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

Co-financing table for Rotavirus, 1 dose (s) per vial, ORAL

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

	2013	2014	2015
Minimum co-financing	0.13	0.13	0.13
Your co-financing	0.13	0.13	0.13

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

		2014	2015
Number of vaccine doses	#	1,977,700	2,150,100
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	7,268,000	7,902,000

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

		2014	2015
Number of vaccine doses	#	72.600	80.200
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	267.000	294.500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose (s) per vial, ORAL (section 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	3.54 %		
B	Number of children to be vaccinated with the first dose	Table 4	704.659	719.294	25.445	693.849
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B \times C$	2,113,977	2,157,882	76.334	2,081,548
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses required including wastage	$D \times E$		2,265,777	80.150	2,185,627
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		11.526	408	11.118
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,050,200	72.525	1,977,675
J	Number of doses per vial	Vaccine parameter		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$		0	0	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$		7,175,700	253.835	6,921,865
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		0	0	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		0	0	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		358.785	12.692	346.093
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		7,534,485	266.526	7,267,959
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		266.526		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		3.54 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose (s) per vial, ORAL (section 2)

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	3.59 %		
B	Number of children to be vaccinated with the first dose	Table 4	732,695	26,318	706,377
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2,198,085	78,952	2,119,133
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses required including wastage	$D \times E$	2,220,066	79,742	2,140,324
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	10,051	362	9,689
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,230,200	80,106	2,150,094
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	0	0	0
N	Cost of the required vaccines	$I^* \text{ price of vaccine per dose}(g)$	7,805,700	280,369	7,525,331
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit} (ca)$	0	0	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit} (cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes} (cs)$	0	0	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value} (fv)$	390,285	14,019	376,266
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies} (fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	8,195,985	294,387	7,901,598
U	Total country co-financing	$I \times \text{Country co-financing per dose} (cc)$	294,387		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	3.59 %		

8. Injection Safety Support (INS)

This type of support is no longer available

9. Health System 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 2013.** All countries are expected to report on:

- a. The progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of the country's fiscal year, e.g., if the country's fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavialliance.org.

5. If you are requesting additional funds, 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 the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report of 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 installments of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstrating (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 monitor 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 clarification (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 portion of HSS funds.

9.1. Report on the use of ISS funds in 2013 and request for additional funds

Countries that have already received the final disbursement of GAVI approved funds under the HSS grant and require no further financing: Has the implementation of the HSS grant been completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **Yes**

If NO, please indicate the anticipated date for the completion of the HSS grant.

Please attach all studies and evaluations related to the GAVI HSS grant or financed by it.

Please attach the gender disaggregated data, if any, by rural/ urban areas, district/ state, especially for immunization coverage indicators. This is mainly important if the GAVI HSS grants are used to target populations and/ or specific geographic locations in the country.

If the CSOs are involved in HSS implementation, please attach a list of those involved in implementing the grant, financing received by CSOs for GAVI/ HSS grant and activities that are conducted. If the CSO involvement was already planned in the initial proposal approved by GAVI, but no financing was provided for CSOs, please explain why. Go to <http://www.gavialliance.org/support/cso/>, for the GAVI CSO implementation framework.

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

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

Please attach the latest report of national/ monitoring and evaluation framework results of the health sector (with actual data reported for the latest year available in the country).

9.1.1. Report on the use of HSS funds in **2013**

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 program and both in US\$ and in local currency

Please note: If you are requesting a new section 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 portion of funding **Yes**

If yes, please indicate the amount of funding requested: US\$ **1,642,937**

These funds will be sufficient to ensure HSS allocation until December 2015.

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

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

Table 9.1.3a (\$US)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	3,073,854	1,239,184	665.736			
Revised annual budget (if revised during a review of the previous years' annual reports)		1,894,223	1,050,203	2,624,421		
Total funds received from GAVI during the calendar year (A)	3,073,854	0	678.693	1,284,920		

Remaining funds (carry over) from previous year (A)		3,073,854	1,197,227	1,394,478	2,115,169	1,658,265
Total Funds available during the calendar year (C=A+B)	3,073,854	3,073,854	1,875,920	2,679,398	2,115,169	
Total expenditure during the calendar year (D)		1,876,627	481.442	564.229	457.136	301.134
Balance carried forward to the next calendar year (E=C-D)	3,073,854	1,197,227	1,394,478	2,115,169	1,658,033	1,357,111
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	2,624,421	1,050,203	2,624,421	606.767	0	5,228,714

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	1,808,000	1,808,000	1,808,000	0
Revised annual budget (if revised during a review of the previous years' annual reports)	1,642,937	1,792,888	1,792,889	0
Total funds received from GAVI during the calendar year (A)				0
Remaining funds (carry over) from previous year (A)				0
Total Funds available during the calendar year (C=A+B)				0
Total expenditure during the calendar year (D)				0
Balance carried forward to the next calendar year (E=C-D)				0
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	1,642,937	1,792,888	1,792,889	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	1,349,486,000	681,551,200	366,154,800			
Revised annual budget (if revised during a review of the previous years' annual reports)		1,041,822,650	577,611,650	1,443,431,550		
Total funds received from GAVI during the calendar year (A)	1,349,486,000		297,960,260	628,601,880		
Remaining funds (carry over) from previous year (A)		1,349,486,000	525,607,606	612,204,460	1,016,785,670	797,146,716
Total Funds available during the calendar year (C=A+B)	1,349,486,000	1,349,486,000	823,567,866	1240806340	1,016,785,670	
Total expenditure during the calendar year (D)		823,878,94	211,363,406	261,289,812	219,749,654	143,728,268
Balance carried forward to the next calendar year (E=C-D)	1,349,486,000	525,607,606	612,204,460	979516528	797,036,016	653,418,448
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	1,443,431,550	577,611,650	1,443,431,550	333,721,850	0	235,2921,300

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	813,600,000	813,600,000	813,600,000	0
Revised annual budget (if revised during a review of the previous years' annual reports)	739,321,650	806,799,600	806,799,600	0
Total funds received from GAVI during the calendar year (A)				0
Remaining funds (carry over) from previous year (A)				0
Total Funds available during the calendar year (C=A+B)				0
Total expenditure during the calendar year (D)				0
Balance carried forward to the next calendar year (E=C-D)				0
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	739,321,650	806,799,600	806,799,600	0

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1st January	439.0209	439.0209	439.0209	439.0209	480.713	484.7113
Closing on 31st December	439.0209	439.0209	439.0209	439.0209	480.713	477.29

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 the Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 14, 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 program use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channeled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

The management of HSS funds is done in accordance with the PSHP procedure manual. Disbursement problems were encountered on account of the non-completion of construction activities with respect to 5 HSPC (Health and Social Promotion Centre)

Has an external audit been conducted? **Not selected**

External audit reports for HSS programs are due to the GAVI Secretariat six months following the close of your government's 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 fiscal year 2013

Please report on major activities conducted to strengthen immunization using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and the use of 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 reporting year 2013

Major Activities (insert as many rows as necessary)	Activity planned for 2013	Percentage of Activity completed (annual rate) (if applicable)	Source of information/ data (if relevant)
Build and equip 1 SIEM in the health region of Cascades	x	100	Field work report
- Construct and equip 3 maintenance workshops in the health districts of de Léo, Sindou and Diapaga	x	100	Field work report
Build and equip five HSPC in weak health areas: Sami (HD of Solenzo), Varpuo (HD of Dano) Boulmatchiangou, (HD of Diapaga) Sassamba, (HD of Mangodara), Datambi (HD of Sebba)	x	60	Field work report
Execute a final assessment of implementation of GAVI HSS activities	x	100	Provisional report available

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. assessments, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and constraints
Build and equip five HSPC in poor areas	The work started in 2011 and is in the execution process However, difficulties related to the low ability of suppliers during the execution of work and the inaccessibility of some areas during the rainy season contributed to the delay in the execution of works.

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

Activities not completed to date include the construction of HSPC which indicated the failure of the contract beneficiary companies.

9.2.3 If the GAVI HSS grant has been utilized 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?

No

9.3. General overview of targets achieved

Please complete table 9.3 for each indicator and objective outlined in the original approved proposal and the decision letter. Please use the baseline values and targets for 2012 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 the original HSS application	2013 target						Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date									
Objective 1: Improve the organization and management of health services by 2010											
National Coverage by DTP – HepB-Hib 3	95.31 %	Statistical Yearbook, 2006	100 %		103%	103.4 %	104%	Statistical Yearbook			
1.2 Number of districts achieving ≥ 80% of coverage in DTP – HepB-Hib 3	52	Statistical Yearbook, 2006	100 %		63	63	62	Statistical Yearbook			
1.3 Mortality Rate for children less than five years of age (for 1,000)	184	DHS 2003	184		184	184	129				
1.4 CPN 2 Coverage rate	61.2 %	Statistical Yearbook, 2006	76 %		78 %	72.8 %	74.4 %	Statistical Yearbook			
1.5 Rate of assisted childbirth by qualified personnel.	42.9 %	Statistical Yearbook, 2006	64 %		77.30 %	75.1%	78.3 %	Statistical Yearbook			
1.6 TT2+ Coverage in Pregnant women	81.41 %	Statistical Yearbook, 2006	90%		93%	96.29 %	90.9 %	Statistical Yearbook			
1.7 % of Health Districts benefiting from a LQAS evaluation	15 %	DPV 1994	20%		71 %	100 %					
1.8. Proportion of functional pilot sites offering local maternal and child health care services.	0%	DSP, 2007)	20%		0%	0%					
Objective 2: Develop human resources for health care by the end of 2010											
2.1. Proportion of HSPC having a plan of action for quality	50%	HD 2007	100 %		100 %						
Objective 4: Improve the											

maintenance system for equipment and infrastructure by the end of 2010											
4.1 % of maintenance workshops constructed and equipped.	15.8 %	DSP 2007	50%		75 %						
Objective 5: Strengthen the basic health infrastructure and equipment in the poorly serviced areas by the end of 2010											
5.1 % of HSPC constructed and equipped.	85.8 %	DSP 2006	90%		90%						
5.2. % of CMAs provided with an ambulance for medical evacuations.	88.8%	DGIEM 2007	95%		96%						

9.4 Program implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

In 2013, the GAVI-HSS support helped complete the construction of five (05) HSPC in areas with low health coverage.

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

Difficulties in 2013 lie in the low ability of firms to complete the construction of 5 HSPCs. The solution proposed is to terminate two contracts and to entrust them to other competent companies and also to monitor the completion of works in the other HSPCs that are under the management.

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

N/A

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

Not applicable

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including EPI and Civil Society Organizations). This should include organization type, name and role in the implementation process.

Not applicable

9.4.6. Please describe the participation of Civil Society Organizations in the implementation of the HSS application. Please provide names of organizations, type of activities and funding provided to these organizations from the HSS funding.

Not applicable

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

- Whether the management of HSS funds has been effective?
- Where there any constraints in disbursing internal funds?

- Actions taken to address any issues and to improve the management
- Any changes to management processes in the coming year?

The management of HSS funds is done in accordance with the PSHP (Programme of Support for Health Development) procedure manual. It encountered difficulties in the release of funds due to the delay related to the execution of construction works for the 5 HSPCs. The measures taken include the termination of two contracts and the continuation of works by other companies with commitments from their banks.

9.5. HSS Activities planned for 2014

Please use **Table 9.4** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014, please explain these changes in the table below and provide explanations for these changes.

Table 9.4: Activities planned for 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Equip 19 health districts (Solenzo, Nouna, Toma, Garango, Sindou, Sig-Noghin, Mangodara, Manni, Orodara, Koudougou, Gaoua, Réo, Zorgho, Manga, Pô, Kaya, Boulsa, Kongounsi, Barsalogho) with monitoring vehicles (Pick up) in 2014 and 2015		0				
Provide additional 150 motorbikes to the health facilities for immunization activities in the advanced strategy from 2013 to 2015	X	166.667	0			
Equip the DPV with a monitoring vehicle in 2014		0				
Hold quarterly CTA meetings from 2014 to 2016	X	667				
To hold quarterly meetings of CTA from 2014 to 2016	X	1.600				
Execute a final assessment of implementation of GAVI HSS activities from 2014 to 2016	X	17.335				
Execute a final assessment of implementation of GAVI HSS activities		0				
Equip the DGESS (ex DSP) with office supplies	X	33.999				

and consumables for the implementation of HSS activities from 2014 to 2016						
Ensure financial audit cost of the project from 2014 to 2016	X		17.778			
Support the execution of internal monitorings of resource management from 2014 to 2014	X		11.069			
Support the execution of funding sessions of annual action plans for the health structure from 2014 to 2016	X		40.727			
Support the functioning of management unit of PSHP from 2014 to 2016	X		20.826			
Mobilize a technical assistance to support the final evaluation and the specific maintenance training from 2014 to 2016	X		5.556			
Implement specific supervision at the district level on the management of EPI 2014-2016	X		92.489			
Support the implementation of immunization activities in the advanced strategy from 2014 to 2016	X		17.340			
Support the implementation of intensive immunization activities in poor coverage areas from 2014 to 2016	X		6.671			
Support the monitoring of activities at the health facilities from 2014 to 2016	X		71.957			
Investigate cases of serious AEFI from 2014 to 2016	X		21.648			
Equip five new HSPC with technical medical material: Sami (HD of Solenzo), Varpuo (HD of Danno)	x		166.667			

Boulmatchiangou, (HD of Diapaga) Sassamba, (HD of Mangodara), Datambi (HD of Sebba)						
Train/ retrain 96 EPI district and regional managers on the management of EPI in 2014		0				
Train/ retrain 300 private sector managers on the management of EPI in 2015 and 2016		0				
Train/ retrain 750 HSPC agents on the management of EPI in 2014		0				
Revise the curricula of public and private health training schools and universities to consider the new EPI guidelines in 2015		0				
Train 70 instructors of public and private health training schools and universities to consider the new EPI guidelines in 2014		0				
Train 4 EPI managers at the central level during MLM in 2014 and 2015	x	6.668				
Supporting the NGO RenCap in monitoring the activities of CBO-E in 2014	x	2.010				
Support the CBO-E in the social mobilization for EVP in 2015		0				
Ensure quarterly search for the dropouts in the HSPC by ASBC from 2014 to 2016	X	38.069				
Bi-annually supervise ASBC by HSPC 2014-2016	X	72.747				
Equip the ASBCs with 600 bicycles in 2015	X	66.666				
Equip 200 ASBC with awareness kits (bag, ideogram, megaphones ...) in 2015	X	15.554				
Monitor the health activities at community level from 2014 to	X	70.000				

2016						
Maintain 76 incinerators from 2014 to 2016	X	30.932				
Train 83 users on incinerator management (70 SIECA and 13 SESA) in three two day sessions in Ouaga in 2014 and 2016	X	13.847				
Investigate all cases of diseases under monitoring from 2014 to 2016	X	20.999				
Equip laboratories involved in epidemiological monitoring of vaccine preventable diseases with medical consumables and reagents in 2014 and 2015	X	22.200				
Equip 172 HSPC with solar refrigerators for vaccine storage from 2014 to 2016	X	200.000				
Purchase 14 freezers for new districts for storing vaccines (Ténado, Sabou, Boussouma, Tougouri, Kampti, Thiou N'Dorola, Lena Karangasso Vigué, Bittou, Pouytenga Garango, Baskuyn Manni) in 2013 and 2014	X	26.667				
Rehabilitate 2 cold rooms of large capacity (20 cubic meter) of the CAE in 2014	X	16.667				
Construct a dry storage store at the central level in 2015	X	150.000				
Train/ retrain 64 technicians in the maintenance of technical medical and cold chain equipment in 2015		0				
Equip the SIEMs with material and equipment for the maintenance of technical medical and cold chain equipment in 2014		0				
Conduct an annual monitoring of vaccine management in the regions on the	X	5.454				

basis of good storage and distribution practices from 2014 to 2016						
Every six months, organize a data quality assessment (DQA) for immunization at the HD from 2013 to 2015	x	71.939				
Execute the national DQA in 2015 in seven (07) health regions	x					
	x					
Organize quarterly meetings for data analysis and validation, including that of vaccination in 13 regions each year from 2013 to 2015	x	46.393				
Implement computerized data collection in 20 health facilities	X	45.111				
Reproduce the DGISS data collection tools from 2013 to 2015	x	28.018				
Equip the 4650 ASBC with data collection tools from 2014 to 2015		0				
Reproduce bulletins of retro information at all levels, including Community figures in 2015		0				
		1,642,937	0			0

9.6. HSS Activities planned for 2015

Please use Table 9.6 to outline planned activities for 2015. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that the change in the budget is over 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	Activity planned for 2015	Original budget for 2015 (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 2015 (if relevant)
Equip 19 health districts (Solenzo, Nouna, Toma, Garango, Sindou, Sir-Norbin)	x	320.450			

Mangodara, Manni, Orodara, Koudougou, Gaoua, Réo, Zorgho, Manga, Pô, Kaya, Boulsa, Kongounsi, Barsalogo) with monitoring vehicles (Pick up) in 2014 and 2015					
Equip an additional 150 motorbikes for health training on immunization activities in the advanced strategy from 2013 to 2015	x		166.667		
Equip the DPV with monitoring vehicle in 2014	x		32.045		
Hold quarterly CTA meetings from 2014 to 2016	X		667		
To hold quarterly meetings of CTA from 2014 to 2016	x		1.600		
Execute a final assessment of implementation of GAVI HSS activities from 2014 to 2016	x		17.447		
Execute a final assessment of implementation of GAVI HSS activities			0		
Equip the DGESS (ex DSP) with office supplies and consumables for the implementation of HSS activities from 2014 to 2016	x		25.888		
Ensure financial audit cost of the project from 2014 to 2016	x		17.778		
Support the execution of internal monitorings of resource management from 2014 to 2016	x		11.069		
Support the execution of funding sessions of annual action plans for the health structure from 2014 to 2016	x		40.727		
Support the functioning of management unit of PSHP from 2014 to 2016	x		20.826		
Mobilize a technical assistance to support the final evaluation and the specific maintenance	x		5.556		

training from 2014 to 2016					
Implement specific supervision at the district level on the management of EPI 2014-2016	x		92.489		
Support the implementation of immunization activities in the advanced strategy from 2014 to 2016	x		14.455		
Support the implementation of intensive immunization activities in poor coverage areas from 2014 to 2016	x		5.333		
Support the monitoring of activities at the health facilities from 2014 to 2016	x		71.957		
Investigate cases of serious AEFI from 2014 to 2016	x		21.648		
Equip five new HSPC with technical medical material: Sami (HD of Solenzo), Varpuo (HD of Dano) Boulmatchiangou, (HD of Diapaga) Sassamba, (HD of Mangodara), Datambi (HD of Sebba) in 2014					
Train/ retrain 96 EPI district and regional managers on the management of EPI in 2014	x		25.472		
Train/ retrain 300 private sector managers on the management of EPI in 2015 and 2016	x		46.700		
Train/ retrain 750 HSPC agents on the management of EPI in 2014	x		97.723		
Revise the curricula of public and private health training schools and universities to consider the new EPI guidelines in 2015	x		8.461		
Train 70 instructors of public and private health training schools and universities to consider the new EPI guidelines in 2015	x		19.689		
Train 4 EPI managers at the	x		0		

central level during MLM in 2014 and 2015					
Support the NGO RenCap in monitoring the activities of CBO-E in 2014			0		
Support the CBO-E in the social mobilization for EVP in 2015	X		21.172		
Ensure a quarterly search for the dropouts in the HSPC by ASBC from 2014 to 2016	x		38.069		
Bi-annually supervise ASBC by HSPC 2014-2016	x		36.863		
Equip the ASBC with 600 bicycles in 2015			0		
Equip 200 ASBCs with awareness kits (bag ideogram, megaphones...) in 2015			0		
Monitor the health activities at community level from 2014 to 2016	X		70.000		
Maintain 76 incinerators from 2014 to 2016	x		30.932		
Train 83 users on incinerator management (70 SIECA and 13 SESA) in three two day sessions in Ouaga in 2014 and 2016			0		
Investigate all cases of diseases under monitoring from 2014 to 2016	x		20.999		
Equip laboratories involved in epidemiological monitoring of vaccine preventable diseases with medical consumables and reagents in 2014 and 2015	x		22.200		
Equip 172 HSPC with solar refrigerators for vaccine storage from 2014 to 2016	x		200.000		
Purchase 14 freezers for new districts for storing vaccines (Ténado, Sabou, Boussouma, Tougouri, Kampti, Thiou N'Dorola, Lena Karangasso, Vigné, Rittou)	x		20.000		

Pouytenga Garango, Baskuyn Manni) in 2013 and 2014					
Rehabilitate 2 cold rooms of large capacity (20 cubic meter) of the CAE in 2013			0		
Construct a dry storage store at the central level in 2015			0		
Train/ retrain 64 technicians in the maintenance of technical medical and cold chain equipment in 2015	x		32.883		
Equip the SIEMs with material and equipment for the maintenance of technical medical and cold chain equipment in 2014	x		14.456		
Conduct an annual monitoring of vaccine management in the regions on the basis of good storage and distribution practices from 2014 to 2016	x		5.454		
Bi-annually, organize quality control (DQS) of immunization data at the HD from 2013 to 2015	x		71.939		
Complete the national ADI in 2015 in seven (07) health regions			0		
Organize quarterly meetings for data analysis and validation, including that of vaccination in 13 regions each year from 2013 to 2015	x		46.393		
Implement computerized data collection in 20 health facilities					
Reproduce the DGISS data collection tools from 2013 to 2015	x		280.18		
Equip the 4650 ASBC with data collection tools from 2014 to 2015	x		66.882		
Reproduce bulletins of retro information at all levels, including Community figures in 2015			0		
			1,790,907		

9.7. Revised indicators in case of reprogramming

Countries planning to request a reprogramming can do it at any time of year. Please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavialliance.org.

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of funds for HSS in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
Support Program for Medical Development	63,693,587	4 years	Application Specification
Islamic Development Bank (IDB IV)	13,241,111	5 years	Strengthening basic health infrastructure and equipment in the poorly served areas
Global fund	18,937,814	2 years	Development of human resources for health
Support Program for Medical Development in the Central Plateau and South Centre regions	46,736,667	2 years	Strengthening basic health infrastructure and equipment in the poorly served areas
Republic of China Taiwan	1,751,637	2 years	Strengthening basic health infrastructure and equipment in the poorly served areas
European Union	8,746,093	5 years	Development of human resources for health

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 substantive issue as to the accuracy or validity of the information (especially financial data and indicator values) and how these issues were addressed and resolved.

Table 9.9: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
New proposal submitted to GAVI for the period 2013-2015	Information validated by the PSHP monitoring committee	
RSA 2012	Information validated by the PSHP monitoring committee	

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

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. The minutes from all the HSCC meetings held in 2014, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

10. Strengthen the involvement of Civil Society Organizations (CSO): type A and type B

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

Burkina Faso has not received Type A GAVI support for the CSOs

Burkina Faso has not a presented report on GAVI support to the Type A CSOs in 2013

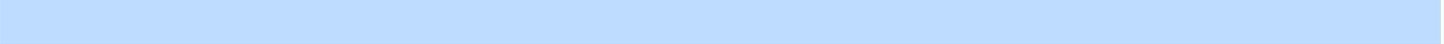
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or CMYP

Burkina Faso **has not received Type B GAVI support for the CSOs**

Burkina Faso has not a presented report on GAVI support to the Type B CSOs in 2013

11. Comments from ICC/ HSCC Chairs

You can submit observations that you may wish to bring to the attention of the IRC responsible for monitoring and any comments or information you may wish to share in relation to the challenges you have encountered 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. Annexe 1: ISS instructions

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION UNDER IMMUNIZATION SERVICES SUPPORT (ISS)**

All countries that have received ISS/ new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/ new vaccine introduction grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. Financial statements should be compiled based on the 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 2013 calendar year, to be comprised of points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.

- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
- b. Income received from GAVI during 2013
- c. Other income received during 2013 (interest, fees, etc)
- d. Total expenditure during the calendar year
- e. Closing balance as of 31 December 2013
- f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own system of economic classification, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. 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 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the US\$ 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 be 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 financial year 2013. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

12.2. Annexe 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS FINANCIAL STATEMENTS** AND FOR GRANTS FOR INTRODUCING A NEW VACCINE

An example of an income & expenditure statement

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	Value in US\$*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53.000
Summary of income received in 2013		
Income received from GAVI	57,493,200	120.000
Income from interest	7,665,760	16.000
Other incomes (charges)	179.666	375
Total Income	38,987,576	81.375
Total expenditure in 2013	30,592,132	63.852
Closing Balance on 31 December 2013 (Balance carried over to 2014)	60,139,325	125.523

* Enter the exchange rate at opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in US\$	Variance in CFA	Variance in US\$
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	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 and general expenses	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenses						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTAL FOR 2013	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

**The expense categories are indicative and are included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

12.3. Annexe 3 - Instructions for HSS support

INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize the total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. 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 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the US\$ exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be 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 2013 financial year. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in respective countries.

12.4. Annexe 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

An example of an income & expenditure statement

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in US\$*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53.000
Summary of income received in 2013		
Income received from GAVI	57,493,200	120.000
Income from interest	7,665,760	16.000
Other incomes (charges)	179.666	375
Total Income	38,987,576	81.375
Total expenditure in 2013	30,592,132	63.852
Closing Balance on 31 December 2013 (Balance carried over to 2014)	60,139,325	125.523

* Enter the exchange rate at opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in US\$	Variance in CFA	Variance in US\$
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	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 and general expenses	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenses						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTAL FOR 2013	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

**The expense categories are indicative and are included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

12.5. Annexe 5 - Instructions for CSO support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR **SUPPORT TO CIVIL SOCIETY ORGANIZATIONS (CSO)** TYPE B

- I. All countries that have received CSO - Type B grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize the total annual expenditure for each partner of the civil society, per your government's originally approved type B CSO support, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification from your Government. 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 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the US\$ exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be 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 2013 financial year. Audits for the CSO-Type B funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

12.6. Annexe 6 - Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

An example of an income & expenditure statement

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in US\$*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53.000
Summary of income received in 2013		
Income received from GAVI	57,493,200	120.000
Income from interest	7,665,760	16.000
Other incomes (charges)	179.666	375
Total Income	38,987,576	81.375
Total expenditure in 2013	30,592,132	63.852
Closing Balance on 31 December 2013 (Balance carried over to 2014)	60,139,325	125.523

* Enter the exchange rate at opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in US\$	Variance in CFA	Variance in US\$
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	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 and general expenses	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenses						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTAL FOR 2013	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

**The expense categories are indicative and are included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature from the Health Minister (or delegated authority)	2.1	<input checked="" type="checkbox"/>	Signature Ministre de la Santé.docx File desc: Date/ Time: 14/05/2014 03:46:06 Size: 2 MB
2	Signature of the Finance Minister (or delegated authority)	2.1	<input checked="" type="checkbox"/>	SIGNATURES MINISTRES.bmp File desc: Date/ Time: 14/05/2014 3:47:16 AM Size: 26 MB
3	Signatures from the ICC members	2.2	<input checked="" type="checkbox"/>	SIGNATURE CCIA.docx File desc: Date/ Time: 14/05/2014 3:20:53 AM Size: 2 MB
4	Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013.	5.7	<input checked="" type="checkbox"/>	CR_CCIA.pdf Description file: Date/ Time: 11/05/2014 5:19:37 AM Size: 3 MB
5	Signature of the HSCC members	2.3	<input checked="" type="checkbox"/>	Liste de présence.pdf File desc: Date/ Time: 13/05/2014 09:46:02 Size: 1 MB
6	Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013	9.9.3	<input checked="" type="checkbox"/>	PV_39ème réunion extraordinaire GAVI CP (1).pdf File desc: Date/ Time: 13/05/2014 9:31:19 AM Size: 322 KB
7	Financial statements for ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1.	<input type="checkbox"/>	ETAT FINANCIER SSV ET RSS.docx File desc: Date/ Time: 11/05/2014 5:46:55 AM Size: 26 MB
8	External audit report on the allocation of ISS funds (fiscal year 2013)	6.2.3	<input type="checkbox"/>	No file downloaded
9	Post-introduction Evaluation Report	7.2.2.	<input checked="" type="checkbox"/>	Informations sur le rapport d'évaluation post-introduction.docx Description file:

				Date/ Time: 21/04/2014 08:22:26 Size: 13 KB
10	Financial statements for grants for introducing a new vaccine (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	<input checked="" type="checkbox"/>	ETAT FINANCIER SSV ET RSS.docx File desc: Date/ Time: 11/05/2014 6:03:17 AM Size: 26 MB
11	External audit report for the allocation of funds for introducing a new vaccine (fiscal year 2013), if the total expenditure in 2013 is greater than US\$ 250,000	7.3.1	<input checked="" type="checkbox"/>	PJ 11.docx File desc: Date/ Time: 14/05/2014 3:16:52 AM Size: 12 KB
12	EVSM/VMA/EVM report	7.5	<input checked="" type="checkbox"/>	Rapport Final GEV BFA Version 30_08_2012.pdf File desc: Date/ Time: 21/04/2014 8:27:25 AM Size: 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	<input checked="" type="checkbox"/>	GEV-Plan-amélioration-BFA_30 aout 2012.xlsx File desc: Date/ Time: 21/04/2014 8:38:04 AM Size: 126 KB
14	Implementation status of the improvement plan for EVSM/VMA/EVM	7.5	<input checked="" type="checkbox"/>	ME PLAN D'AMELIORATION GEV.pdf File desc: Date/ Time: 11/05/2014 6:07:20 AM Size: 1 MB
16	The cMYP is valid if the country requests for extension of support	7.8	<input type="checkbox"/>	No file downloaded
17	Costing tool for the cMYP is valid if the country requests extension of support.	7.8	<input type="checkbox"/>	No file downloaded
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	<input type="checkbox"/>	No file downloaded
19	Financial statements for HSS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	<input checked="" type="checkbox"/>	ETAT FINANCIER SSV ET RSS.docx File desc: Date/ Time: 11/05/2014 6:28:04 AM Size: 26 MB

20	Financial statements for HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	<input checked="" type="checkbox"/>	Rapport financier (janvier à avril).docx File desc: Date/ Time: 13/05/2014 9:32:16 AM Size: 10 KB
21	External audit report on the allocation of HSS funds (fiscal year 2013)	9.1.3	<input checked="" type="checkbox"/>	Rapport d'audit financier 2013.docx File desc: Date/ Time: 13/05/2014 10:04:29 AM Size: 10 KB
22	Review report of the health sector-HSS	9.9.3	<input checked="" type="checkbox"/>	CR réunions du CP de 2013.zip File desc: Date/ Time: 13/05/2014 9:49:58 AM Size: 3 MB
23	Census Report - Type A - CSO support	10.1.1	<input type="checkbox"/>	No file downloaded
24	Financial statement for the allocation of type B CSO support (fiscal year 2013)	10.2.4	<input type="checkbox"/>	No file downloaded
25	External audit report on Type B CSO support (fiscal year 2013)	10.2.4	<input type="checkbox"/>	No file downloaded
26	Bank statements for each cash program or a cumulative bank statement for all the cash programs if the funds are kept in the same bank account where the opening and closing balance for the year 2013 i.e. i) January 1, 2013 and ii) the closing balance as on December 31, 2013 are maintained	0	<input checked="" type="checkbox"/>	ETAT FINANCIER SSV ET RSS.docx File desc: Date/ Time: 14/05/2014 4:14:27 AM Size: 26 MB
27	compte_rendu_reunion_ccia_changement_presentation_vaccin	7.7	<input type="checkbox"/>	No file downloaded
	Other documents		<input type="checkbox"/>	No file downloaded

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