



GAVI Alliance

# Annual Progress Report **2014**

submitted by

the Government of  
**Burkina Faso**

Reporting year: **2014**

Support request for the year: **2016**

Submitted on: **17/06/2015**

**Deadline for submission: 27/05/2015**

Please submit the **2014** annual status report via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Please send any queries to: [apr@gavi.org](mailto:apr@gavi.org) or to the representatives of a GAVI Alliance partner. Documents may be provided to GAVI Alliance 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://www.gavialliance.org/country/>

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 changes 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 the 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 the last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, the Country shall maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

#### **CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that this support application is accurate and correct and form legally binding obligations on the Country, under the Country's 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, 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, any harm to property, or personal injury or death. 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:***

*activities conducted using GAVI resources in the past year, significant problems that were*

*encountered and how the country has tried to overcome them*

*meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more 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 while meeting GAVI's accountability and transparency principles*

## **1. Characteristics of the Support**

Reporting year: **2014**

Support request for the year: **2016**

## 1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	Measles second dose, 10 dose(s) per vial, LYOPHILIZED	Measles second dose, 10 dose(s) per vial, LYOPHILIZED	2015
Preventive Campaign Support	MR, 10 dose(s) per vial, LYOPHILIZED	Not selected	2014
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)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	2015

**DTP-HepB-Hib (Pentavalent)** vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in the liquid form in one or ten dose vials and in the liquid/lyophilized form in two-dose vials to be used in 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

Type of Support	Vaccine	Start Year	End Year
New Vaccines Support (routine immunization)	Measles second dose, 10 dose(s) per vial, LYOPHILIZED	2016	2016
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2016
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
New Vaccines Support (routine immunization)	Rotavirus, 3 dose schedule	2016	2016

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for Approval of	Eligible For 2014 ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	HSS grant next installment No	No
HSFP	Yes	Next installment of HSFP Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous IRC Report

The annual progress report (APR) of IRC for the year 2013 is available [here](#). The 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 High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
<b>Name</b>	Dr Amédée Prosper DJIGUIMDE	<b>Name</b>	Jean Gustave SANON
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

*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. Sylvain ZEBA	Director of Prevention by Immunizations	0022670240561	zebasyvain@yahoo.fr
Dr. Sylvain DIPAMA	Director General for studies and sectoral statistics	0022670257814	dipamas@yahoo.fr
M. Jean SAWADOGO	Director of Administration and Finance	0022671377599	sawjean19@yahoo.fr
M. Charlemagne YODA	Coordinator of SPMD	0022670750294	charleyod@yahoo.fr
Dr. Mâ OUATTARA	Focal Point for EPI WHO office	0022670200907	ouattarama@who.int
Dr. Salvator NIBITANGA	Head of Health and Nutrition at UNICEF	0022677654949	snibitanga@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, the HSCC and ICC committees are merged. Please complete each section where the information is relevant and upload the signatures to the attached documents section twice, once for HSCC signatures and once for ICC signatures**

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance monitoring of the country's performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for the 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
Dr. Amédée Prosper DJIGUIMDE/Minister	Ministry of Health		

Dr. NDIHOKUBWAYO Jean-Bosco	World Health Organization		
M. Marc RUBIN/Representative	United Nations Children's Fund		
M. Ousmana OUEDRAOGO /Representative	ROTARY International Burkina		
Dr. Djénèba SANON/OUEDRAOGO/ Secretary General	Ministry of Health		
Dr. Sylvain DIPAMA/Director General for studies and sectoral statistics	Ministry of Health		
Dr. Ali Patrice COMBARY/Director General of Health	Ministry of Health		
M. Jean Charlemagne YODA/ Coordinator	Support Program for Medical Development		
Dr. Sylvain ZEBBA/Director of Prevention by Immunizations	Ministry of Health		
M. Bort CALLEWAERT/ Representative	European Union Delegation		
Mr. Edouard BETSEM/Country Director	Office of Preventive Medicine		

The ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially Comments from partners:

Comments from the Regional Working Group:

## 2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) **Burkina Faso**, 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 the 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. Djénèba SANON/OUEDRAOGO /Secretary General	Ministry of Health		
Dr. Ali Patrice COMBARY/Director General of Health	Ministry of Health		
Dr. SIEMDE Rasmané/ Director General of Pharmacy, Medications and Laboratories	Ministry of Health		
Dr. SANOU Souleymane/ Inspector General for Health Services	Ministry of Health		
Mr SAWADOGO Jean/Director of Administration and Finance	Ministry of Health		
Mrs. OUEDRAOGO Mrs. Micheline/ Director of Procurement	Ministry of Health		
TIENDREBEOGO Sylvestre/Permanent Secretary SPONG/ Representative of NGOs and Societies	NGOs and Societies		
YODA Jean Charlemagne/Coordinator	Support Program for Medical Development		
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		

Mr. OUATTARA Naby Abraham/ Director General Treasury and Pubic Accounting	Ministry of Economy and Finance		
Mr. BAMA Fidèle/ Director General of Planning and Economy	Ministry of Economy and Finance		
Mr. BAMBARA Pierre Claver/Director of Procurement Monitoring and financial commitments	Ministry of Health		
Mr. BEYI David/Permanent Secretary of the National Council for gender promotion	Minster for Women and Gender Promotion		
Mr. DAO Fousseni/Program Manager	WHO		
Mr. KARAGA Denis/ Immunization focal point	UNICEF		
Mr. SAWADOGO Nassa Mr. Michel/Program Manager	UNFPA		
Mrs. SAWADOGO/WINDSOURI Ramatou/Coordonator	Program on Health Sector and Fight Against AIDS		
Mr. CONGO Claude Hervé/Director of Human Resources	Ministry of Health		

The HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially Comments from partners:

Comments from the Regional Working Group:

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

Burkina Faso does not present a report on the use of CSO funds (Type A and B) in 2015

### 3. Table of Contents

This APR reports on activities carried out by *Burkina Faso* between January - December 2014 and specifies requests for the period January – December 2016

#### Sections

1. [Features of the Support](#)
  - 1.1. [NVS AND INS support](#)
  - 1.2. [Extension of the Program](#)
  - 1.3. [ISS, HSS, CSO support](#)
  - 1.4. [Previous IRC report](#)
2. [Signatures](#)
  - 2.1. [Government Signatures Page for all GAVI Support \(ISS, INS, NVS, HSS, CSO\)](#)
  - 2.2. [ICC Signatures Page](#)
    - 2.2.1. [ICC report endorsement](#)
  - 2.3. [HSCC Signatures Page](#)
  - 2.4. [Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)
3. [Table of Contents](#)
4. [Baseline and annual targets](#)
5. [General Program Management Component](#)
  - 5.1. [Updated Baseline and Annual Targets](#)
  - 5.2. [Monitoring the Implementation of GAVI Gender Policy](#)
  - 5.3. [Overall Expenditure and Financing for Immunization](#)
  - 5.4. [Inter-Agency Coordination Committee \(ICC\)](#)
  - 5.5. [Priority actions in 2015 to 2016](#)
  - 5.6. [Progress of transition plan for injection safety](#)
6. [Immunization Services Support \(ISS\)](#)
  - 6.1. [Report on the use of ISS funds in 2014](#)
  - 6.2. [Details of expenditure of ISS funds during the calendar year](#)
  - 6.3. [Request for ISS reward](#)
7. [New and Under-used Vaccines Support \(NVS\)](#)
  - 7.1. [Receipt of new & under-used vaccines for 2014 immunization program](#)
  - 7.2. [Introduction of a New Vaccine in 2014](#)
  - 7.3. [Lump sum allocation for the introduction of a new vaccine in 2014](#)
    - 7.3.1. [Financial Management Reporting](#)
    - 7.3.2. [Programmatic Reporting](#)
  - 7.4. [Report on country co-financing in 2014](#)
  - 7.5. [Immunization Management \(EVSM/VMA/EVM\)](#)
  - 7.6. [Monitoring GAVI Support for Preventive Campaigns in 2014](#)
  - 7.7. [Change of vaccine presentation](#)
  - 7.8. [Renewal of multi-year vaccines support for those countries whose current support is ending in 2015](#)
  - 7.9. [Request for continued support for vaccines for the 2016 vaccination program](#)
  - 7.10. [Weighted average prices of supply and related freight costs](#)
  - 7.11. [Calculation of requirements](#)



- [8. Health System Strengthening Support \(HSS\)](#)
- [9. Strengthen the involvement of Civil Society Organizations \(CSO\): type A and type B](#)
  - [9.1. TYPE A: Support to strengthen the coordination and representation of the CSOs](#)
  - [9.2. TYPE B: CSO support to help implement the GAVI HSS proposal or CMYP](#)
- [10. Comments from ICC/HSCC Chairs](#)
- [11. Annexes](#)
  - [11.1. Annex 1: ISS instructions](#)
  - [11.2. Annex 2 - ISS income & expenditure example](#)
  - [11.3. Annex 3 - Instructions for HSS support](#)
  - [11.4. Annex 4 - HSS income & expenditure example](#)
  - [11.5. Annex 5 - Instructions for CSO support](#)
  - [11.6. Annex 6 - CSO income & expenditure example](#)
- [12. Attachments](#)

## 4. Baseline and annual targets

Countries are requested to make a realistic evaluation of vaccine wastage, clarified by an analysis of data collected nationally. 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 the Pentavalent vaccine is available in ten dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Preparation of joint report of WHO/UNICEF		Targets (Preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total number of births	814,448	784,094	842,402	811,007		838,895
Total infants' deaths	95,161	64,807	109,727	78,332		91,533
Total number of surviving infants	719,287	719,287	732,675	732,675		747,362
Total pregnant women	977,337	977,338	1,010,882	1,010,882		1,045,640
Number of infants who have received (should receive) <b>BCG vaccine</b>	784,092	829,719	811,007	811,007		838,895
<b>BCG coverage[1]</b>	96%	106%	96%	100%	0%	100%
Number of infants who received (should receive) <b>OPV3 vaccine</b>	719,287	740,967	732,675	732,675		747,362
<b>OPV3 coverage[2]</b>	100%	103%	100%	100%	0%	100%
Number of infants who received (should receive) <b>DTP1 vaccine[3]</b>	719,287	781,857	732,695	732,675		747,362
Number of infants who received (should receive) <b>DTP3 vaccine [3][4]</b>	719,287	741,553	732,695	732,675		747,362
<b>DTP3 coverage[2]</b>	100%	103%	100%	100%	0%	100%
Wastage [5] rate during the reference year and anticipated thereafter (%) for the <b>DTP vaccine</b>	3	3	3	3		3
Wastage [5] factor during the reference year and anticipated thereafter for the <b>DTP vaccine</b>	1.03	1.03	1.03	1.03	1.00	1.03
Number of infants who received (should receive) the <b>1<sup>st</sup> dose of DTP-HepB-Hib vaccine</b>	738,200	781,857	732,695	732,675		747,362
Number of infants who received (should receive) the <b>3<sup>rd</sup> dose of DTP-HepB-Hib vaccine</b>	738,200	719,287	732,695	732,675		747,362
<b>DTP-HepB+Hib coverage [2]</b>	103%	100%	100%	100%	0%	100%
Wastage [5] rate in base-year and planned thereafter (%) [6]	1	3	5	5		5

Number	Preparation of joint report of WHO/UNICEF		Targets (Preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Wastage [5] factor in base-year and planned thereafter (%)	1.01	1.03	1.05	1.05	1	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%
Number of infants who received (should receive) 1 <sup>st</sup> dose of Pneumococcal (PCV13) vaccine	719,294	751,927	732,695	732,675		747,362
Number of infants who received (should receive) the 3 <sup>rd</sup> dose(s) of Pneumococcal (PCV13) vaccine	719,294	638,039	732,695	732,675		747,362
Pneumococcal (PCV13) coverage[2]	100%	89%	100%	100%	0%	100%
Wastage [5] rate in base-year and planned thereafter (%)	5	3	3	3		3
Wastage [5] factor in base-year and planned thereafter (%)	1.05	1.03	1.03	1.03	1	1.03
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose per vial, LIQUID	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) 1 <sup>st</sup> dose(s) of Rotavirus vaccine	719,294	740,736	732,695	732,675		747,362
Number of infants who received (should receive) 3 <sup>rd</sup> dose of Rotavirus vaccine	719,294	620,630	732,695	732,675		747,362
Rotavirus coverage[2]	100%	86%	100%	100%	0%	100%
Wastage [5] rate in base-year and planned thereafter (%)	5	3	3	3		3
Wastage [5] factor in base-year and planned thereafter (%)	1.05	1.03	1.03	1.03	1	1.03
Maximum loss rate for Rotavirus vaccine, 3-dose schedule	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) 1 <sup>st</sup> dose of Measles Vaccine	0	717,073	0	732,675		747,362
Number of infants who received (should receive) 2 <sup>nd</sup> dose(s) of Measles Vaccine		120,708		439,605		635,258
Measles coverage [2]	0%	17%	0%	60%	0%	85%
Wastage [5] rate in base-year and planned thereafter (%)	20	15	20	15		15

Number	Preparation of joint report of WHO/UNICEF		Targets (Preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Wastage [5] factor in base-year and planned thereafter (%)	1.25	1.18	1.25	1.18	1	1.18
Maximum wastage rate for second dose of Measles Vaccine, 10-dose(s) per vial, LYOPHILIZED	0.00%	40.00%	0.00%	40.00%	0.00%	40.00%
Pregnant women immunized with TT+	860,057	799,258	839,032	839,032		993,358
TT+ coverage[7]	88%	82%	83%	83%	0%	95%
Vit A supplement to mothers within 6 weeks from delivery	0	450,390	0	0		0
Vit A supplement to infants after 6 months	0	1,480,166	0	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	5%	0%	0%	0%	0%

[1] Number of infants vaccinated against the number of births

[2] Number of infants vaccinated out of the total number of surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please ensure that the DTP3 cells are correctly filled

[5] 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.

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

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

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

- Justification for any changes in the **number of births**

The gap between children fully immunized in 2014 and the estimated number of children to be immunized in 2014 is explained by the lack of control of the target populations.

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

Not applicable

- 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. For the IPV, justification should also be provided as attachment to the APR concerning EACH change in target population.**

Not applicable

- justification for any changes in **Wastage by vaccine**

The increase in the average wastage rate on PENTA from 3% to 5% is due to the fact that the average wastage rate in the districts in 2014 was above 3% (3.34%).

## 5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3 available in your country through administrative sources and/or surveys? **Yes, available**

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

Data Source	Reference Year for Estimates	DTP3 coverage estimation	
		Boys	Girls
Demographic and Health Survey (DHS)	2010	90.3	88.8
Administrative data	2014	101.3	104.9

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

The DHS survey data showed that there were no gender-related barriers to immunization access.

5.2.3. 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**

5.2.4. How were the gender-related barriers at the access and at the implementation of immunization services (for example, mothers with no access to the services, the gender of service provider of services, etc.) resolved from the program's 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/>)

Not applicable

### 5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunization program expenditure and financial flows. Please complete the table using US\$.

Exchange rate used	1 US\$ = 525
--------------------	--------------

Only enter the exchange rate; do not list the name of the local currency

**Table 5.3a:** Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$

Expenditures by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	None	None	None
Traditional vaccines*	2,261,329	2,261,329	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	32,473,147	1,537,076	30,936,071	0	0	0	0	0
Injection material (AD syringes and others)	1,003,423	505,920	497,503	0	0	0	0	0
Cold Chain equipment	244,487	0	0	244,487	0	0	0	0
Staff	0	0	0	0	0	0	0	0
Other recurrent routine costs	691,842	0	0	298,772	393,070	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	8,558,627	0	0	806,666	7,751,961	0	0	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunization	45,232,855							
Total Government Health expenditures		4,304,325	31,433,574	1,349,925	8,145,031	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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.

### 5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **3**

Please attach the minutes (**Document N°4**) from all the ICC meetings held in 2015, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Reference data and annual targets carried out](#) to [5.3 Overall Expenditure and Financing for Immunization](#)

1. Diligently organize a joint team to provide support to the regions in the Central-West or the Central-South by the end of May 2015.
2. Take stock of the monitoring of the release of the GAVI HSS funds no later than Thursday, May 21, 2015

Are any Civil Society Organizations members of the ICC ? **Yes**,  
If yes, which ones?

List CSO members of the ICC:
Red Cross
ROTARY CLUB
EPIVAC National Network

## 5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI program for 2015 to 2016?

The main objectives are:

- At least 85% of HD have reached a coverage rate of 80% for all the antigens.
- Increase the proportion of districts achieving 100% coverage for the following antigens.
  - BCG: 71% to 90%
  - OPV1: 76% to 87%
  - OPV3: 73% to 85%
  - Penta1: 78% to 87%
  - Penta3: 73% to 84%
  - MV1: 52% to 79%
  - YF: 52% to 78%
- Achieve the following vaccine coverages
  - Pneumo3 :100%
  - Rota3 :100%
- MV2: 60%
- PENTA1-PENTA3 Dropout rate: 3%
- Dropout rate BCG/MV: 12%

### Priority activities

- Organization of at least two phases of supplementary immunization campaigns against polio

- Submission of the national documentation for the certification of Polio eradication in Burkina Faso.
- Introduction of the IPV
- Demonstration of vaccination with HPV in two pilot districts
- Introduction of RR (rubella vaccine) in lieu of MV in the routine immunization
- Evaluation of mass immunization campaign against measles and rubella
- Preparation and distribution of documents for the national strategy on non-EPI vaccination Evaluation of efficient vaccine management (EVM)
- Procuring Cold Chain equipment and transport vehicles
- Organization of a thorough review of the EPI
- Preparation of cMYP 2016-2020
- Organizing the African Immunization Week (AIW)

## 5.6. Progress of transition plan for injection safety

For all countries, please report on the progress of the transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources in 2014
FR BCG	SAB 0.05ml and reconstitution syringe RUPF 3ml	State Budget
FR Measles	SAB 0.05ml and reconstitution syringe RUPF 5ml	State Budget
FR TT	AD syringe 0.5ml	State Budget
FR DTP-containing vaccine	AD syringe 0.5ml	GAVI/State Budget
IPV	NA	N/A
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 plan/injection safety policy?

**IF NO:** When will the country develop the injection safety policy/plan? (Please report in box below)

Yes; A shortfall in the collection, storage and disposal of waste from vaccination was noticed.

Please explain how sharps have been eliminated in 2014, what were the problems, etc..



**Waste is destroyed by the following methods:**

- by incineration,
- By burning and then burying

The Measles / Rubella campaign was an opportunity for the destruction of waste from the countryside and those from routine immunization, previous campaigns and curative care works. The destruction was done in foundries as part of a contractual approach.

**Please report on any problems encountered:**

- Poor performance of most of the functional incinerators
- Poor condition of the existing incinerators
- Inadequate collection of safety boxes that are full
- Deficiency in the use and maintenance of incinerators

## **6. Immunization Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Burkina Faso is not reporting on the use of ISS funds in 2014

### **6.2. Detailed expenditure of ISS funds during the calendar year**

Burkina Faso is not reporting on the use of ISS funds in 2014

### **6.3. Request for ISS reward**

This is not applicable for Burkina Faso in 2014.

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

### 7.1. Receipt of new & under-used vaccines for 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2014 that GAVI communicated to you in their decision letter? Please fill the table below

**Table 7.1:** Vaccines received for 2014 vaccinations against approvals for 2014

Please also include any deliveries from the previous year received against this same decision letter.

	[ A ]	[ B ]	[ C ]	
Vaccine Type	Total doses for 2014 in the decision letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Has the country experienced a stockout at any level in 2014?
Measles second dose	393,400	393,400	0	No
Pneumococcal (PCV13)	2,695,300	2,736,000	0	Yes
DTP-HepB-Hib	3,161,600	3,161,600	0	No
Rotavirus	2,694,000	2,767,050	0	Yes

If numbers [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 stocks? Problems with cold chain? Doses discarded because VVM changed color or because of the expiry date?...)
 

Although the amounts received for PCV13 and Rota are higher than those provided in the decision letter, there were delays in delivery especially in the first quarter of 2014 for these two new vaccines.  
This difference is justified by an increase in the proportionate share of the State in the co-financed amounts.

Although the amounts received for PCV13 and Rota are higher than those provided in the decision letter, there were delays in delivery especially in the first quarter of 2014 for these two new vaccines.  
This difference is justified by an increase in the proportionate share of the State in the co-financed amounts.

- What actions have you taken to improve vaccine management, e.g. such as adjusting the plan for vaccine shipments? (within the country and with the 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.**

The provision of single-dose vials of 10 doses for the Pentavalent has reduced the storage capacity required for the introduction of a new vaccine (Rota and Pneumo).

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 at a lower level.

The stockout is reported for the new vaccines (Rota and Pneumo). Vaccine stockout was reported at the district and health facility levels. The stockout resulted in late deliveries. The duration of the stockout varied between 5 days and 1 month from one facility to another.

## 7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

<b>Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>		
<b>Nationwide introduction</b>	No	
<b>PHASED INTRODUCTION</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	Yes	

When is the Post introduction evaluation (PIE) planned? **August 2015**

<b>Rotavirus, 1 dose(s) per vial, ORAL</b>		
<b>Nationwide introduction</b>	No	
<b>PHASED INTRODUCTION</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	Yes	

When is the Post introduction evaluation (PIE) planned? **August 2015**

<b>Measles second dose, 10 dose(s) per vial, LYOPHILIZED</b>		
<b>Nationwide introduction</b>	Yes	01/10/2014
<b>PHASED INTRODUCTION</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	No	Postponed on account of conflicts in scheduling

When is the Post introduction evaluation (PIE) planned? **August 2015**

<b>DTP-HepB-Hib, 10 dose(s) per vial, LIQUID</b>		
<b>Nationwide introduction</b>	No	
<b>PHASED INTRODUCTION</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	Yes	

When is the Post introduction evaluation (PIE) planned? **December 2015**

7.2.2. 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 pharmaco-vigilance 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**

Has your country implemented a risk communication strategy along with national preparedness 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? **Yes**

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

If yes, does the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC), regularly examine the data from national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of this 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:

#### Surveillance results:

Rotavirus Diarrhea for 2014

\* Suspect cases reported: 754

\* Positive cases:354

- Pediatric bacterial meningitis:

\* Suspect cases reported:2702

\* Positive cases: 758 (20 Hib, 491 pneumo, 197 NmW, 18 Nm not determined)

## 7.3. Lump sum allocation for the introduction of a new vaccine in 2014

### 7.3.1. Financial Management Reporting

	Amount in US\$	Amount in local currency
Funds received in 2014 (A)	607,000	288,296,500
Balance of funds carried forward from 2013	0	0

Total Available Funds in 2014 (C=A+B)	607,000	288,296,500
Total expenditures in 2013(D)	420,213	199,601,081
Balance carried over to 2015 (E=C-D)	186,787	88,695,419

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2014 calendar year (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 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. Programmatic Reporting

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

The main activities carried out are:

- Steering committee and sub-committee meetings (technical, logistics, communication and surveillance) for the introduction of new vaccines
- Micro planning workshop for the campaign at all levels
- Orientation for district and regional management teams on the campaign and on new vaccine introduction
- Revision of routine immunization tools taking the new vaccines into account.
- Review of training modules
- Implementation of revised tools
- Creation of communications materials
- Training of service providers
- Production of communications materials and management tools
- Implementation of the communication plan
- Strengthening the Cold chain facilities
- Supply of vaccines and consumables to the regions, districts and CSPS
- Implementation of immunization works
- Supervision of service providers

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 2015

The activities to be undertaken with the balance of funds carried forward to 2016 are the post introduction evaluation and the further strengthening of EPI logistical capabilities.

## 7.4. Report on country co-financing in 2014

**Table 7.4:** 5 questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	150,856	145,800
Vaccine selected # 2: Rotavirus, 1 dose(s) per vial, ORAL	105,586	118,800
Vaccine selected # 3: Measles second dose, 10 dose(s) per vial, LYOPHILIZED	153,270	393,400
Vaccine selected # 4: DTP-HepB- Hib, 10 dose(s) per vial, LIQUID	632,500	308,700
Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?		
Government	888,942	
Donor	0	
Others	0	
Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
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: Measles second dose, 10 dose(s) per vial, LYOPHILIZED	0	0
Vaccine selected # 4: DTP-HepB- Hib, 10 dose(s) per vial, LIQUID	9,304	189,500
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	December	State budget

Vaccine selected # 2: Rotavirus, 1 dose(s) per vial, ORAL	December	State budget
Vaccine selected # 3: Measles second dose, 10 dose(s) per vial, LYOPHILIZED	December	State budget
Vaccine selected # 4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	December	State budget
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies and mobilizing funding for immunization, including for co-financing.</b>	

\*Note: co-financing is not mandatory for the IPV

Is GAVI's new or under-used vaccines and injection supply support reported in 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 the EVM tool can be found at

[http://www.who.int/immunization/programs\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programs_systems/supply_chain/evm/en/index3.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:

- EVM assessment (**Document No. 12**)
- the improvement plan after EVM (**Document No. 13**)
- the progress report on the activities implemented during the year and the status of implementation of the 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? **August 2015**

### 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

#### 7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for MR Preventive Campaigns that GAVI communicated to you in its Decision Letter?

[ A ]	[ B ]	[ C ]
Total doses for 2012 in Decision Letter	Campaign start Date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)



9412000	21/11/2014	30/07/2014 (2352300), 11/08/2014 (2352200), 21/08/2014 (2352200), 4/11/2014 (2352200)
---------	------------	--

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

There wasn't any problem

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

Not applicable

### 7.6.2. Programmatic Results of MR preventive campaigns

Geographic regions covered	Duration of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
13	10 days	7973613	8517508	107	98	1	9	5

\*If no survey is conducted, please provide the estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal? **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

Not applicable

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceeded the target/met the target). If you did not meet/exceed the target, what have been the underlying reasons for this (under/over) achievement?

The target was exceeded due to the lack of control of the denominator

What lessons have you learned from the campaign?

- The establishment of a functional organizing committee, six months before the campaign has contributed to the success of the campaign
- The effective involvement of local groups in social mobilization helped meet targets
- The contracting of the vaccine waste management with foundry companies enabled better disposal of these wastes and an opportunity to eliminate curative care and routine immunization wastes.
- The campaign was an occasion to strengthen routine immunization and the health system.

### 7.6.3. Fund utilization for the operational costs of RR preventive campaigns

Category	Expenditure in Local currency	Expenditure in US\$
MANAGEMENT AND CO-ORDINATION OF PROGRAMS	31,210,460	66,405
PLANNING AND PREPARATIONS	187,220,667	398,342
SOCIAL MOBILIZATION, IEC AND ADVOCACY	305,028,000	648,996
OTHER TRAINING AND MEETINGS	23,997,978	51,060
PREPARATION OF DOCUMENTS	141,034,127	300,073
HUMAN RESOURCES AND INCENTIVES	1,143,306,813	2,432,568
COLD CHAIN EQUIPMENT	143,861,700	306,089

TRANSPORT FOR IMPLEMENTATION AND SUPERVISION	108,198,050	230,209
SUPPLIES FOR IMMUNIZATION SESSIONS	15,952,500	33,941
WASTE MANAGEMENT	88,484,379	188265
SURVEILLANCE AND AEFI	20,735,660	44,119
ASSESSMENT	99,034,407	210,712
DATA MANAGEMENT	11,400,000	24,255
<b>Total</b>	<b>-1,975,502,555</b>	<b>4,935,034</b>

## 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 2015

If 2015 is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country should apply for an extension of the co-funding agreement with GAVI for support for vaccines commencing from 2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2016 for the following vaccines:

- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 3 dose schedule**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILIZED**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 3 dose schedule**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILIZED**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2016, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 3 dose schedule**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILIZED**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. 18)

- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 3 dose schedule**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILIZED**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

## 7.9. Request for continued support for vaccines for 2016 vaccination program

In order to request NVS support for 2016 vaccination do the following:

Confirm below that your request for 2016 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: Commodities Cost**

The estimated cost of supplies are not disclosed

**Table 7.10.2: Freight cost**

Vaccine Antigens	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule							
Measles second dose, 10 dose(s) per vial, LYOPHILIZED	Measles second dose, 10 dose(s) per vial, LYOPHILIZED							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
RR, 10 dose(s) per vial, LYOPHILIZED	RR, 10 dose(s) per vial, LYOPHILIZED							

Vaccine Antigens	Vaccine Type	2014	2015	2016
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40%	4.50%	3.00%
Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	7.10%	7.10%	7.10%
Measles second dose, 10 dose(s) per vial, LYOPHILIZED	Measles second dose, 10 dose(s) per vial, LYOPHILIZED	13.80 %	13.00%	12.60%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40%	4.30%	3.60%
RR, 10 dose(s) per vial, LYOPHILIZED	RR, 10 dose(s) per vial, LYOPHILIZED	12.70%	12.10%	11.60%

## 7.11. Calculation of requirements

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter #	719,287	732,675	747,362	2,199,324
	Number of children to be vaccinated with the first dose	Parameter #	738,200	732,695	747,362	2,218,257
	Number of children to be vaccinated with the third dose	Parameter #	738,200	732,695	747,362	2,218,257
	Immunization coverage with the third dose	Parameter %	102.63 %	100.00%	100.00%	
	Number of doses per child	Parameter #	3	3	3	
	Estimated vaccine wastage factor	Parameter #	1.01	1.05	1.05	
	Stock in Central Store Dec 31, 2014	#	1,778,890			
	Stock across second level Dec 31, 2014 (if available)*	#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter #				
	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	Parameter \$		0.20	0.20	
ca	AD syringe price per unit	Parameter \$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter \$		0	0	
cs	Safety box price per unit	Parameter \$		0.0054	0.0054	
fv	Freight cost as % of the value of the vaccines	Parameter %		4.30%	3.60%	

\* Please describe the method used for the stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The stock position at the intermediate and peripheral levels is not available

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator, for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock + operational stock for 4.5 months. **Not defined**

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

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			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	2016
Number of vaccine doses	#	2,852,900	1,691,000	1,685,700
Number of AD syringes	#	3,453,300	1,944,600	1,953,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	38,350	21,400	20,775
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>6,046,000</b>	<b>3,506,500</b>	<b>3,216,500</b>

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

		2014	2015	2016
Number of vaccine doses	#	308,700	187,000	202,900
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
<b>Total value of country co-financing [1]</b>	<b>\$</b>	<b>632,500</b>	<b>376,000</b>	<b>387,500</b>

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	738,200	732,695	
B 1	Number of children to be vaccinated with the third dose	Table 4	738,200	732,695	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B + B1 + \text{Target for the 2}^{\text{nd}} \text{ dose } ((B - 0.41 \times (B - B1)))$	2,214,600	2,198,085	
E	Estimated vaccine wastage factor	Table 4	1.01	1.05	
F	Number of doses required including wastage	$D \times E$		2,307,990	
G	Buffer stock of vaccines	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0,375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li>if <math>(\text{wastage factor of previous year current estimation} &lt; \text{wastage factor of previous year original approved})</math>: <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375</math></li> <li>else: <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0</math></li> </ul>			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$			
H 1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$			
H 2	Stock on 1 <sup>st</sup> January	Table 7.11.1	345,000	1,778,890	
H 3	Dispatch schedule	Approved volume		1,878,000	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		1,878,000	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I * \text{price of vaccine per dose}(g)$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit } (cr)$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes } (cs)$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$			

<b>S</b>	<b>Freight cost of required material</b>	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$				
<b>T</b>	<b>Total funds required</b>	$(N+O+P+Q+R+S)$				
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{Country co-financing per dose (cc)}$				
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$				

As the shipment plans for 2014 is not yet available, the volume approved for 2014 is used as the best view of the shipment in 2014. The information will be updated when the shipment schedule is available.

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	10.74%		
B	Number of children to be vaccinated with the first dose	Table 4	747,362	80,289	667,073
B1	Number of children to be vaccinated with the third dose	Table 4	747,362	80,289	667,073
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2}^{\text{nd}} \text{ dose } ((B - 0.41 \times (B - B1)))$	2,242,086	240,866	2,001,220
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	2,354,191	252,909	2,101,282
G	Buffer stock of vaccines	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0,375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0</math></li> </ul>	17,326	1,862	15,464
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$	483,492	51,942	431,550
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$	1,348,964	144,919	1,204,045
H2	Stock on 1 <sup>st</sup> January	Table 7.11.1			
H3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	1,888,500	202,880	1,685,620
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	1,953,513	0	1,953,513
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)	$(I / 100) \times 1.10$	20,774	0	20,774
N	Cost of the required vaccines	$I * \text{price of vaccine per dose}(g)$	3,393,635	364,576	3,029,059
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$	87,518	0	87,518
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	$M \times \text{unit price of safety boxes } (cs)$	114	0	114
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$	122,171	13,125	109,046
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	$(N+O+P+Q+R+S)$	3,603,438	387,115	3,216,323



<b>U</b>	<b>Total country co-financing</b>	<i>I x Country co-financing per dose (cc)</i>	377,700		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	<i>U / (N + R)</i>	10.74%		

As the shipment plans for 2014 is not yet available, the volume approved for 2014 is used as the best view of the shipment in 2014. The information will be updated when the shipment schedule is available.

Pag  
e  
**35 /**  
**80**  
Pag  
e  
**36 /**  
**80**  
Pag  
e  
**37 /**  
**80**

**Table 7.11.1: Characteristics for Measles second dose, 10 dose(s) per vial, LYOPHILIZED**

ID	Source		2014	2015	2016	TOTAL	
	Number of surviving infants	Parameter	#	719,287	732,675	747,362	2,199,324
	Number of children to be vaccinated with the first dose	Parameter	#	0	0	747,362	747,362
	Number of children to be vaccinated with the second dose	Parameter	#			635,258	635,258
	Immunization coverage with the second dose	Parameter	%	0.00%	0.00%	85.00%	
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.25	1.25	1.18	
	Stock in Central Store Dec 31, 2014		#	315,000			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.00	0.00	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of the value of the vaccines	Parameter	%		13.00%	12.60%	
fd	Freight cost as % of material value	Parameter	%				

\* Please describe the method used for the stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The stock position at the intermediate and peripheral levels is not available

**Co-financing table for Measles second dose, 10 dose(s) per vial, LYOPHILIZED**

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

	2014	2015	2016
Minimum co-financing			
Recommended co-financing as per			
Your co-financing			

**Table 7.11.4:** Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILIZED (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of persons to be vaccinated with the first dose	Table 4	0	0	
C	Number of doses per child	The immunization schedule	1	1	
D	Number of doses required	$B \times C$	0	0	
E	Estimated vaccine wastage factor	Table 4	1.25	1.25	
F	Number of doses required including wastage	$D \times E$		0	
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	H2 of the previous year - $0,25 \times F$ of the previous year			
H2	Stock on 1 <sup>st</sup> January	Table 7.11.1	0	315,000	
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		837,200	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1,10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1,10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1,10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

**Table 7.11.4:** Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILIZED**  
(part 2)

	Formula	2016		
		Total	Government	GAVI
A	Country co-financing	V	0.00%	
B	Number of persons to be vaccinated with the first dose	Table 4	635,258	0
C	Number of doses per child	The immunization schedule	1	
D	Number of doses required	$B \times C$	747,362	0
E	Estimated vaccine wastage factor	Table 4	1.18	
F	Number of doses required including wastage	$D \times E$	881,888	0
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	187,502	0
H	Stock to be deducted	$H2 \text{ of the previous year} - 0,25 \times F \text{ of the previous year}$	315,000	0
H 2	Stock on 1 <sup>st</sup> January	Table 7.11.1		
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	754,400	0
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	681,851	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	82,984	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	8,299	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$	202,934	0
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	30,547	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	2,905	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	46	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	25,570	0
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	262,002	0
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00%	

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

ID		Source		2014	2015	2016	TOTAL
	<b>Number of surviving infants</b>	Parameter	#	719,287	732,675	747,362	2,199,324
	<b>Number of children to be vaccinated with the first dose</b>	Parameter	#	719,294	732,695	747,362	2,199,351
	<b>Number of children to be vaccinated with the third dose</b>	Parameter	#	719,294	732,695	747,362	2,199,351

	<b>Immunization coverage with the third dose</b>	Parameter	%	100.00%	100.00%	100.00%	
	<b>Number of doses per child</b>	Parameter	#	3	3	3	
	<b>Estimated vaccine wastage factor</b>	Parameter	#	1.05	1.03	1.03	
	<b>Stock in Central Store Dec 31, 2014</b>		#	261,150			
	<b>Stock across second level Dec 31, 2014 (if available)*</b>		#				
	<b>Stock across third level Dec 31, 2014 (if available)*</b>	Parameter	#				
	<b>Number of doses per vial</b>	Parameter	#		1	1	
	<b>AD syringes required</b>	Parameter	#		Yes	Yes	
	<b>Reconstitution syringes required</b>	Parameter	#		No	No	
	<b>Safety boxes required</b>	Parameter	#		Yes	Yes	
cc	<b>Country co-financing per dose</b>	Parameter	\$		0.20	0.20	
ca	<b>AD syringe price per unit</b>	Parameter	\$		0.0448	0.0448	
cr	<b>Reconstitution syringe price per unit</b>	Parameter	\$		0	0	
cs	<b>Safety box price per unit</b>	Parameter	\$		0.0054	0.0054	
fv	<b>Freight cost as % of the value of the vaccines</b>	Parameter	%		4.50%	3.00%	

\* Please describe the method used for the stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The stock position at the intermediate and peripheral levels is not available

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

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	719,294	732,695	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B \times C$	2,157,882	2,198,085	
E	Estimated vaccine wastage factor	Table 4	1.05	1.03	
F	Number of doses required including wastage	$D \times E$		2,264,028	
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	$H2 \text{ of the previous year} - 0,25 \times F \text{ of the previous year}$			
H 2	Stock on 1 <sup>st</sup> January	Table 7.11.1	0	261,150	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		2,275,200	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			



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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-financing	V	5.75%		
B	Number of children to be vaccinated with the first dose	Table 4	747,362	42,960	704,402
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2,242,086	128,880	2,113,206
E	Estimated vaccine wastage factor	Table 4	1.03		
F	Number of doses required including wastage	$D \times E$	2,309,349	132,747	2,176,602
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	11,331	652	10,679
H	Stock to be deducted	$H2 \text{ of the previous year} - 0,25 \times F \text{ of the previous year}$	0	0	0
H 2	Stock on 1 <sup>st</sup> January	Table 7.11.1			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	2,322,000	133,474	2,188,526
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	2,478,759	0	2,478,759
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)	$(I / 100) \times 1.10$	25,543	0	25,543
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$	7,843,716	450,874	7,392,842
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	111,049	0	111,049
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	$M \times \text{unit price of safety boxes}(cs)$	139	0	139
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	235,312	13,527	221,785
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	$(N+O+P+Q+R+S)$	8,190,216	470,792	7,719,424
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	464,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.75%		

**Table 7.11.1:** Characteristics for **Rotavirus, 3-dose schedule**

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter: #	719,287	732,675	747,362	2,199,324
	Number of children to be vaccinated with the first dose	Parameter: #	719,294	732,695	747,362	2,199,351
	Number of children to be vaccinated with the third dose	Parameter: #	719,294	732,695	747,362	2,199,351

	<b>Immunization coverage with the third dose</b>	Parameter:	%	100.00%	100.00%	100.00%	
	<b>Number of doses per child</b>	Parameter:	#	3	3	3	
	<b>Estimated vaccine wastage factor</b>	Parameter:	#	1.05	1.03	1.03	
	<b>Stock in Central Store Dec 31, 2014</b>		#	455,150			
	<b>Stock across second level Dec 31, 2014 (if available)*</b>		#				
	<b>Stock across third level Dec 31, 2014 (if available)*</b>	Parameter:	#				
	<b>Number of doses per vial</b>	Parameter:	#		1	1	
	<b>AD syringes required</b>	Parameter:	#		No	No	
	<b>Reconstitution syringes required</b>	Parameter:	#		No	No	
	<b>Safety boxes required</b>	Parameter:	#		No	No	
cc	<b>Country co-financing per dose</b>	Parameter:	\$		0.13	0.13	
ca	<b>AD syringe price per unit</b>	Parameter:	\$		0.0448	0.0448	
cr	<b>Reconstitution syringe price per unit</b>	Parameter:	\$		0	0	
cs	<b>Safety box price per unit</b>	Parameter:	\$		0.0054	0.0054	
fv	<b>Freight cost as % of the value of the vaccines</b>	Parameter:	%		7.10%	7.10%	

\* Please describe the method used for the stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable

### Co-financing table for Rotavirus, 3 dose schedule

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

	2014	2015	2016
Minimum co-financing	0.13	0.13	0.13
Recommended co-financing as per			0.13
Your co-financing	0.13	0.13	0.13

**Table 7.11.4:** Calculation of requirements for **Rotavirus, 3 dose schedule** (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	719,294	732,695	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B \times C$	2,157,882	2,198,085	
E	Estimated vaccine wastage factor	Table 4	1.05	1.03	
F	Number of doses required including wastage	$D \times E$		2,264,028	
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$			
H 2	Stock on 1 <sup>st</sup> January	Table 7.11.1	0	455,150	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		2,274,300	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

**Table 7.11.4:** Calculation of requirements for **Rotavirus, 3 dose schedule** (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	3.47%		
B	Number of children to be vaccinated with the first dose	Table 4	747,362	25,919	721,443
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	2,242,086	77,757	2,164,329
E	Estimated vaccine wastage factor	Table 4	1.03		
F	Number of doses required including wastage	$D \times E$	2,309,349	80,090	2,229,259
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	11,331	393	10,938
H	Stock to be deducted	$H2 \text{ of the previous year} - 0,25 \times F \text{ of the previous year}$	0	0	0
H 2	Stock on 1 <sup>st</sup> January	Table 7.11.1			
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	2,321,100	80,497	2,240,603
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)	$(K + L) / 100 \times 1.10$	0	0	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$	8,123,850	281,740	7,842,110
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

<b>R</b>	<b>Freight cost of required vaccines</b>	$N \times \text{Freight cost as \% of vaccines value (fv)}$	576,794	20,004	556,790
<b>S</b>	<b>Freight cost of required material</b>	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
<b>T</b>	<b>Total funds required</b>	$(N+O+P+Q+R+S)$	8,700,644	301,743	8,398,901
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{Country co-financing per dose (cc)}$	301,743		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$	3.47%		

Pag  
e  
**54 /**  
**80**  
Pag  
e  
**55 /**  
**80**  
Pag  
e  
**56 /**  
**80**  
Pag  
e  
**57 /**  
**80**

## 8. Health System Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

### 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 2014.** All countries are expected to report on:
  - a. The progress achieved in 2014
  - b. HSS implementation during January – April 2015 (interim reporting)
  - c. Plans for 2016
  - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting with country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org](mailto:gavihss@gavi.org).

5. If you are requesting additional funds, please make this clear in [section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available).

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

8. 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 installment of HSS funds.



## 8.1. Report on the use of HSS funds in 2014 and request for additional funds

Countries that have already received the final disbursement of GAVI approved funds under HSS grant and require no further financing: Is the implementation of the HSS grant 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 completion of the HSS grant.

Not applicable

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 the 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 to CSOs, please explain why. Go to <http://www.gavialliance.org/support/cso/>, for the GAVI CSO implementation framework.

NA

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

### 8.1.1. Report on the use of HSS funds in **2014**

Please complete [Table 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program and both in US\$ and local currency

**Please note: If you are requesting a new portion of funding, please make sure you fill in the last row of [Table 8.1.3.a](#) and [8.1.3.b](#).**

### 8.1.2. Please indicate if you are requesting a new portion of funding **No**

If yes, please indicate the amount of funding requested: **0** US\$

These funds will be sufficient to ensure the HSS allocation until December 2016.

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	1,239,184	665,736	0	0	0	0
Revised annual budget (if revised during a review of the previous years' annual reports)	1,894,223	1,050,203	2,624,421	0	0	0
Total funds received from GAVI during the calendar year (A)	0	678,693	1,284,920	0	0	0

Remaining funds (carry over) from previous year (A)	3,073,854	1,197,227	1,394,478	2,115,169	1,658,265	1,357,131
Total Funds available during the calendar year (C=A+B)	3,073,854	1,875,920	2,679,398	2,115,169	1,658,265	1,357,131
Total expenditure during the calendar year (D)	1,876,627	481,442	564,229	457,136	301,134	1,823,972
Balance carried forward to the next calendar year (E=C-D)	1,197,227	1,394,478	2,115,169	1,658,033	1,357,131	1,176,096
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	1,050,203	2,624,421	606,767	0	5,228,714	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (A)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to the next calendar year (E=C-D)	0	0	0	0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	681,551,200	366,154,800	0	0	0	0
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	0	0	0
Total funds received from GAVI during the calendar year (A)	0	297,960,260	628,601,880	0	0	0
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	653,418,448
Total Funds available during the calendar year (C=A+B)	1,349,486,000	823,567,866	1,240,806,340	1,016,785,670	0	653,418,448
Total expenditure during the calendar year (D)	823,878,394	211,363,406	261,289,812	219,749,654	143,728,268	911986016
Balance carried forward to the next calendar year (E=C-D)	525,607,606	612,204,460	979516528	797,036,016	653,418,448	588,047,984
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	577,611,650	1,443,431,550	333,721,850	0	2,352,921,300	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (A)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0

Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to the next calendar year (E=C-D)	0	0	0	0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

### Report of Exchange Rate Fluctuation

Please indicate in [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 <sup>st</sup> January	439.0209	439.0209	439.0209	480.713	484.7113	475.5
Closing on 31 <sup>st</sup> December	439.0209	439.0209	439.0209	480.713	477.29	525.8148

### Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Table 14, a separate, a detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

**Has an external audit been conducted? No**

**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 for your HSS program during your government's most recent fiscal year, this must also be attached (Document Number: 21)**

## 8.2. Progress of HSS activities in the 2014 calendar year

Please report on major activities conducted to strengthen immunization using HSS funds in Table 8.2. 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 8.2: HSS activities in the reporting year 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
---	-----------------------------	--	--

<b>Build and equip 5 CSPS in areas with poor health coverage: Sami (HD of Solenzo), Varpuo (HD of Dano) Boulmatchiangou, (HD of Diapaga) Sassamba, (HD of Mangodara), Datambi (HD of Sebba)</b>	x		100	Field work report
---	---	--	-----	-------------------

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

<b>Major Activities</b> (insert as many rows as necessary)	<b>Explain progress achieved and constraints</b>
<b>Build and equip 5 CSPS in areas with poor health coverage:</b>	Right from 2011, construction works have experienced difficulties (low capacity of suppliers, geographical inaccessibility of certain areas during the rainy season) which have been overcome, thus enabling the full realization of these works by the end of 2014

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

Not applicable

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

Not applicable

### 8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

**Table 8.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	2010	2011	2012	2013	2014	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											
1.1. National Coverage by DTP – HepB-Hib 3	95.31%	Statistical Yearbook 2006	100%	100%	103.4%	104%	104%	101.7%	103%	Statistical Yearbook	

1.2. Number of districts achieving ≥ 80% of coverage in DTP – HepB-Hib 3	52	Statistical Yearbook 2006	63	63	63	62	63	63	63	Statistical Yearbook	
1.3. 1.3 Mortality Rate for children less than five years of age (for 1,000)	184	DHS 2003	184		184	129	129	129	129	DHS 2010	
1.4. CPN 2 Coverage rate	61.2%	Statistical Yearbook 2006	76%		72.8%	74.4%	73.8%	72%	74.5%	Statistical Yearbook	
1.5. Rate of assisted childbirth by qualified personnel	42.9 %	Statistical Yearbook 2006	64%	80%	75.1%	78.3%	82.1%	80;5	86.2%	Statistical Yearbook	
1.6. TTV 2 Coverage in Pregnant women	81.41%	Statistical Yearbook 2006	90%	95%	96.29%	90.9%	92.7%	88%	84.68%	Statistical Yearbook	
1.7. % of Health Districts benefiting from an LQAS evaluation	15%	DPV 1994	20%		100%						
1.8. Proportion of functional pilot sites offering local maternal and child health care services	0%	DSP 2007	20%		0%						
Objective 2: Develop human resources for health care by the end of 2010											
2.1. Proportion of CSPS with a quality action plan	50%	HD 2007	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%								
Objective 5: Strengthen the basic health infrastructure and equipment in the poorly serviced areas by the end of 2010											
5.1 % of CSPS constructed and equipped	85.8%	DSP 2007	90%								

5.2. % of CMAs provided with an ambulance for medical evacuations	88.8 %	DGIEM 2007	96%									
---	--------	------------	-----	--	--	--	--	--	--	--	--	--

#### 8.4. Program implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

Not applicable

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

Not applicable

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

Not applicable

8.4.4. Please outline to what extent the M&E is integrated with the country 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 sector-wide approach in place of GAVI indicators.

Not applicable

8.4.5. 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

8.4.6. 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

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

- Whether the management of HSS funds has been effective?
- Were there any constraints in disbursing internal funds?
- Actions taken to address any issues and improve management
- Any changes to management processes in the coming year?

Not applicable

#### 8.5. HSS activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

**Table 8.4:** Activities planned 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)	Actual expenditure for 2015 (April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
		0	0			0

## 8.6. HSS activities planned for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6:** HSS Activities planned for 2016

Major Activities (insert as many rows as necessary)	Activity planned for 2016	Original budget for 2016 (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 2016 (if relevant)
		0			

## 8.7. Revised indicators in case of reprogramming

Countries planning to request a reprogramming can do it at any time of the year. Please ask the country's program managers at the GAVI Secretariat for guidelines on reprogramming or send an email to [gavihss@gavi.org](mailto:gavihss@gavi.org).

## 8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

**Table 8.8:** 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 poorly serviced areas
Status (CSPS transformation project in prominent localities of municipalities with Medical centers)	74,000,000	3 years	Strengthening basic health infrastructure and equipment in poorly serviced areas
Global fund	18,937,814	2 years	Development of human resources for health
Support Program for Medical Development in Central Plateau and South Centre regions	46,736,667	2 years	Strengthening basic health infrastructure and equipment in poorly serviced areas
Republic of China Taiwan	1,751,637	2 years	Strengthening basic health infrastructure and equipment in poorly serviced areas
European Union	8,746,093	5 years	Development of human resources for health



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

## 8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data Sources

Data sources used in this report	How was the information validated?	Problems experienced, if any
Field mission monitoring report	PADS Steering Committee	

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

Not applicable

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? Please attach:

1. The minutes from all the HSCC meetings held in 2015, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

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

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

Burkina Faso **has NOT received CSO support - Type B from GAVI**

Burkina Faso has not presented a report on GAVI support for Type A CSOs in 2014


## 9.2. TYPE B: CSO support to help implement the GAVI HSS proposal or CMYP

Burkina Faso **has NOT received CSO support - Type B from GAVI**

Burkina Faso has not presented a report on GAVI support for Type B CSOs in 2014

## 10. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC 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



## 11. Appendices

### 11.1. Annex 1: ISS instructions

#### INSTRUCTIONS:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 calendar year, containing the points (a) to (f), below. A sample basic statement of income and expenditure is provided in the following page.
  - a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditure during 2014, based on your government's own economic classification system. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on your Government's economic classification. 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 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. 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.

## 11.2. Appendix 2 – Example of ISS revenue and expenditure

### MINIMUM REQUIREMENTS FOR THE FINANCIAL STATEMENTS OF THE ISS AND GRANT FOR THE INTRODUCTION OF A VACCINE 1

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in US\$*
Carryover from 2013 (balance on December 31, 2013)	25,392,830	53,000
<b>Summary of income in 2014</b>		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance on December 31, 2014 (carryover to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.



Detailed analysis of expenditure by economic classification** - GAVI ISS						
	Budget in CFA	Budget in US\$	Actual expenditure in CFA	Actual expenditure in US\$	Difference in CFA	Difference in US\$
<b>Expenditure on salaries</b>						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAUX POUR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

## 11.3. Annex 3 - Instructions for HSS support

### INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided in the following page.
  - a. Funds carried forward from calendar year 2013 (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditure during 2014, based on your government's own economic classification system. This analysis should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on your Government's economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014(referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

## 11.4. Annex 4 - Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR THE FINANCIAL STATEMENTS OF HSS SUPPORT

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in US\$*
Carryover from 2013 (balance on December 31, 2013)	25,392,830	53,000
<b>Summary of income in 2014</b>		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance on December 31, 2014 (carryover to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditure in CFA	Actual expenditure in US\$	Difference in CFA	Difference in US\$
<b>Expenditure on salaries</b>						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAUX POUR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.



## 11.5. Annex 5 - Instructions for CSO support

### INSTRUCTIONS:

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

- I. All countries that have received CSO support - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, 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 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided in the following page.
  - a. Funds carried forward from calendar year 2013 (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditure during 2014, based on your government's own economic classification system. This analysis should summarize 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 your Government's economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for the CSO support -Type B funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

## 11.6. Annex 6 - Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF 'TYPE B' CSO

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI CSOs		
	Local Currency (CFA)	Value in US\$*
Carryover from 2013 (balance on December 31, 2013)	25,392,830	53,000
<b>Summary of income in 2014</b>		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance on December 31, 2014 (carryover to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>












\* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US\$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI CSOs						
	Budget in CFA	Budget in US\$	Actual expenditure in CFA	Actual expenditure in US\$	Difference in CFA	Difference in US\$
<b>Expenditure on salaries</b>						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAUX pour 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

## 12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	<a href="#">Signatures des ministres.docx</a> File desc: Date/Time: 15/05/2015 05:35:18 Size: 762 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	<a href="#">Signatures des ministres.docx</a> File desc: Date/Time: 15/05/2015 05:35:18 Size: 762 KB
3	Signatures of the ICC members	2.2	✓	<a href="#">Signatures des membres CCIA.docx</a> File desc: Date/Time: 15/05/2015 04:41:31 Size: 793 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	<a href="#">Compte rendu CCIA.docx</a> File desc: Date/Time: 15/05/2015 01:43:29 Size: 2 MB
5	Signatures of the HSCC members	2.3	✓	<a href="#">Signatures des membres CCSS.docx</a> File desc: Date/Time: 15/05/2015 04:45:22 Size: 1 MB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	<a href="#">PJ 6.docx</a> File desc: Date/Time: 02/04/2015 10:41:03 Size: 12 KB
7	Financial statements for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	No file downloaded
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	No file downloaded
9	Post-introduction Evaluation Report	7.2.1	✗	No file downloaded
10	Financial statements of grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	<a href="#">Bilan financier VAR2.pdf</a> File desc: Date/Time: 05/05/2015 06:23:06 Size: 345 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than USD 250,000	7.3.1		<a href="#">PJ 11.docx</a> <b>File desc:</b> <b>Date/Time:</b> 02/04/2015 10:41:22 <b>Size:</b> 12 KB
12	EVSM/VMA/EVM report	7.5		<a href="#">Rapport Final GEV BFA Version 30_08_2012.pdf</a> <b>File desc:</b> <b>Date/Time:</b> 02/04/2015 10:43:18 <b>Size:</b> 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">Plan d'amélioration GEV-BFA 31 Aout 2012.xlsx</a> <b>File desc:</b> <b>Date/Time:</b> 02/04/2015 10:44:05 <b>Size:</b> 103 KB
14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5		<a href="#">MISE EN MISE EN OEUVRE PLAN AMELIORATION GEV BFA 2015.docx</a> <b>File desc:</b> <b>Date/Time:</b> 05/05/2015 07:02:52 <b>Size:</b> 1 MB
16	The cMYP is valid if the country requests for extension of support	7.8		No file downloaded
17	The costing tool for the cMYP is valid if the country requests for extension of support.	7.8		No file downloaded
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8		No file downloaded
19	Financial statements for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3		<a href="#">Etat financier RSS 2014.docx</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 01:40:21 <b>Size:</b> 730 KB
20	Financial statements for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3		<a href="#">Etat financier RSS JANVIER A AVRIL 2015.doc</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 01:45:35 <b>Size:</b> 465 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3		<a href="#">PJ 21.docx</a> <b>File desc:</b> <b>Date/Time:</b> 02/04/2015 10:41:53 <b>Size:</b> 12 KB
22	Review report of the health sector-HSS	8.9.3		<a href="#">PJ 22.docx</a> <b>File desc:</b> <b>Date/Time:</b> 02/04/2015 10:42:16 <b>Size:</b> 12 KB

23	Listing Report - Type A - CSO support	9.1.1	X	No file downloaded
24	Financial statement for the allocation of type B CSO support (fiscal year 2014)	9.2.4	X	No file downloaded
25	External audit report on Type B CSO support (fiscal year 2014)	9.2.4	X	No file downloaded
26	Bank statements for each program funded in cash or a cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2014 as on i) January 1, 2014 and ii) as on December 31, 2014 appear.	0	✓	<a href="#">Relevé bancaire.docx</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 01:50:14 <b>Size:</b> 4 MB
27	Minutes of ICC meeting endorsing change of vaccine presentation	7.7	X	No file downloaded
28	Justification for changes in target population	5.1	X	No file downloaded
	Other documents		X	<a href="#">Rapport général Sorties GAVI.docx</a> <b>File desc:</b> <b>Date/Time:</b> 01/05/2015 08:03:54 <b>Size:</b> 42 KB
				<a href="#">RSA_GAVI 2.docx</a> <b>File desc:</b> <b>Date/Time:</b> 01/05/2015 07:53:40 <b>Size:</b> 247 KB