GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Burundi

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/15/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
Routine New Vaccines Support	Measles, 10 dose(s) per vial, LYOPHILISED	Measles, 10 dose(s) per vial, LYOPHILISED	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	Yes	Not applicable N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2011: Yes

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Burundi hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Burundi

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Dr Sabine NTAKARUTIMANA	**Name**	Hon.Tabu Abdallah MANIRAKIZA
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

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

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Dr BIRINTANYA Norbert	Permanent secretary		
Dr MISAGO Léonidas	Inspector General for Public Health		
Dr NGIRIGI Liboire	Director General for the Ministry of Public Health and AIDS Control (MPHAC)		
Dr Dorothée NTAKIRUTIMANA	Director General for Planning		
Mr GUY Boreux	Belgian Embassy and head of Financial and Technical Partners (FTP)		
Mr TRAORE Célestin	Head of Health/Nutrition UNICEF		
Dr CIZA Alphonse	Programme director, WHO		
Mr NAKUWUNDI Philippe	Director, DBCAI/MPHAC		
Dr KAMANA Jean	CT/FBP		
Dr NDUWAYO Gilbert	Director, PRONIANUT		
Dr MARONKO Boniface	Director, EPI/MPHAC		
Dr BARADAHANA Lyduine	Director, PNILP/MPHAC		
Dr NIZIGIYIMANA Dionis	Director, SNIS		

Dr NKURUNZIZA Donatien	Health Programme manager/Coopération Suisse		
Dr NTAHOBARI Stanyslas	HIV Prevention Advisor/USAID		
Mr CREPIN Pascal	European Union/Programme director		
Mme ARNOUX Laurence	French Embassy/Cooperation attaché		
Mme MIYASHITA Akiko	JICA/Coordinator		
Mr NAHIMANA Guérin	ABS/Volunteer		
Dr NDUWIMANA Rose	WHO/EPI focal point		
Mr ROSEMEIRE Munhoe	ONUSIDA/Coordinator		
Mr BIGIRIMANA Donatien	OMS/EDM		
Mme BIGAYIMPUNZI Liliane	PAM/Programme national administrator		
NDIKUMANA Desiré	RSS- GAVI/ Coordinator		
Mr OUTTARA Omar	DGR/AM AT		
Dr NDAYIRUKIYE Jean Pierre	ABUBEF/ Medical coordinator		

Mr NTACONAYIGIZE Bonaventure	CARITAS Burundi/ GAVI project manager		
Mme WEILAND Stephanie	Life Net International/Country Director		
Dr PI SAWE Luc	ATP Amagara Meza/MPHAC		
Mr PELISSIER Jc	ATM Amagara Meza /MPHAC		
Dr NDABIHORE Nina	MPHAC/DPSE/ Head of monitoring and evaluation department		
Dr RUBEYA Paul Claudel	MPHAC/DODS/ Director		
Dr BATUGWANAYO Charles	CSP Health		
Dr NDORERE Lydie	CNTS Director		
Mr NSENGIYUMVA Emmanuel	CAMEBU/ Technical Director		
Mr NKINDI Sublime	DPSE/Director		
Dr NTIMPAGARITSE Damien	Technical Director /SEP-CNLS		
Dr NDAYISHIMIYE Onesime	PNIMTNC/MPHAC/Director		
Dr NIYONGABO Enock	CPBU/Director		

Dr UWINEZA Marie-Noelle	EPI/Assistant Director		
Dr NZOSABA Firmin	EPI/Advisor		
Mme MBONIGABA Gloriose	MPHAC /Ministry staff /Advisor		
Mme EMERIMANA Consolate	MPHAC/DPML/Advisor		
Mme NDAYIRAGIJE Diane	Management Science for Health Senior Programme		
Mr MANIRAKIZA Raphaël	Belgian Embassy/Expert Coordinator		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

IVD/IST confirms that Burundi participated in the RSA peer review and that the document was peer-reviewed from 23 to 25 April 2012 in Kinshasa and re-examined by the IVD/IST centre on 8 May 2012. No other comments. In favour of sending to GAVI Secretariat

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Name/Title	Agency/Organization	Signature	Date
Mr NDIKUMANA Désiré	Coordinator for GVI HSS project		

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date

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

3. Table of Contents

This APR reports on Burundi's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	406,431	406,431	416,185	416,185	426,173	426,173	436,402	436,402	446,875	446,875
Total infants' deaths	86,475	86,475	88,550	88,550	90,675	90,675	92,852	92,852	95,080	95,080
Total surviving infants	319956	319,956	327,635	327,635	335,498	335,498	343,550	343,550	351,795	351,795
Total pregnant women	432,373	432,373	442,750	442,750	453,376	453,376	464,257	464,257	475,399	475,399
Number of infants vaccinated (to be vaccinated) with BCG	382,045	366,269	399,538	399,538	417,650	417,650	427,674	427,674	437,938	437,938
BCG coverage	94 %	90 %	96 %	96 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	307,158	341,700	321,082	321,082	328,788	328,788	336,679	336,679	344,759	344,759
OPV3 coverage	96 %	107 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	316,756	359,488	324,359	324,359	332,143	332,143	340,115	340,115	348,277	348,277
Number of infants vaccinated (to be vaccinated) with DTP3	310,357	340,825	321,082	321,825	328,788	328,788	336,679	336,679	344,759	344,759
DTP3 coverage	108 %	107 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	345,083	359,488	324,359	324,359	332,143	332,143	340,115	340,115	348,277	348,277
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	345,083	340,825	321,082	321,082	328,788	328,788	336,679	336,679	344,759	344,759
DTP-HepB-Hib coverage	108 %	107 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	10	5	25	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.11	1.05	1.33	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	155,165	100,702	288,319	288,319	328,788	328,788	340,115	340,115	348,277	
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	152,062	43,479	278,490	278,490	318,723	318,723	336,679	336,679	344,759	
Pneumococcal (PCV13) coverage	48 %	14 %	85 %	85 %	95 %	95 %	98 %	98 %	98 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1

Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	0	0	150,974	150,974	302,324	302,324	348,277	348,277
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0		0	134,199	134,199	292,018	292,018	344,759	344,759
Rotavirus coverage		0 %	0 %	0 %	40 %	40 %	85 %	85 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	0	0	0
Wastage[1] factor in base-year and planned thereafter		1	1	1	1	1.05	1	1	1	1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	297,559	322,774	311,253	311,253	318,723	318,723	326,373	326,373	334,205	334,205
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	131,054	131,054	268,398	268,398	302,324	302,324	316,616	316,616
Measles coverage	93 %	101 %	40 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	20	15	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter	1	1.05	1.25	1.18	1	1	1	1	1	1
Maximum wastage rate value for Measles, 10 dose(s) per vial, LYOPHILISED	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %
Pregnant women vaccinated with TT+	389,136	560,363	398,475	398,475	408,038	408,038	417,831	417,831	427,859	427,859
TT+ coverage	90 %	130 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	5 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  No current changes to the number of births. Births are calculated using data from the 2008 census as well as all population projections.

  NB. According to 2008 census data, annual births represent 4.8% whereas survival at one year represents 3.7%. The difference is too great and suggests a too-high number of annual deaths whereas results of the 2009 EDS 2009 give an infant mortality rate of 59 per 1000 live births.

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

  Same as above, no changes to make since all projections are based on 2008 census data validated in August 2010.

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

  Achieved performance exceeds objectives set per vaccine.

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

  No changes to make to annual objectives related to the wastage rate per vaccine.

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

Established objectives have been reached for the majority of the antigens, except for the new vaccine; at times, performance exceeded objectives.

The results are satisfactory. This success is due to:

1. A strong mobilisation of parents for immunization services

2. Massive adherence to immunization activities on the part of the population

3. An increase in the number of health centres providing immunization

4. Expansion and rehabilitation of the cold chain (152 new refrigerators)

5. No stock-outs

6. Implementation of the practical ACD/ACE strategy in districts with low coverage

7.Strong involvement from the partners

Main activities carried out:

- reinforcement of routine immunization

- 2 extra immunization activities carried out (2 Mother and Child Health Week campaigns; 2 National Immunization Days (NID) for polio; response campaign against the measles epidemic in one province)

- Anti-tetanus immunization campaign in women of childbearing age in 8 provinces

- Introduction of the pneumococcal (PCV13) vaccine in September 2011

Problems encountered:

- Insufficient and ageing vehicles at the national level

- Lack of spare parts for refrigerators at the local level

- After decentralization, there has been a lack of refrigerators and freezers in some health districts

Problems were resolved as follows:

- Purchase of 3 vehicles

- Acquisition of spare parts, rehabilitation of the cold chain throughout the country

- Acquisition of refrigerators and freezers for health districts and health centres that need them

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

The PCV13 vaccine was introduced on 20/09/2011 instead of in July 2011

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

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

In Burundi, there is no difference in access to immunization services among boys and girls

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

What action have you taken to achieve this goal?

The EPI, in collaboration with the Department of Epidemiology and Statistics, anticipates that toward the end of 2012, data will be reported by sex in all of the country's health centres. The new monthly report framework will also contain data broken down by sex.

5.4. Data assessments

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

No immunization coverage survey was carried out in 2011. But this survey is planned for 2012 just after the anti-measles campaign and the Mother and Child Health Week.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

There was an assessment of the National Health Information System (SNIS) in 2009.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

The implementation of the data management tool "GESIS" at all levels of the health pyramid has been an asset since 2011.

All data managers and health district Directors are trained on the software. The immunization registry has been revised to include categories according to sex. Furthermore, the provincial Committee for the verification and validation of data must first verify and validate the coherence of the data before sending it to higher levels.

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

1. Renewal of computer equipment

2. Continuing education and training for personnel

3. Analyse data and provide feedback each time data is sent.

4 .Introduce the DQS tool in all BDS in 2012

5. A national coverage survey will be carried out in 2012

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 1262	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2011**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**			
Traditional Vaccines*	555,257	0	0	555,257	0	0	0	0
New and underused Vaccines**	5,111,242	298,708	4,812,534	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	266,310	25,662	102,646	138,002	0	0	0	0
Cold Chain equipment	343,628	0	343,628	0	0	0	0	0
Personnel	583,879	48,502	91,650	443,727	0	0	0	0
Other routine recurrent costs	43,799	7,924	35,875	0	0	0	0	0
Other Capital Costs	4,838	0	4,838	0	0	0	0	0
Campaigns costs	1,916,824	0	347,460	695,928	873,436	0	0	0
To be filled in by the country		0	0	0	318,000	0	0	0
Total Expenditures for Immunisation	8,825,777							

Total Government Health		380,796	5,738,631	1,832,914	1,191,436	0	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

-overlap of activities within the Ministry of Public Health and AIDS Control prevented some EPI activities from taking place

-slowness in contract procedures delayed some planned activities

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Yes:

The funds used in 2011 contained residual from the 2010 budget

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

An awareness and advocacy campaign is underway aimed at political decision-makers and economic operators with a view to financing immunization

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	628,144	703,994
New and underused Vaccines**	7,950,020	12,694,264
Injection supplies (both AD syringes and syringes other than ADs)	409,410	485,691
Injection supply with syringes other than ADs	27,436	31,786
Cold Chain equipment	49,766	55,835
Personnel	603,640	615,713
Other routine recurrent costs	728,280	742,845
Supplemental Immunisation Activities	1,351,919	1,487,111
Total Expenditures for Immunisation	11,748,615	16,817,239

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?
No	No

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

There was no action plan from Aide Memoire in 2011

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

The financial management assessment mission scheduled for December 2011 did not take place.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **7**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Recommendations to EPI:

- Ensure vaccine stocks and immunization materials

- Refer to the primary source, namely, the SNIS data

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

If Yes, which ones?

List CSO member organisations:
CED Caritas/BURUNDI
CPBU
ABUBEF

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. Continue with rehabilitation and expansion of the cold chain at all levels, 2012-2013
2. Introduce the second dose of the anti-measles vaccine, December 2012
3. Carry out a routine immunization coverage survey and post-measles campaign follow-up, 2012
5. Organize the CQD, 2012
6. Introduce the rotavirus vaccine nationally, 2013
7. Continue implementing GEV recommendations, 2012-2013

AVS (Mother and Child Health Week, NIDs Polio) 2012-2013

9. Organize measles follow-up campaign, June 2012
10. Organize supportive supervision, 2012-2013
11. Reinforcement of surveillance activities, 2012-2013

Implementation of EPI communication plan,
2012
Generalize the implementation of the ACD in all health districts, 2012-2013

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	SAB 0.05ml, SD 2ml	UNICEF
Measles	SAB 0.5ml, SD 5ml	UNICEF
TT	SAB 0.5ml	UNICEF
DTP-containing vaccine		
FR DTP-HepB-Hib	SAB 0.5ml, SD 2ml	GAVI
FR PCV13	SAB 0.5ml	GAVI

Does the country have an injection safety policy/plan? **No**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

In 2014

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Sharp waste is placed in a safety box and burned in the incinerators

Each health centre has its own incinerator

The problem is that the centres find it difficult to obtain more efficient incinerators

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	107032	135074886
Remaining funds (carry over) from 2010 *(B)*	1090900	1376716522
Total funds available in 2011 *(C=A+B)*	1197932	1511791408
Total Expenditures in 2011 *(D)*	1197933	1296870782
Total Expenditures in 2012 *(D)*	-1	214920626

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

For an expense necessitating the use of ISS funds, a request for authorization to withdraw funds is made by the EPI director and addressed to the Ministry of Public Health and AIDS Control.

Once approval is given, the cheque is prepared by the head accountant and must carry two signatures: that of the EPI director or assistant director and that of the Permanent Secretary of the MPHAC or of the MPHAC General Director of Resources. The cheque is then drawn by the EPI cashier or the head accountant and given directly to the beneficiary.

ISS funds are not yet included in the national health sector plan and budget.

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

The account used is a government account.

Budgets are approved by the Cadre des partenaires pour la santé et Developpement [Partnership Framework for Health and Development] (CPSD)

Financial reports are drawn up by the EPI accountant and submitted to the CPSD for approval following the same procedures as the annual progress report.

An annual audit of EPI accounts is planned.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

- Purchase of petrol

- Purchase of refrigerators and freezers

- Purchase of spare parts

- Participation in financing of campaigns for Mother and Child Health Week, African Immunization Week and response to the measles epidemic

- Programme management activities (office and computer equipment, planning for the purchase of a supervisory vehicle, communication costs)

- Various training sessions for vaccine management

- Supportive supervision

- Rehabilitation of the cold chain at the national and operational levels

- Participation in international meetings related to immunization

- Establishment of an EPI communication plan

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			321408	340825
2	Number of **additional** infants that are reported to be vaccinated with DTP3				19417
3	Calculating	$20	per additional child vaccinated with DTP3		388340
4	**Rounded-up estimate of expected reward**				388500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		1,156,700	0
Pneumococcal (PCV13)		611,100	0
Rotavirus		0	0
Measles		1,024,200	0

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

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

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

  There is no difference between the total doses of the DTP-HepB-Hib and PCV-13 vaccines received by 31 December 2011 and the total doses of these vaccines found in the decision letters.

  The new PCV13 vaccine was introduced a bit later than planned, in September 2011 instead of July 2011.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  There was no delay in supply.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

There was no stock-out

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

There was no stock-out in 2011

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV13	
Phased introduction	No	20/09/2011
Nationwide introduction	Yes	20/09/2011

The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The date was put off to avoid overlap in activities planned by the Ministry of Public Health and AIDS Control (MPHAC)

7.2.2. When is the Post introduction evaluation (PIE) planned? **June 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

There has not yet been a Post-Introduction Evaluation

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	107032	135074886
Remaining funds (carry over) from 2010 (B)	1090900	1376716522
Total funds available in 2011 (C=A+B)	1197932	1511791408
Total Expenditures in 2011 (D)	1197933	1296870782
Balance carried over to 2012 (E=C-D)	-1	214,920,626

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

- Major activities undertaken with the introduction of the PCV13 vaccine:
- Reception and distribution of the vaccines
- Maintenance and repair of the cold chain
- Review of EPI training modules
- Review of EPI tools
- Personnel training at all levels: national, provincial and local
- Social mobilization for the introduction of the new vaccine
- Official launch in a health centre in Kayanza, in the north of the country
- Supportive supervision in all of the health districts in the country
- Review of reported data on immunization coverage

- Post-introduction evaluation

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

Of planned activities, only two did not take place:

- The review of reported data on immunization coverage. It must take place at least 6 months after the introduction of PCV13

- The post-introduction evaluation, which will take place in July 2012

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Improvement in provision, access and coverage of EPI services
Improvement and reinforcement of the system of managing vaccines and supplies
Mobilization and communication

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	126,306	36,900
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	107,466	25,500
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Ministry of Public Health budget allocated to EPI	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	37,000	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	May	Government
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	May	Government
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	May	Government

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	The EPI needs a team of public accountants for accounting assistance, because there are shortages in the financial department. Regarding the mobilization of funds for immunization, during the African Immunization Week organized from 23/04/2012 to 27/04/2012, the EPI organized an advocacy campaign for political authorities with the aim of obtaining an increase in funding allocated to immunization as well as an awareness campaign for economic players for financing immunization. The EPI will need technical assistance to pursue strategies aimed at achieving this objective.

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

The country is not in default.

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Lack of continuous temperature recorders	Purchase of continuous temperature recorders	50% of purchase procedures are underway
The VVM is not used in vaccine management	Training of vaccine managers	100%
Vaccine delivery slips not revised	Inclusion of the state of the VVM at shipping and delivery	100%
Supervision of vaccine management not done	Carry out regular supervision	0% Supervision will be done in July 2012
Lack of Standard Operating Procedures (SOPs)	Creation, validation and dissemination of SOPs	50% already created but will be validated in August 2012
Insufficient storage capacity in the Health Districts	Rehabilitation of the cold chain (CC) at all levels	100% rehabilitation completed in 2011
Open-vial policy not well understood	Training of vaccine managers	100%

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

If yes, provide details

There are no changes in the improvement plan

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Burundi does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Burundi does not require changes to any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Burundi is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

Our request for support conforms to 7.11

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB, 2 dose(s) per vial, LIQUID	2					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10					
HepB monoval, 1 dose(s) per vial, LIQUID	1					
HepB monoval, 2 dose(s) per vial, LIQUID	2					
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1					
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB, 2 dose(s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10	
HepB monoval, 1 dose(s) per vial, LIQUID	1	
HepB monoval, 2 dose(s) per vial, LIQUID	2	
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1	
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		
Measles	MEASLES	10.00 %						
Meningogoccal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13)	PNEUMO	5.00 %						
Rotavirus	ROTA	5.00 %						
Yellow Fever	YF		20.00 %				10.00 %	5.00 %

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	319,956	327,635	335,498	343,550	351,795	1,678,434
	Number of children to be vaccinated with the first dose	Table 4	#	359,488	324,359	332,143	340,115	348,277	1,704,382
	Number of children to be vaccinated with the third dose	Table 4	#	340,825	321,082	328,788	336,679	344,759	1,672,133
	Immunisation coverage with the third dose	Table 4	%	106.52 %	98.00 %	98.00 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	342,700					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	626,000	964,800	975,100	988,300
Number of AD syringes	#	1,080,200	1,112,900	1,139,600	1,166,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	12,000	12,375	12,650	12,975
Total value to be co-financed	$	1,655,500	2,374,000	2,107,500	1,952,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	53,200	87,700	102,600	115,300
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	136,000	210,500	216,000	221,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.82 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	359,488	324,359	25,376	298,983
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,078,464	973,077	76,128	896,949
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	1,132,388	1,021,731	79,934	941,797
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	342,700			
I	**Total vaccine doses needed**	*F + G – H*		679,031	53,124	625,907
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,080,116	0	1,080,116
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		11,990	0	11,990
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,677,207	131,215	1,545,992
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		50,226	0	50,226
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		70	0	70
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		58,703	4,593	54,110
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		5,030	0	5,030
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,791,236	135,807	1,655,429
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		135,807		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		7.82 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	8.33 %			9.52 %		

B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	332,143	27,665	304,478	340,115	32,376	307,739
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	996,429	82,995	913,434	1,020,345	97,128	923,217
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	1,046,251	87,145	959,106	1,071,363	101,984	969,379
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	6,130	511	5,619	6,278	598	5,680
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	1,052,381	87,655	964,726	1,077,641	102,582	975,059
J	**Number of doses per vial**	*Vaccine Parameter*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,112,841	0	1,112,841	1,139,552	0	1,139,552
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	12,353	0	12,353	12,650	0	12,650
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,441,524	203,360	2,238,164	2,187,612	208,241	1,979,371
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	2,441,524	0	51,748	2,187,612	0	52,990
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	72	0	72	74	0	74
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	85,454	7,118	78,336	76,567	7,289	69,278
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	5,182	0	5,182	5,307	0	5,307
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,583,980	210,477	2,373,503	2,322,550	215,529	2,107,021
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	210,477			215,529		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.33 %			9.52 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	**2015**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	10.45 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	348,277	36,379	311,898
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	1,044,831	109,136	935,695
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	1,097,073	114,593	982,480
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	6,428	672	5,756
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,103,501	115,264	988,237
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,166,898	0	1,166,898

L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	12,953	0	12,953
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,041,477	213,238	1,828,239
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	54,261	0	54,261
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	76	0	76
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	71,452	7,464	63,988
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	5,434	0	5,434
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,172,700	220,701	1,951,999
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	220,701		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.45 %		

Table 7.11.1: Specifications for Measles, 10 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	319,956	327,635	335,498	343,550	351,795	1,678,434
	Number of children to be vaccinated with the first dose	Table 4	#	322,774	311,253	318,723	326,373	334,205	1,613,328
	Number of children to be vaccinated with the second dose	Table 4	#	0	131,054	268,398	302,324	316,616	1,018,392
	Immunisation coverage with the second dose	Table 4	%	100.88 %	95.00 %	95.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.18	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	521,900					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.22	0.22	0.22	0.22	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.00	0.00	0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		10.00 %	10.00 %	10.00 %	10.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Measles, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per Proposal 2011			0.00	0.00	0.00
Your co-financing			0.00	0.00	0.00

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 328,500	296,900	310,900	320,200
Number of AD syringes	#	188,400	329,500	345,000	355,500
Number of re-constitution syringes	#	- 36,400	33,000	34,500	35,600
Number of safety boxes	#	1,700	4,025	4,225	4,350
Total value to be co-financed	$	- 69,000	88,500	93,000	95,500

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

2012	2013	2014	2015

Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	0	0	0	0

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	131,054	0	131,054
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	0	131,054	0	131,054
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	0	154,644	0	154,644
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		38,661	0	38,661
H	**Stock on 1 January 2012**	*Table 7.11.1*	521,900			
I	**Total vaccine doses needed**	*F + G – H*		- 328,595	0	- 328,595
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		188,384	0	188,384
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		- 36,474	0	- 36,474
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		1,687	0	1,687
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		- 71,798	0	- 71,798
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		8,760	0	8,760
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		- 134	0	- 134
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		10	0	10
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		- 7,179	0	- 7,179
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		864	0	864
T	**Total fund needed**	*(N+O+P+Q+R+S)*		- 69,477	0	- 69,477
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %			0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	268,398	0	268,398	302,324	0	302,324

C	**Number of doses per child**	*Vaccine parameter (schedule)*	1			1		
D	**Number of doses needed**	*B X C*	268,398	0	268,398	302,324	0	302,324
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	268,398	0	268,398	302,324	0	302,324
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	28,439	0	28,439	8,482	0	8,482
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	296,837	0	296,837	310,806	0	310,806
J	**Number of doses per vial**	*Vaccine Parameter*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	329,490	0	329,490	344,995	0	344,995
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	32,949	0	32,949	34,500	0	34,500
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	4,024	0	4,024	4,213	0	4,213
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	64,859	0	64,859	67,912	0	67,912
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	64,859	0	15,322	67,912	0	16,043
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	122	0	122	128	0	128
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	24	0	24	25	0	25
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	6,486	0	6,486	6,792	0	6,792
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	1,547	0	1,547	1,620	0	1,620
T	**Total fund needed**	*(N+O+P+Q+R+S)*	88,360	0	88,360	92,520	0	92,520
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0			0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %			0.00 %		

Table 7.11.4: Calculation of requirements for Measles, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	316,616	0	316,616
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	316,616	0	316,616
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	316,616	0	316,616
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	3,573	0	3,573
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	320,189	0	320,189
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	355,410	0	355,410
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	35,541	0	35,541

M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	4,340	0	4,340
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	69,962	0	69,962
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	16,527	0	16,527
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	132	0	132
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	26	0	26
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	6,997	0	6,997
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	1,669	0	1,669
T	**Total fund needed**	*(N+O+P+Q+R+S)*	95,313	0	95,313
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %		

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	319,956	327,635	335,498	343,550	1,326,639
	Number of children to be vaccinated with the first dose	Table 4	#	100,702	288,319	328,788	340,115	1,057,924
	Number of children to be vaccinated with the third dose	Table 4	#	43,479	278,490	318,723	336,679	977,371
	Immunisation coverage with the third dose	Table 4	%	13.59 %	85.00 %	95.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	183,700				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014
Minimum co-financing	0.15	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2012	2013	2014
Number of vaccine doses	#	824,800	1,009,500	1,021,500
Number of AD syringes	#	1,124,200	1,130,300	1,142,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	12,500	12,550	12,700
Total value to be co-financed	$	3,089,000	3,768,000	3,813,000

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

2012	2013	2014

Number of vaccine doses	#	47,500	58,100	58,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country	$	174,500	214,000	216,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	100,702	288,319	15,691	272,628
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	302,106	864,957	47,073	817,884
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	317,212	908,205	49,427	858,778
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		147,749	8,041	139,708
H	**Stock on 1 January 2012**	*Table 7.11.1*	183,700			
I	**Total vaccine doses needed**	*F + G – H*		872,254	47,470	824,784
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,124,104	0	1,124,104
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		12,478	0	12,478
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		3,052,889	166,144	2,886,745
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		52,271	0	52,271
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		73	0	73
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		152,645	8,308	144,337
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		5,235	0	5,235
T	**Total fund needed**	*(N+O+P+Q+R+S)*		3,263,113	174,451	3,088,662
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		174,451		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.44 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	5.44 %			5.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	328,788	17,894	310,894	340,115	18,510	321,605

C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	986,364	53,680	932,684	1,020,345	55,530	964,815
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	1,035,683	56,364	979,319	1,071,363	58,306	1,013,057
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	31,870	1,735	30,135	8,920	486	8,434
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	1,067,553	58,099	1,009,454	1,080,283	58,792	1,021,491
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,130,240	0	1,130,240	1,142,485	0	1,142,485
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	12,546	0	12,546	12,682	0	12,682
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	3,736,436	203,344	3,533,092	3,780,991	205,769	3,575,222
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	3,736,436	0	52,557	3,780,991	0	53,126
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	73	0	73	74	0	74
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	186,822	10,168	176,654	189,050	10,289	178,761
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	5,263	0	5,263	5,320	0	5,320
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,981,151	213,511	3,767,640	4,028,561	216,057	3,812,504
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	213,511			216,057		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.44 %			5.44 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*

M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	319,956	327,635	335,498	343,550	351,795	1,678,434
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	150,974	302,324	348,277	801,575
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	134,199	292,018	344,759	770,976
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	40.00 %	85.00 %	98.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.00	1.00	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

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

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	366,800	626,100	665,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	4,400	7,525	8,000
Total value to be co-financed	$	0	982,000	1,676,500	1,783,000

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

2012	2013	2014	2015

Number of vaccine doses	#	0	29,700	50,600	53,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	0	79,500	135,500	144,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	7.47 %			7.47 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	150,974	11,278	139,696	302,324	22,583	279,741

C	**Number of doses per child**	*Vaccine parameter (schedule)*	2			2		
D	**Number of doses needed**	*B X C*	301,948	22,555	279,393	604,648	45,166	559,482
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	317,046	23,683	293,363	604,648	45,166	559,482
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	79,262	5,921	73,341	71,901	5,371	66,530
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	396,308	29,603	366,705	676,549	50,536	626,013
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	4,400	0	4,400	7,510	0	7,510
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,010,586	75,488	935,098	1,725,200	128,867	1,596,333
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	1,010,586	0	0	1,725,200	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	26	0	26	44	0	44
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	50,530	3,775	46,755	86,260	6,444	79,816
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	3	0	3	5	0	5
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,061,145	79,262	981,883	1,811,509	135,310	1,676,199
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	79,262			135,310		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	7.47 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	348,277	26,016	322,261
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B X C*	696,554	52,031	644,523
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	696,554	52,031	644,523
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	22,977	1,717	21,260
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	719,531	53,747	665,784
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0

M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	7,987	0	7,987
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,834,805	137,055	1,697,750
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	47	0	47
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	91,741	6,853	84,888
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	5	0	5
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,926,598	143,907	1,782,691
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	143,907		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	7.47 %		

8. Injection Safety Support (INS)

Burundi is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

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

If yes, please indicate the amount of funding requested: **760000** US$

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	2703600	2274000	1754000	760000	760000	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			2192389	3294971	2301915	760000
Total funds received from GAVI during the calendar year (*A*)	2703600		2298390		2499191	
Remaining funds (carry over) from previous year (*B*)	0	2279235	644941	1701443	151169	339635
Total Funds available during the calendar year (*C=A+B*)	2703600	2279235	2945217	1702267	2652101	
Total expenditure during the calendar year (*D*)	424365	1634294	1243774	1551098	2312493	
Balance carried forward to next calendar year (*E=C-D*)	2279235	644941	1701443	151169	339635	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	760000

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012

Original annual budgets (*as per the originally approved HSS proposal*)	2770703696	2758362000	2132642298	951994620		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			2659367857	2776137302	2841148372	938033230
Total funds received from GAVI during the calendar year (*A*)	2770703696		2787947393		3084636918	
Remaining funds (carry over) from previous year (*B*)	0	2335805172	660947231	1942483738	62001148	294615467
Total Funds available during the calendar year (*C=A+B*)	2770703696	2335805172	3451182511	1943483738	3148820666	294615467
Total expenditure during the calendar year (*D*)	434898524	1674857941	1508698773	1881482590	2854205199	
Balance carried forward to next calendar year (*E=C-D*)	2335805172	660947231	1942483738	62001148	294615467	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	938033230

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January		1024.82013	1024.82013	1213	1213	1234.25425
Closing on 31 December	1024.82013	1024.82013	1213	1213	1234.25425	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

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

An Aide-Mémoire dated 10 November 2010 has been signed by the Government of Burundi (represented by

the Minister of Finance and the Minister of Public Health and AIDS Control) and the GAVI Alliance (represented by its Chairman and CEO). This document defines the conditions and the procedures for the financial management of all current and future GAVI subsidies granted to the Government of the Republic of Burundi, including: Immunization Services Support (ISS), Health System Strengthening (HSS), support to Civil Society Organizations (CSO) and all future start-up subsidies for New Vaccines Support (NVS).

All the financial management procedures applied in the management of GAVI HSS funds are based on the above referenced Aide-Mémoire and remain in force. All the funds are subject to the General Regulations for the Management of Public Budgets and are incorporated into the national budget of the Government of Burundi in the framework of a "special allocation budget " (Section 3 of the General Regulations for the Management of Public Budgets). All the funds are therefore subject to the same rules and procedures as all funds managed by the Public Treasury and are applied subject to the exceptions provided in the legislation governing "special allocation budgets". The disbursement of the HSS funds is determined on an annual basis and the funds are disbursed quarterly. The annual and budgeted action plans are submitted to the CPSD (Partnership Framework for Health and Development) for approval.

After written authorization is received from the Minister of Public Health and AIDS Control, the HSS funds are withdrawn from the account cited above under the dual signature of the GAVI HSS funds Coordinator and the Chief of Staff of the Minister of Public Health and AIDS Control, whose responsibilities are currently being handled by the Permanent Secretary. A complete financial report covering the full program year (currently called the calendar year), as well as any additional period that the Ministry of Health and AIDS Control has decided to include, is submitted to GAVI, as well as a Current Status Report (RAS) from the Government of Burundi for the annual program. This financial report is approved by the CPSD, although it does not require certification by an outside auditor.

On the subject of the internal controls and internal auditing, as stipulated in the above referenced Aide-Mémoire, the expenditures relating to the funds for the GAVI HSS project are subject to auditing by the government financial management body (Office of the State Inspector General). The GAVI HSS project is the subject of annual outside audits which are conducted by an independent auditing firm. The audit reports are submitted to GAVI not later than within 6 months following the close of the fiscal year in question. Procurements are managed in accordance with the Government Purchasing Act of the Government of Burundi (passed 2 February 2002).

The bank account used by HSS-GAVI is currently a commercial account and for future funds will be a government account as stipulated in the above referenced Aide-Mémoire. The HSS budgets are prepared annually and are disbursed on a quarterly basis. They are prepared by the project management unit team. The annual action plan and the quarterly budget are first submitted to the Financial Working Group for analysis before they are submitted to the CPSD for approval and before any expenditure commitments are made.

In accordance with the budgeted plan of action already approved by the CPSD, the requests for financing addressed to the project by the Provincial Health Offices (BPS) and the Health District Offices (BDS) for the planned activities are analysed at the level of the project management unit before the funds are transferred to their respective accounts. When the activities have been completed, the managers of the Provincial Health Offices and the District Health Offices transmit the reports on the utilisation of the funds on the basis of a pre-existing template. It should be noted that any transfer or withdrawal of the HSS-GAVI funds must be authorized by the Minister of Public Health and AIDS Control. At the level of the management unit, the Chief Accountant prepares monthly statements of expenses which he submits to the Project Coordinator for approval.

The role played in this process by the CPSD (the Interagency Coordinating Committee (CCIA) includes the CPSD) is to analyse and approve the financial reports that are presented to it by the Secretariat.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your government's most recent fiscal year, this must also be attached (Document Number: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

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

application and approval letter.

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1.1	Organize training sessions for 48 nurses from the Health Centres for all 12 health districts in the response to obstetric emergencies at the level of the Health Centres and the practical use of the partogram (SONUB)	100	PNSR (National Program for Reproductive Health) 2011 Annual Activity Report
Activity 1.2	Organise training sessions in anaesthesia techniques for 6 nurses from all the hospitals of the health districts except GAHOMBO	100	PNSR (National Program for Reproductive Health) Annual Activity Report
Activity 1.3	Organize training sessions of 3 months per year for 4 doctors from the districts of Kibumbu, Mutaho, Musema and Rumonge in emergency obstetrical surgery in the training centres	100	PNSR (National Program for Reproductive Health) Annual Activity Report
Activity 2.1	Provide for the repair and comprehensive insurance for the supervisory and supply vehicles of the District Health Offices and Provincial Health Offices (28 vehicles) located in the zone of activity of HSS-GAVI	100	Report documenting the use of funds for the repair of District Health Office and Provincial Health Office vehicles in 2011
Activity 2.2	Provide the fuel for monitoring by the 4 Provincial Health Offices and 12 District Health Offices in the zone of activity of HSS-GAVI	100	Report documenting the use of funds for the purchase of fuel for the District Health Office and Provincial Health Office vehicles in 2011
Activity 2.3	Perform corrective and preventive maintenance on the IT equipment and office machines purchased by HSS-GAVI for the 12 District Health Offices and 4 Provincial Health Offices	100	2011 FBP Quarterly Evaluation Reports Service contract
Activity 2.4	Perform corrective and preventive maintenance on the IT equipment and office machines not purchased by HSS-GAVI belonging to the 12 District Health Offices and Provincial Health Offices supported by the project	100	2011 FBP Quarterly Evaluation Reports Service contract
Activity 2.5	Equip the health districts supported by the project (Matana, Rumonge, Gahombo, Ryansoro, Musema and Kayanza) with 6 photocopiers	100	Inventory of the office and IT equipment of HSS-GAVI in its zone of activity for 2011
Activity 2.6	Equip the Gahombo health	100	Reconditioning and repair report

	district with a supply vehicle and comprehensive insurance coverage		
Activity 2.7	Train the CSO agents and Community Health Agents in community participation in the 5 health districts, except the health districts of Rumonge, Bururi, Matana, Kibumbu and Kibuye	100	DPSHA (Department for the Promotion of Health, Hygiene and Drainage) Training Report
Activity 2.8	Motivate the health personnel and the CSO Agents by means of contracts based on the overall performance of the health services (Mutaho and Gitega Health Districts in the Gitega Provincial Health Office	100	HealthNet/TPO and CORDAID Report Audit report on the utilization of the FBP funds provided by HealthNet/TPO and CORDAID in the zone of activity in question
Activity 3.1	Purchase 55,000 mosquito nets impregnated with long-acting insecticides for children who come for measles immunisation for all the 12 health districts supported by HSS-GAVI	100	PNILP (Integrated National Program to Combat Malaria) 2011 Activity Report. Record of submission and receipt
Activity 3.2	Organize the Mother-Child Health Week twice a year on the national level	100	PRONIANUT and PNILMTNC Activity Reports
Activity 3.3	Repair and take responsibility for insuring the 13 ambulances of the district hospitals	100	2011 Reports documenting the use of funds for the repair of district hospital ambulances
Activity 3.4	Providing fuel for the 14 ambulances for the system of referral and counter-referral	100	2011 report documenting the use of funds for fuel for district hospital ambulances
Activity 3.5	Give bonuses to the 24 ambulance drivers of the health districts supported by HSS and GAVI	100	Technical Services Contract among the drivers, the District Health Office and the HSS-GAVI Project
Activity 3.6	Monitor clinical PCIME (Integrated Management of Childhood Illnesses) at the level of the Health Centres located in the health provinces of Gitega, Bururi and Mwaro	0	-
Activity 3.7	Introduce community PCIME (Integrated Management of Childhood Illnesses in the health provinces of Gitega, Bururi and Mwaro	65	2011 Annual Activity Report of the Health Districts of Bururi, Matana, Rumonge, Fota and Kibumbu
Activity 3.8	Finance the "Reach Every District" campaign	75	Activity Reports of the Health Districts of Fota, Matana and Ryansoro
Activity 3.9	Provide maintenance for the radio communications system in the health provinces supported by HSS-GAVI	0	-
Activity 3.10	Purchase supplies for the CRTS (National Blood Transfusion Centres) (Bururi and Gitega) and a blood bank (refrigerator) for the Bururi CRTS	100	CNTS (National Blood Transfusion Centre) Activity Report
Activity 4.1	Organize annual reviews of the health activities of the health districts of the provinces receiving GAVI funds by the NPHI (National Institute of Public Health) Research Department	100	Evaluation report of the activities carried out by the HSS-GAVI Project, FY 2010 by NIPH

Activity 4.2	Finance the central level in its role of monitoring and evaluation of the intermediate and peripheral level, including meetings of partners at the Provincial Health Office and District Health Office level	100	Mission Report - Monitoring and evaluation in the HSS-GAVI area of intervention. Report documenting the use of funds by the Provincial Health Office and District Health Office for the partner coordination meetings
Activity 4.3	Provide the operating expenses, equipment and motivation for the personnel of the management unit	100	HSS-GAVI 2011 Financial Statements
Activity 4.4	Hire a certified accountant for the end-of-year accounting work	0	-
Activity 4.5	Insure the 2 vehicles of the HSS-GAVI Project	100	2011 HSS-GAVI Financial Statements
Activity 4.6	Provide fuel for the 2 vehicles of the HSS-GAVI project	100	2011 HSS-GAVI Financial Statements
Activity 4.7	Attend meetings organized by the GAVI Alliance partners or training for the personnel of the HSS-GAVI management unit	100	2011 Mission Report
Activity 4.8	Finance the outside financial audit of the HSS-GAVI project for FY 2010	100	2010 Audit Report

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Organize training courses for 48 nurses	48 nurses have been trained in Basic Emergency Obstetric and Neonatal Care (SONUB), i.e. 100%
Organize technical training courses	6 nurses from district hospitals have been trained in anaesthesia techniques, i.e. 100%
Organize 3-month training courses for	4 doctors from the health districts have been trained in Complete Emergency Obstetric Care (SONUC), i.e. 100%
Provide repair and comprehensive insurance	All the supervision and supply vehicles purchased by HSS-GAVI for the Provincial Health Offices and the District Health Offices are being serviced and repaired. They are also covered by comprehensive insurance
Provide fuel for supervision by District Health Offices and Provincial Health Offices	The fuel has been distributed and staff teams from the Provincial Health Offices and District Health Offices have been permitted to conduct regular monitoring. However, the monitoring vehicles have experienced too many mechanical problems and replacement parts are extremely expensive.
Equip the Gahombo Health District with a vehicle and insure it	The Gahombo Health District has been provided with a supply vehicle which is covered by comprehensive insurance.
Equip the health districts supported by HSS-GAVI with photocopiers	The health districts of Matana, Bururi, Rumonge, Gahombo, Ryansoro and Musema have been equipped with photocopiers
Provide maintenance for the IT equipment	Maintenance has been provided for 100% of the IT and office equipment
Motivate the health-care personnel and the CSO Agents	5 health districts out of 12 have been given performance-based motivation from the HSS-GAVI financing
Train the CSO agents and Community Health Agents in community participation	All the Community Health Agents and the Community Service Organization Agents in the zone in question have been 100% trained in community participation in the 5 health districts, except for the health districts of Rumonge, Bururi, Matana, Kibumbu and Kibuye
Purchase 55,000 mosquito nets impregnated with long-acting insecticide for children (immunisation)	The 55,000 mosquito nets impregnated with long-acting insecticide have been purchased and distributed by the HSS-GAVI Project to children who come in for routine immunisation against measles

Organize the Mother and Child Health Week twice a year on the national level	The HSS-GAVI project has contributed to the organization of the Mother and Child Health Week, 2011 Edition, 1st and 2nd campaigns, as well as to the Africa Immunisation Week campaign.
Monitor clinical PCIME (Integrated Management of Childhood Illnesses) at the Health District level	As a result of personnel shortages and the high turnover of trained personnel on all levels of clinical PCIME (Integrated Management of Childhood Illnesses), this activity could not be carried out
Introduce community PCIME (Integrated Management of Childhood Illnesses) on the CD level	Training of community PCIME (Integrated Management of Childhood Illnesses) care providers has been performed in all the Provincial Health Offices in Mwaro and Bururi. No training was organized in Gitega because other partners had already financed this activity
Finance the Reach Every District campaign	In the districts in question, the Reach Every District campaign has been financed, as a result of which very significant progress has been made in the rate of vaccine coverage of children who have been fully immunised (Matana: 97.8%, Ryansoro: 90.2%) except for the Fota district, which has a very low rate of 66.7%, probably as a result of the target denominator (0 to 11 months).
Repair and provide 13 ambulances for health district hospitals	In spite of the condition of the ambulances (more than 5 years old), the project has continued to fund their repair and comprehensive insurance coverage
Guaranteeing fuel for 14 ambulances for the RCR (referral and counter-referral system)	The fuel for the ambulances of the RCR (Referral and Counter-Referral System) has been given to the district hospitals in the zone of activity
Give bonuses to the 24 ambulance drivers	The project continues to pay incentive premiums to the drivers, who work 24/24 hours.
Provide maintenance for the radio communications system	Activity which is the responsibility of the Ministry of Health and AIDS Control on the basis of the procedures in place for the hiring of a company which will provide the maintenance for the communications radios on the national level
Purchase supplies for the Bururi and Gitega Regional Transfusion Centres	All the specified supplies have been purchased by the project on behalf of the Bururi and Gitega Regional Transfusion Centres
Organize annual reviews of health activities	In early 2011 the NPHI conducted an assessment of the activities of the HSS-GAVI Project for the 2010 fiscal year
Finance the central level in its role of monitoring	Monitoring-evaluation missions have been carried out by the General Office of Health Services and AIDS Control in collaboration with the HSS-GSS management unit. The Provincial Health Offices and District Health Offices located in the HSS-GAVI area of intervention have also held coordination meetings with the partners in their respective areas
Provide the costs of operation, equipment	GAVI Alliance, via its HSS wing, guarantees the operation and the equipment of the management unit as well as the motivation of its personnel
Hire a certified accountant for work	The accountant hired was unavailable for the entire year 2011
Obtain insurance for the 2 vehicles of the HSS-GAVI project	The two vehicles operated by the management unit have comprehensive insurance coverage
Provide the fuel for the 2 vehicles of the HSS-GAVI project	The fuel used in the operation of the management unit was purchased from the GAVI HSS funds
Attend the meetings held by the partners	Missions were carried out by staff-level employees of the Ministry of Public Health and AIDS Control, including those of the HSS-GAVI management unit
Finance the outside financial audit of the HSS-GAVI project	For the HSS-GAVI project, the 2010 fiscal year was audited by an independent firm

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

Of the thirty (30) activities that were planned in 2011, only three (3) have not been implemented. In particular:

- the maintenance of the radio communications equipment (project being implemented by the Ministry of Public Health and AIDS Control throughout the entire country);

- the monitoring of the clinical PCIME (Integrated Management of Childhood Illnesses) at the level of the CDS as a result of a shortage of PCIME trainers on all levels for the implementation of this activity;

- the hiring of a certified accountant for the preparation of the financial audit and the 2011 Annual Progress

Report as a result of the unavailability of the accountant who had been hired.

On the subject of the modified activities, no activity has been modified because the 2011 Action Plan of HSS-GAVI was revised and approved by the CPSD (Partnership Framework for Health and Development) on 25 February 2011 (see report from the CPSD containing approval of the HSS-GAVI 2011 Action Plan.

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

Performance-based financing is one of the strategies of the national policy and of the 2011-2015 National Development Plan (in its fourth strategic axis), which is currently being implemented on a smaller scale. Some of GAVI's HSS funds have contributed to the national strategy of motivating health-care workers based on performance and are of two types; first there are performance bonuses which are awarded to the employees at the intermediate, peripheral and community levels in the area of intervention of HSS-GAVI, then to ambulance drivers and finally to the employees and agents assigned to the project management unit.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
% of health districts that received funds	ND	HSS proposal to GAVI	100%	100%	100%	100%	100%	100%	100%	Annual Reports of the Provincial Health Offices and District Health Offices	
Number of employees trained or reassigned	ND	HSS proposal to GAVI	100%	100%	0%	54%	58%	100%	100%	PNSR (National Reproductive Health Program) Activities Report	
Number of health districts having a correct database	ND	HSS proposal to GAVI	100%	100%	0%	0%	100%	100%	100%	FBP (Performance Based Financing) Quarterly Reports	
% health structures utilizing the strategy of	0%	HSS proposal to GAVI	100%	100%	0%	0%	100%	100%	100%	Activity reports of the NGOs in charge of this activity (Health/TPO and CORDAID)	
No. of health districts having a functioning RCR system	ND	HSS proposal to GAVI	100%	100%	ND	100%	100%	100%	100%	FBP (Performance Based Financing) Quarterly Report	
% of health care structures of the district that received support	ND	HSS proposal to GAVI	100%	100%	ND	ND	100%	100%	100%	FBP (Performance Based Financing) quarterly reports	This rate represents the average of the 12 health districts, although there

											is a wide disparity among these health districts that have a rate of more than 100% coverage, while some are below 80%. Those with a low rate of immunisation coverage give as their reason the denominator problem. That is why we are considering numbering from 0 to 11 months in the 2012 action plan.
% of health care centres applying the PCIME strategy	0%	HSS proposal to GAVI	100%	100%	14%	26%	77.3%	64.5%	ND	DNSIS (National Health Information System) activity reports	The results required an survey
Measles coverage	78%	HSS proposal to GAVI	90%	89.5%	90%	85%	101.7%	89%	89.5%	DNSIS (National Health Information System) activity reports	
Mortality rate among children less than 5 years of age	176/1000	HSS proposal to GAVI	120/1000	120/1000	ND	ND	96/1000	96/1000	ND	EDS 2010	Obtaining this indicator will require a survey on a national scale which is conducted every 5 years
DTC3 coverage	83%	HSS proposal to GAVI	93%	92.6%	90.5%	100.7%	92.3%	88.9%	92.6%		This rate represents the average of the 12 health districts, although there is a wide disparity among these health districts that have a rate of more than 100% coverage, while some are below 80%. Those with a low rate of immunisation coverage give as their reason the denominator problem. That is why we are considering numbering from 0 to 11 months in the 2012 action plan.

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service

programs, notably the organization program

Area 1: Development of technical capabilities of the health-care personnel, the Health Committees and the Community Health Agents

- One SONUC training session organized and 4 doctors from the health districts were trained in Complete Emergency Obstetric Care (SONUC), i.e. 100%

- Six (6) district hospital nurses have already been trained in anaesthesia techniques, i.e. 100%

- Training courses in SONUB (Basic Emergency Obstetric and Neonatal Care) have been organized and 48 service providers have been trained, i.e. 100%

These activities have contributed to the increase in the number of pregnant women receiving Caesarean sections and to the improvement of the quality of maternity services as well as to the increase in assisted deliveries.

Area 2: Strengthening of the organization and management of health services:

- The District Health Office in Gahombo has been equipped with a supply van, i.e. 100%, and covered by comprehensive insurance

- All the supply and supervision vehicles purchased by HSS-GAVI, i.e. 100%, are being serviced and repaired and are also provided with comprehensive insurance coverage

- The supervision fuel for the Provincial Health Offices and District Health Offices has been purchased by the HSS-GAVI Project, i.e. a completion rate of 100%

- Maintenance is being performed on 100% of the IT and office equipment

- Five (5) health districts out of 12 are being offered performance-based incentives, i.e. 100%, from the HSS-GAVI financing

- The CSO Agents and the Community Health Agents in five health districts have been trained in community participation.

The purpose of interventions in this area is to develop health care services capabilities and community organizations to properly manage the implementation of health care activities and resources in a contractual framework based on the overall performance of the health care services. These activities have contributed to the improvement of the quality of services and to the improvement of the accessibility of care by the population. They also facilitate the operation of the District Health Offices and Provincial Health Offices, and with the new performance-based financing approach the health care personnel are motivated, stabilized and provide quality services.

The vehicles allocated to the GAHOMBO district have facilitated the delivery of medications, vaccines and petrol and have resulted in a reduction in the outages in the inventories of medications, vaccines and other items. Repairs and comprehensive insurance coverage, as well as the allocation of fuel for supervision purposes, have enabled the District Health Offices and Provincial Health Offices to carry out their monitoring activities without problems (care structures 100% supervised).

Domain 3: Strengthening key interventions in mother and child health

- To reduce the mortality rate due to unassisted deliveries, the project contributes to the maintenance of ambulances and the purchase of fuel. Bonuses are also paid to the ambulance drivers. The referral and counter-referral system is correctly implemented in the 4 provinces supported by GAVI HSS and has resulted in an increase in the number of assisted deliveries and the referral rate of the other referred diseases, and has also contributed to the reduction of the mother and child mortality rate.

- The HSS-GAVI project has contributed to the organization of the Mother and Child Health Weeks, Edition 2011, 1st and 2nd campaigns.

- On-site training for the community health service providers and technicians has been administered in the field of community Integrated Management of Childhood Illnesses.

- Mothers who bring their children for the measles immunisation receive mosquito nets impregnated with long-

acting insecticide purchase by the project, to motivate them to complete the schedule of immunisations.

- The health districts with low levels of immunisation coverage have benefited from financial support from HSS-GAVI to re-enrol people who have dropped out and to mobilize the population in favour of immunisation using the Reach Every District approach. The results have been that the number of fully immunised children has resumed its upward trend.

Generally, the 2010 Demographic and Health Survey shows that mortality has decreased (500/100,000 live births) and juvenile childhood mortality is 96/1000 live births, while infant mortality is 58/1000 live births.

Domain 4: Training and monitoring/assessment of health care activities

- Monitoring-assessment missions on the intermediate and peripheral level by the central level are conducted once every six months,

- A management unit has been established to implement the HSS-GAVI proposition. To facilitate the operation of this management unit it has been given the use of 2 vehicles which are serviced, repaired and covered by comprehensive insurance. The employees of this unit receive an incentive bonus,

- The National Public Health Institute (INSP) has organized an assessment of the activities of the HSS-GAVI project for the 2010 fiscal year.

Based on their performance, the health care personnel are motivated, stable and provide quality services.

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

1. Problems encountered during the 2011 fiscal year:

- Overlapping of certain activities specified in the HSS Action Plan with those of other partners (training in clinical Integrated Management of Childhood Illnesses,

- Shortage and high turnover of personnel trained in PCIME (Integrated Management of Childhood Illnesses), which makes it difficult to carry out certain activities related to PCIME,

- Maintenance of radio communications equipment is not provided in the HSS-GAVI area of intervention as a result of a delay in the implementation of the radio communications equipment maintenance policy on the national level.

2. Solutions adopted or proposed:

- Attend quarterly coordination meetings with partners working in the health care sector at the level of each province supported by HSS-GAVI and in the meetings of the CPSD (Partnership Framework for Health and Development),

- A new general office for planning has just been created within the Ministry of Public Health and AIDS Control (MSPLS), which will contribute to improving the planning and monitoring and evaluation of the planned activities in the health care sector on all levels,

- The Ministry of Public Health and AIDS Control will accelerate the procedures to staff an office for the maintenance of the radio communications system on the national level.

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

Generally, the current national system for monitoring and evaluation is supplied with data from the Health Centres (first, second and 3rd referral health centres and hospitals. At the community level, the data collected from the communication organizations and agents are consolidated with those of the public sector from the Health Centres.

The data from the Health Centres and hospitals are collected respectively by the responsible nurse and the Health Information System employee in charge of health training on the basis of the standard data collection logs and reports. On the level of the Provincial Health Offices and District Health Offices, the data are complied and processed by an employee responsible for the Health Information System and transmitted to

the Headquarters of the National Health Information System (DNSIS).

The indicators of the HSS-GAVI Project on all levels are collected using standard data collection tools which are used in the national system for monitoring and evaluation. The health information reporting circuit, from the community and peripheral level to the intermediate level and then to the national level, is the one used by all the entities involved in the implementation of the project for the creation of the reports on the results of GAVI HSS support.

To ensure the quality of the health training reports, reports which also contain data related to the GAVI HSS support, the district staff teams meet monthly to analyse the Health Information System reports from the Health Centres. These reports are transmitted to the Provincial Health Office level for analysis before being transmitted to the central level, where they are analysed by the Management of the National Health Information System in collaboration with the person responsible for monitoring and evaluating the health programs.

The reverse circuit for the quality control of the reports, from the central level to the intermediate level and then to the peripheral and community levels, is also applied by the Ministry of Public Health and AIDS Control.

The National Health Information Service office prepares annual statistics which are submitted for analysis to the key entities on all levels before being presented for validation to the Monitoring and Evaluation group within the CPSD.

At the level of the HSS-GAVI management unit, the monitoring of the HSS activities financed by GAVI in particular is performed by the General Office of Health Services and AIDS Control as well as the General Office of Resources, supported by the staff of the HSS-GAVI management unit and other vertical programs such as the Extended Immunisation Program, the Integrated National Malaria Control Program (PNILP) etc.

The HSS-GAVI management unit is part of the Monitoring and Evaluation Working Group, which is also responsible for examining all questions related to activities carried out in the GAVI-HSS area of intervention before they are submitted to the CPSD for a decision. It should be noted that HSS-GAVI regularly attends the various partner coordination meetings which are held quarterly on the intermediate and peripheral level and that the monitoring system is harmonized on the level of the Ministry of Public Health and AIDS Control.

On the subject of evaluation, the central level organizes an evaluation inspection for the activities carried out on the intermediate and peripheral levels, and every year the National Public Health Service Research Department conducts an evaluation of the HSS-GAVI action plan in its area of intervention.

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

The activities of monitoring and evaluation of the GAVI HSS are integrated and harmonized into the national systems. At each level of the health system there is a person responsible for the health information system who compiles all the data which are then analysed by the district staff-level team before being transmitted to the Provincial Health Office. The latter is responsible for analysing the different health data reports and subsequently transmitting them to the General Office of Health Services and AIDS Control and to the National Health System Information Office (DNSIS).

In these reports, the health data include the data related to the HSS activities financed by GAVI. All the activities are integrated into the National Health System Information Office report, including those from the GAVI HSS. Each year the country also organizes a joint review between the Government and the technical financial parties, in which the GAVI HSS activities are included. The health data reporting system is harmonized on all levels.

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

The key stakeholders in the implementation of the HSS proposal are:

1. The Ministry of Public Health and AIDS Control via the GAVI HSS management unit, which is under the

authority of the General Office of Health Services and AIDS Control,

2. The leadership in the coordination of activities via the different Working Groups and the CPSD,

3. The Provincial Health Offices and District Health Offices in the GAVI zone which provide technical and financial organization for GAVI's HSS activities on the operational level (health and community training),

4. The NGOs responsible for the implementation of performance-based financing (CORDAID and HN/TPO),

5. The National Programs such as the National Reproductive Health Program (PNSR), the Extended Immunisation Program (EPV), the National Health Information System, PNILP, etc. The three above mentioned programs contribute to the implementation of the HSS-GAVI proposition.

6. There are also other key stakeholders, i.e. the Civil Society Organizations (CSO) such as the Burundian Family Welfare Association (ABUBEF), the Burundi Red Cross (CRB), CED-CARITAS Burundi and the CEPBU (Community of Pentecostal Churches of Burundi), which contribute to the implementation of the PPAC, the EVP and the GAVI HSS proposition.

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

- The NGOs responsible for the implementation of the PBF (CORDAID and HN/TPO) benefit from the support of GAVI, the HSS wing, for the implementation of the Performance-Based Financing (FBP) approach in the Provinces of Bururi and Gitega.

- Four Civil Society Organizations (CSO) such as the Burundian Family Welfare Association (ABUBEF), the Burundi Red Cross (CRB), CED-CARITAS Burundi and the Community of Pentecostal Churches of Burundi (CEPBU) contribute to the implementation of the PPAC (Complete Long-Term Plan), the EVP and the GAVI HSS proposition to make vaccines more accessible. However, these four CSOs are financed by GAVI via the CSO support wing.

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

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

Yes, the management of HSS funds has been effective during the 2011 period because the country received two transfers of $ 1,753,985 in arrears for 2010 and 4 760,000 for FY 2011.

These funds have made it possible to carry out activities, the completion rate of which is 91.13%. However, no information is available on the subject of the internal disbursement of the funds. These funds were transferred directly to the project account opened with BANCOBU.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Activity 2.1	Repair and provide comprehensive insurance	0	6142	Repair and provide comprehensive insurance	Activity pertinent because the financial resources of the Provincial and District	26399

	coverage for monitoring and supply vehicles of the Provincial and District Health Offices located in the HSS-GAVI area of intervention			coverage for monitoring and supply vehicles of the Provincial and District Health Offices located in the HSS-GAVI area of intervention	Health Offices are limited in terms of paying for insurance on the monitoring and supply vehicles. For 2012, the project is not planning to support the maintenance and repair costs of these vehicles, but will instead pay the outstanding invoices from 2011	
Activity 2.2	Motivate the health care personnel and the CSO agents by means of contracts based on the overall performance of health care services (Mutaho and Gitega Health Districts)	493000	120710	Motivate the health care personnel and the CSO agents by means of contracts based on the overall performance of health care services (Mutaho and Gitega Health Offices)	This is the projects' contribution to the PBF collection basket for FY 2012. It also includes the costs of the outside audit on the utilization of the PBF funds and outstanding invoices from 2011	613209
Activity 3.1	Organize the Mother and Child Health Week twice a year on the national level	150000	6853	Organize the Mother and Child Health Week twice a year on the national level	The budget has been revised upward on account of the unpaid invoices for the 2nd campaign in 2011	157054
Activity 3.2	Finance the Reach Every District initiative in the 12 Health Offices supported by HSS-GAVI	0	3862	Finance the	Taking into consideration the poor results of the immunisation coverage rates achieved by certain Health Offices, the project has reprogrammed this activity so that these Health Offices can have good results in the area of immunisation. Activity approved by the Partnership Framework for Health and Development (CPSD)	15529
Activity 4.1	Organize annual reviews of the health activities of the Health Offices in the provinces that receive GAVI funds by the NPHI Research Department	17000	0	Organize annual reviews of the health activities of the Health Offices in the provinces that receive GAVI funds by the NPHI Research Department	To conduct an in-depth analysis of the review of the HSS-GAVI activities, the budget allocated to this activity has been revised upward and approved by the Partnership Framework for Health and Development (CPSD)	17825
Activity 4.2	Attend meetings organized by the GAVI Alliance partners or training sessions of the employees of the project management unit	0	0	Attend meetings organized by the GAVI Alliance partners or training sessions of the employees of the project management unit	Activity identified as pertinent, and it has been approved by the Partnership Framework for Health and Development (CPSD)	28357
Activity 4.3	Ensure the operation of the staff-level teams on the central level responsible for providing technical	100000	25449	Ensure the operation of the staff-level teams on the central level responsible for providing technical support to monitoring and	Because monitoring and evaluation is an important activity, the budget has been revised upward for the 2012 fiscal year. In addition, this budget will also be used for the	115577

	support to monitoring and evaluation in each province that receives support from the project			evaluation in each province that receives support from the project	operating expenses of the management unit	
		760000	163016			973950

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. 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 if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	**Numerator**	**Denominator**	**Data Source**	**Baseline value and date**	**Baseline Source**	**Agreed target till end of support in original HSS application**	**2013 Target**

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Belgian Embassy	25000000	2010-2012	In EUROS: Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
World Bank	39800000	2009-2014	Services, Financing of Health, Leadership and Governance
EC	1034000	2011-2014	In EUROS: Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
Dutch International Aid Agency	19553563	2011-2015	In EUROS: Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
Swiss International Aid Agency	9779220	2011-2013	In SWISS FRANCS: Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
GAVI	8251000	2007-2012	Pre
GIZ (German Society for International Cooperation)	4000000	2012-2015	In EUROS: Services and Health Professionals
Government of Burundi	4577973	2011-2015	Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
WHO	723313	2011-2013	Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
UNFPA	16500000	2010-2014	Services, Financing of Health, Leadership and Governance, Infrastructures, Health information system and Health Professionals
UNICEF	36650000	2010-2014	Services, Financing of Health, Leadership and Governance, Infrastructures and Health Professionals
USAID	72130922	2011-2014	Services and Infrastructures

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
The monitoring and evaluation report prepared by a multi-disciplinary team from the central level of the Ministry of Public Health and AIDS Control	Not validated but officially transmitted to the General Office of Health Services and AIDS Control (DGSSLS)	Reliability of the data Solutions: triangulation of certain indicators from different sources (National Health Information System, National Health Programs, Surveys, Activity Reports
2011 Project Action Plan	CPSD (Partnership Framework for Health and Development)	-

2011-2015 National Health Care Development Plan	Document validated by the CPSD (Partnership Framework for Health and Development) and by the Government of the Republic of Burundi	-
Annual Activity Report of the Provincial and District Health Offices for FY 2011	Document validated on their levels and officially transmitted to the General Office of Health Services and AIDS Control (DGSSLS)	-
Annual Status Report of the HSS-GAVI Project, 2010	CPSD (Partnership Framework for Health and Development)	-
Annual Financial Statements of HSS-GAVI	Document prepared by the HSS-GAVI management unit and validated by the General Office of Resources in the Ministry of Public Health and AIDS Control	Problem with the exchange rate due to the severe fluctuation of the local currency
Extended Immunisation Program 2011 Annual Report	Not validated but officially transmitted to the General Office of Health Services and AIDS Control	Reliability of the data Solutions: triangulation of certain indicators from different sources (National Health Information System, National Health Programs, Surveys, Activity Reports etc.
Activity Reports of the NGOs (CORDAID, HN/TPO) in charge of PBF	Prepared by the NGOs in question and approved by outside audits	-
2011 Activity Reports of the PNSR (National Program for Reproductive Health)	Document validated on their level and officially transmitted to the General Office of Health Services and AIDS Control	-
National Health Information System 2011 Report	Not validated but officially transmitted to the General Office of Health Services and AIDS Control	Reliability of the data Solutions: triangulation of certain indicators from different sources (National Health Information System, National Health Programs, Surveys, Activity Reports etc.
FBP Quarterly Report	Document validated on their level and officially transmitted to the General Office of Health Services and AIDS Control	-

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

- Completing Table No. 9.1.3.a and 9.1.3.b as a result of a sharp fluctuation of the exchange rate. In 2011, the HSS-GAVI project received two transfers of $1,753,985 (08/02/2011) i.e. 2,132,642 FBU at the exchange rate of 1215.8840 and a second in the amount of $ 760,000 (30/09/2011) equivalent to 951,994,620 FBU at the exchange rate of 1252.6245.

In the same table, we had problems completing the fifth line - funds available during the calendar year - because the project had collected some income (sale of the call for bids documents and unspent funds repaid by the beneficiaries of the GAVI-HSS funds after the end of the fiscal year, and there was nowhere in these tables to record the data. This table should also include, in the analysis of the report, income of $2,232 in 2009, $824 in 2010 and 4798 in 2011, corresponding to 2,287,887 FBU in 2009, 1,000,000 FBU in 2010 and 2,182,600 FBU in 2011..

- The description of activities in Table 9.2.1 is incomplete on account of a lack of enough space to enter the full name.

- Some health data was not available (data related to the clinical PCIME [Integrated Management of Childhood Illnesses] and the rate of infant mortality.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

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

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

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

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

ABUBEF: Burundian Family Welfare Association
CED CARITAS BURURNDI: Centre d'Entraide et Développement [Centre for Mutual Aid and Development] - CARITAS BURUNDI
CEPBU: Communauté des Eglises de Pentecote au Burundi [Community of Pentecostal Churches of Burundi]
CPSD: Cadre de Partenariat pour la Santé et le Développement [Partnership Framework for Health and Development]
CRB: Red Cross of Burundi
FVS/AMADE BURUNDI: Famille pour Vaincre le SIDA [Family Against AIDS] / World Association of Children's Friends BURUNDI
GAVI: Global Alliance for Vaccines and Immunization
MSPLS: Ministry of Public Health and AIDS Control
WHO: World Health Organization
CSO: civil society organization
HSS: health system strengthening
UNICEF: United Nations Children's Fund

10.1.1. **Mapping exercise**

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation.

Please describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed **(Document number 24)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

- Progress in identifying CSOs can be seen in the success of an announcement published in the official newspaper *Le Renouveau* and in the local media, as a result of which several CSOs expressed interest in taking part in the immunization and HSS activities.
- To recruit CSOs, a commission appointed on 1 December 2011 by the Minister of Public Health and AIDS Control was charged with going through and analyzing the requests for expressions of interest. After examining the files, the commission submitted a report of its findings to the chairman of the committee that monitors GAVI support to CSOs. CSOs that were not selected had ten days to file their claims with the chairman of that committee. Out of a total of 16 CSOs identified, only those scoring 70% were selected based on the rating criteria, i.e., 8/16.
- The timetable of activities underwent some changes because of the delayed disbursement of funds, which arrived in the account in Burundi in February 2011. Consequently, the expected outcomes were not achieved in the 2011 fiscal year because the timetable had changed. For expected outcomes, it was a matter of having a database of all the CSOs that play a role in immunization and HSS, and organizing elections for a committee to represent them. The first expected outcome was achieved, while the second was planned for 2012.
- The type A funds for CSO support were partially used in 2011, and the remaining amounts financed the activities programmed in 2012. Note that the revised schedule for type A goes from April 2011 to March 2012.

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

The remaining balance as of 31 December 2011 will help finance the activities that were not completed in 2011 but were in the original proposal. These activities will support the immunization objectives and outcomes included in the original proposal because the committee to be elected will strengthen contacts between the CSOs that immunize and that play a role in HSS and the MSPLS. The coordination and monitoring of the activities carried out by these CSOs will also be financed through this type of support.

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

The members of the monitoring committee did not encounter any particular difficulties with the proposed methodology for identifying CSOs.

10.1.2. **Nomination process**

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

The nomination of the representation committee was initiated by the identification of the CSOs in 2011 and is programmed for 2012. The selection criteria will be defined so as to identify the CSOs that will represent the other CSOs on the HSCC (CPSD). The initial number of CSOs represented on the HSCC (CPSD) is 4. The final target is for all the CSOs identified to have representation in the CPSD and for those representatives to be able to participate in all monthly CPSD meetings.

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

The role of the CSOs has not yet been defined, because the CSO representative committee has not yet been set up. Their role will be defined at the end of that process (April 2012). The role of the representation committee will be to coordinate the CSOs with one another and with the MSPLS and the technical and financial partners in the health sector. The CSO representative committee will participate in all meetings of the CPSD, which are held once per month and as needed.

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

The CSOs are not yet represented in the HSCC/CPSD since elections had not yet been held in 2011, so the table below will not be filled in. It should be noted that some CSOs are members of the CPSD/HSCC, but they do not represent the other CSOs that take part in immunization and health system strengthening because they were not elected by their peers.

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	**Position**	**Telephone**	**Email**
HABONIMANA Caritas	Deputy Legal Representative FVS	00257 22 21 46 21	fvsamade@cbinf.com
NIZIGIYIMANA Bénoît	Head of Health Department CRB	00257 22 21 88 71	nizben2008àyahoo.fr ou benoit.nizigiyimana@croixrougeburundi.org
NTACONAYIGIZE Bonaventure	Project Supervisor CED-CARITAS	00257 22 21 50 78	ntacobonauda@yahoo.fr
UWIMANA Donavine	Executive Director ABUBEF	00257 22 23 29 36	ulyndadona@yahoo.fr

10.1.3. **Receipt and expenditure of CSO Type A funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount US$	**Amount local currency**
Funds received during 2011 *(A)*	33 009	40 214 865
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	33 009	40 214 865
Total Expenditures in 2011 *(D)*	3563	4 340 980
Balance carried over to 2012 *(E=C-D)*	29 446	35 873 885

Is GAVI's CSO Type A support reported on the national health sector budget? **No**

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

This section is to be completed by countries that have received GAVI TYPE B CSO support1

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

ABUBEF: Burundian Family Welfare Association
ASBL: Association Sans But Lucratif [non-profit association]
CHW: community health worker
CDS: Centre de Santé [health centre]
CED CARITAS: Centre d'Entraide et Développement [Centre for Mutual Aid and Development]
CEPBU: Communauté des Eglises de Pentecotes au Burundi [Community of Pentecostal Churches of Burundi]
CPSD: Cadre de Partenariat pour la Santé et le Développement [Partnership Framework for Health and Development]
CRB: Red Cross of Burundi
FVS/AMADE: Famille pour Vaincre le SIDA [Family Against AIDS] / World Association of Children's Friends BURUNDI
GAVI: Global Alliance for Vaccines and Immunization
IPPF: International Planned Parenthood Federation
MSPLS: Ministry of Public Health and AIDS Control
WHO: World Health Organization
CSO: civil society organization
IMCI: Integrated Management of Childhood Illness
EPI: Expanded Programme on Immunization
cMYP: comprehensive multi-year plan
HSS: health system strengthening
UNICEF: United Nations Children's Fund
TT: tetanus toxoid vaccine

10.2.1. **Programme implementation**

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

In brief, much progress has been made by the four CSOs that have received GAVI ALLIANCE financing.
From the standpoint of training for providers, community health workers and volunteers, nearly all of the targets have been achieved. This is also true for advocacy for immunization of pregnant women, women of childbearing age, religious and administrative leaders, and CHWs.
With regard to immunization (routine immunization and outreach strategy), progress has been made, and as a result, the rate of immunization coverage has been revised upward in quite a few areas of responsibility in which the CSOs are involved.
Monitoring and evaluation has also seen progress as a result of GAVI support to CSOs; frequency of supervision has been adhered to as scheduled in the original proposal, be it at the level of CSOs or at the level of the committee that monitors GAVI support to CSOs.
The programmed CSO support activities strongly supported the implementation of the GAVI HSS proposal and the cMYP, particularly since the activities implemented were outlined in the two aforementioned documents and the progress is connected to the expected outcomes indicated in the GAVI HSS proposal and in the cMYP.
This period of GAVI Alliance support to CSOs has seen the following principal successes:
- For training, 188 providers were trained in immunization and organization of outreach strategies. 21 of 93 providers were also trained in clinical IMCI, and 136 of 150 community leaders were trained in community IMCI. Note also that 236 CHWs were trained in interpersonal communication and the importance of immunization. 320 CRB volunteers received training in mobilization and raising community awareness about immunization.
- Advocacy for the importance of immunization for women of childbearing age (118 577) and community leaders (162).
- Some dropouts were recovered in the process of attracting health centres managed by the CSOs involved, which raised the rate of immunization coverage in the areas of responsibility of those health centres that received GAVI support.
- The GAVI support to CSOs was instrumental in monitoring and evaluating the health clinics under the responsibility of the CSOs, and this made regular supervision of health centres possible.

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

Burundi applied for GAVI support to CSOs in 2009, but the transfer occurred in 2011, although the project was planned for a 2010 startup. This caused the implementation of the activities to be delayed one year, and as a result certain targets were not achieved. The country also had difficulties calculating the indicators because the denominators for 2010 (the projected year of implementation) and 2011 (the actual year of implementation) were different. The implementation progress table has not been revised.
As stipulated in the aide-mémoire signed by the Government of Burundi and the GAVI ALLIANCE, the GAVI CSO support funds are transferred to a commercial bank account managed by the unit that manages the GAVI HSS funds. The first tranche of funds is transferred to the respective CSOs' accounts upon authorization by the Ministry of Public Health and AIDS Control. The second tranche is transferred only after the technical and financial report on the utilization of the first tranche has been approved by the committee that monitors GAVI CSO support. That committee consists of senior officials of the MSPLS, partners of the MPSLS, and representatives of the CSOs receiving the funds.
The role of the HSCC (CPSD) is to approve the action plan and the annual progress report.

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

Interaction between CSOs and the MSPLS has improved because this support has enabled the CSOs to align their immunization and HSS activities with national health-sector strategies. The reporting system has improved because the CSO data are integrated into the national health information system. The country now has a database of CSOs working in immunization and health system strengthening, which makes it easier for the MSPLS to regulate the entire health system.
Interaction among the CSOs has also improved because overlapping has been avoided and the CSOs have become familiarized with what is being done in the field by each CSO and in each area.

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

The GAVI CSO support has led to a notable change in the level of operations, particularly because advocacy for immunization and HSS is occurring at several levels (community, local government, religious leaders, etc.), and as a result immunization and HSS is properly managed at several levels.
The number of CSOs involved in this support in 2011 is four (ABUBEF, CED CARITAS BURUNDI, CRB and CEPBU). The initial number of CSOs involved in this type of support has not changed.

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

There has been no major impact on implementation of the GAVI type B CSO support activities as a result of delayed disbursement, other than calculating the indicators. Another type of support is greatly needed for continuity of the activities of these CSOs in the field because significant results have been seen.

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

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

Table 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2011	Outcomes achieved
ABUBEF (ASBL, full member of IPPF)	ABUBEF has been involved in immunization/HSS since 1993	Immunization of pregnant women for tetanus	11 710 pregnant women immunized for tetanus compared to 10 778 expected
ABUBEF (ASBL, full member of IPPF)	ABUBEF has been involved in immunization/HSS since 1993	Training of CHWs on the importance of immunization and EPI innovations	80 CHWs trained, i.e., 100%
ABUBEF (ASBL, full member of IPPF)	ABUBEF has been involved in immunization/HSS since 1993	Immunization of women of childbearing age for tetanus	898 women of childbearing age immunized compared to 13 378 expected
ABUBEF (ASBL, full member of IPPF)	ABUBEF has been involved in immunization/HSS since 1993	Coordination, monitoring & evaluation of activities	Supervisions conducted regularly
ABUBEF (ASBL, full member of IPPF)	ABUBEF has been involved in immunization/HSS since 1993	Immunization of children 0 to 11 months with pentavalent 3	27 709 children immunized compared to 12 374 expected
CED CARITAS (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Immunization of women of childbearing age for tetanus	45 694 immunized compared to 30 463 expected
CED CARITAS (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Immunization of pregnant women for tetanus	60 136 compared to 61 784 expected
CED CARITAS (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Organization of health education sessions	8 087 sessions compared to 8 424 sessions expected
CED CARITAS (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities	Coordination, monitoring & evaluation	Supervisions conducted as expected (one/quarter/health

	since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.		centre)
CED CARITAS BURUNDI (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Provider training/refresher training in routine and mass immunization	32 trained compared to 40 expected
CED CARITAS BURUNDI (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Training of CHWs in communication techniques and the importance of immunization	153 trained compared to 156 expected
CED CARITAS BURUNDI (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Raising awareness of community leaders (religious, administrative, and academic) about the importance of immunization	162 made aware compared to 160 expected
CED CARITAS BURUNDI (ASBL, religious organization)	CED CARITAS Burundi has conducted HSS activities since 1962 and immunization since 1981. It has 78 health centres and 11 hospitals.	Immunization of children 0 to 11 months for all antigens	46 182 immunized compared to 46 080
CEPBU (ASBL, religious organization)	CEPBU has been involved in immunization/HSS since 1962	Training for health centre providers in clinical IMCI	21 trained compared to 93 expected
CEPBU (ASBL, religious organization)	CEPBU has been involved in immunization/HSS since 1962	Training for community leaders in CCC for immunization and community IMCI	139 trained compared to 150 expected
CEPBU (ASBL, religious organization)	CEPBU has been involved in immunization/HSS since 1962	Immunization of children 0 to 11 months for pentavalent 3	8 687 immunized compared to 8 920 expected
CEPBU (ASBL, religious organization)	CEPBU has been involved in immunization/HSS since 1962	Immunization of pregnant and childbearing-age women with TT	5 560 women of childbearing age immunized compared to 10 716 expected and 9 650 pregnant women immunized compared to 9 660 projected
CEPBU (ASBL, religious organization)	CEPBU has been involved in immunization/HSS since 1962	Coordination and monitoring & evaluation	Coordination and monitoring & evaluation missions conducted regularly as expected
CRB (ASBL, humanitarian organization, assists public authorities)	CRB ASBL has been involved in HSS since 1964 and in the subject area since 2000	Training of CRB volunteers in advocacy for immunization of children and women of childbearing age	320 trained, i.e., 100%
CRB (ASBL, humanitarian organization, assists public authorities)	CRB ASBL has been involved in HSS since 1964 and in the subject area since 2000	Identification and referral of children lost to follow-up	6 184 identified and referred compared to 8 660 expected
CRB (ASBL, humanitarian organization, assists public authorities)	CRB ASBL has been involved in HSS since 1964 and in the subject area since 2000	Raising awareness of women of childbearing age about immunization	118 577 women made aware compared to 228 033 expected
CRB (ASBL, humanitarian organization, assists public authorities)	CRB ASBL has been involved in HSS since 1964 and in the subject area since 2000	Coordination and monitoring & evaluation	Supervisions conducted regularly as expected

Please list the CSOs that have not yet been funded, but are due to receive support in 2011/2012, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

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

Table 10.2.1b: Planned activities and expected outcomes for 2011/2012

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2011/2012	Expected outcomes
		Organize series of reports in 8 provinces	2 series of reports organized in 12 media outlets
		Organize televised panels	2 panels organized for media professionals
		Monitoring & evaluation	Periodic reports
ABUBEF	YES	Organize awareness-raising workshops for school principals and other mentors of children including youth associations about immunizing women and girls of childbearing age	180 people informed and made aware
ABUBEF	YES	Train/refresher-train CHWs on immunization and communication techniques	180 CHWs trained
ABUBEF	YES	Organize outreach strategy sessions in the community	2520 women of childbearing age immunized
ABUBEF	YES	Increase the number of referral forms for the CHW	10 000 copies
ABUBEF	YES	Conduct monitoring & evaluation of activities	One supervision mission per quarter
ABUBEF (ASBL, full member of the IPPF)	YES	Produce and disseminate an educational video on immunization	1 educational video produced
ABUBEF (ASBL, full member of the IPPF)	YES	Coordination monitoring & evaluation	Quarterly supervision
CED CARITAS	YES	Train the CHWs in communication techniques and about the importance of immunization	170 CHWs trained
CED CARITAS	YES	Train/refresher-train providers in the different immunization techniques, use of working tools and communication for EPI	172 providers trained
CED CARITAS	YES	Organize an information and awareness day on project implementation for diocesan health coordinators	8 coordinators
CED CARITAS	YES	Organize immunization sessions by outreach strategies in areas identified as having low immunization coverage rates and in schools	37 440 women will be immunized
CEPBU	YES	Train care providers in clinical IMCI	45 trained
CEPBU	YES	Organize outreach strategies for children and pregnant and childbearing-age women	12 480 women of childbearing age immunized
CEPBU	YES	Coordination, monitoring & evaluation	quarterly supervision
CRB	YES	Train/refresher-train CRB volunteers in community mobilization and awareness about immunization of children and women of childbearing age	398 volunteers trained and 320 given refresher training
CRB	YES	Identify and refer children lost to follow-up	5 711 children identified and referred

CRB	YES	Organize awareness sessions on immunization for women of childbearing age	470 410 women made aware
CRB	YES	Conduct coordination, monitoring & evaluation	One supervision mission per quarter
CRB	YES	Provide the working tool to trained CRB volunteers	398 volunteers equipped
FVS/AMADE	YES	Train the CHWs in awareness-raising techniques	150 CHWs trained
FVS/AMADE	YES	Organize awareness-raising for women of childbearing age	16 680 women made aware, 80% of women of childbearing age who were made aware are supported for immunization
FVS/AMADE	YES	Organize outreach strategies once per month in locations with heavy concentrations of vulnerable population	2400 children recovered
FVS/AMADE	YES	Coordination, monitoring & evaluation	Quarterly supervision
IADH	YES	Train providers on the basis of identified weaknesses	200 providers trained
IADH	YES	Identify equipment and infrastructure needs in relation to hygiene and environment in the health care setting	A situational assessment of equipment needed for each health clinic is prepared
IADH	YES	Support small installations to improve hygiene and environment in the health care setting	3 incinerators built
IADH	YES	Prioritize groups of Makamba CHWs in their community referral work	The number of cases of recovery of EPI dropouts
IADH	YES	Coordination, monitoring & evaluation	Quarterly supervision
IADH	YES	Train CHWs in communication techniques and the importance of immunization for children 0 to 11 months and women of childbearing age	78 CHWs
JCS	YES	Make the population aware of the importance of immunization	Parents made aware in 10 provinces
JCS	YES	Organize competitions related to immunization	19 competitions
REMUA	YES	Train/refresher-train CHWs in immunization and communication techniques	100 CHWs
REMUA	YES	Coordination, monitoring & evaluation	Quarterly supervision
REMUA	YES	Form cantonal committees	136 members of cantonal committees
REMUA	YES	Organize competitions related to immunization	19 competitions
REMUA	YES	Identify uneducated girls of childbearing age who have not received the TT in order to get them immunized	1000 girls identified and immunized
RENACODE	YES	Production and broadcasting of radio and TV spots	2 spots in 3 languages broadcast on 2 TV stations and 5 radio stations

SOJPAE	YES	Organize training for secondary-school girls on education about immunization	312 students
SOJPAE	YES	Coordination, monitoring & evaluation	Quarterly supervision
SOJPAE	YES	Make women of childbearing age aware of the importance of immunization	7 provinces
SOJPAE	YES	Make beneficiaries and volunteers aware of the importance of immunization for children, prenatal care, and family planning	8 provinces
SOJPAE	YES	Train providers on immunization	20 providers
WOI	YES	Train CHWs on the importance of immunization	180 CHWs
WOI	YES	Make women of childbearing age aware of the importance of immunization	1500 women of childbearing age
WOI	YES	Coordination, monitoring & evaluation	Quarterly supervision
WOI	YES	Arrange for spaces amenable for immunization and other related health-care services	4 spaces arranged

10.2.2. **Future of CSO involvement to health systems, health sector planning and immunization**

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

Since health sector planning and immunization is a participative process, CSOs play an important role in the preparation and approval of strategic documents for the health sector, such as the National Health Development Plan (PNDS), the Comprehensive Multi-year Plan (cMYP) of the Expanded Programme on Immunization, the strategic plan for the National Health Information System, etc. Some CSOs are on the teams that draft these documents, and there are also some CSOs that are members of the CPSD, which is the national body that approves the national documents in the health sector.
The CSOs selected in the application for support for health system strengthening and immunization have a component in their strategic plans for health in general and immunization in particular. This means that even in the future, these CSOs will continue to engage in health-related activities because health is a priority, and they represent 25% of the country's health-care facilities. This proves that these CSOs play a substantial role in the implementation of strategic documents in the health sector and they adhere to the health standards in force. In the future, these CSOs will use their own funds and/or support from other technical and financial partners. The financial contribution of these CSOs, however, is not easy to quantify, particularly since the Ministry of Public Health and AIDS Control (MSPLS) does not currently have the health mapping of its technical and financial partners, but this activity is under way.
The country plans to use the health system financing platform because it has just sent GAVI ALLIANCE an application for financing for this component. As is customary at the MSPLS when preparing national documents and drawing up applications for financing, the process of developing this health system financing platform involved certain CSOs. They contributed as well to the approval of this proposal as members of the CPSD. This new HSS proposal includes activities that will support the implementation of the action plans and strategic plans of CSOs that immunize and that play a role in health system strengthening.

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

1. ABUBEF: ulyndadona@yahoo.fr + 257 22 232 936
2. CED-CARITAS BURUNDI: nt.tere@yahoo.fr + 257 22 222 096
3. RED CROSS OF BURUNDI: françois.buyoya@croixrougeburundi.org + 257 22 218 871
4. CEPBU: cepburl@yahoo.fr + 257 22 223 466
5. FVS AMADE: fvsamade@cbinf.com + 257 22 214 621
6. REMUA HIV/AIDS: nigapiya@gmail.com ou platformeremua@yahoo.com + 257 22 217 148
7. SOJPAE: nshimajacques@yahoo.fa + 257 22 274 937
8. IADH: barutwanayom@yahoo.fr + 257 77 618 059
9. JCS Burundi: jcs-burundi@yahoo.fr + 257 79 291 150 / 79 712 783
10. WORLD OUTREACH: delphinewoi@yahoo.fr + 257 22 255 894

10.2.4. **Receipt and expenditure of CSO Type B funds**

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

funds for the 2011 year

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	461 520	562 269 818
Remaining funds (carry over) from 2010 *(B)*	124	152 824
Total funds available in 2011 *(C=A+B)*	461 644	562 422 642
Total Expenditures in 2011 *(D)*	184 163	224 359 203
Balance carried over to 2012 *(E=C-D)*	277 481	338 063 439

Is GAVI's CSO Type B support reported on the national health sector budget? **Yes**

Briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

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

CSO Type B funds have been transferred by GAVI into a FINBANK BURUNDI commercial bank account. After the support monitoring committee approves each CSO's budgeted action plan, the first tranche is paid into the respective CSO accounts. The CSOs must substantiate the utilization of the first tranche before the second tranche is transferred. The technical and financial reports must be approved by the monitoring committee, and a financial audit is conducted to verify the financial statements submitted by the CSOs. These funds are indeed included in the plan and budgets for the national health sector. The country has had no particular problems involving the use of these CSO funds except for the delayed transfer of funds in February when the transfer was expected at the beginning of 2009.
A commercial account is used for this support. The Aide Mémoire for financial management of GAVI funds signed by GAVI and the Government of Burundi is being scrupulously applied here. The budgeted action plan must be approved by the CPSD before any funds can be disbursed.
At the regional and district levels, expenses are paid upon presentation of invoices or statements. This applies in the case of certain CSOs, while others prepare the budget and then headquarters makes an advance payment into the accounts of the provincial agencies, which substantiate the expenditures. We wish to emphasize that each CSO uses the procedures in the accounting and financial administration manual in force.
Financial statements are produced on a regular basis using the computer-based accounting software. Financial reports are prepared according to the framework given by the HSS-GAVI management unit and transmitted to headquarters. The administrative and financial officers of the CSOs are required to examine these reports, and the executive officers must then approve them before officially sending them on to the monitoring committee for approval. Monitoring and evaluation missions are conducted on a quarterly basis by the monitoring committee, whose members are officials from the MSPLS and a number of partners. The CPSD has no role in the preparation of financial reports at the regional or district level.

Detailed expenditure of CSO Type B funds during the 2011 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2011 calendar year **(Document Number)**. Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? Yes

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

10.2.5. **Monitoring and Evaluation**

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

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

Table 10.2.5: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
Coordination, monitoring & evaluation	% supervisions conducted	CSOs' annual report	0 to 50%	100%	December 2011	100	End of project
Training of CHWs in immunization	% of CHWs trained	ABUBEF 2011 annual report	50% in 2008	70%	December 2011	100	End of project (March 2012)

and techni							
Training of providers in immunization	% of providers trained	ABUBEF 2011 annual report	11% in 2008	80%	December 2011	100	End of project (March 2012)
Train and provide volunteers with working tool	% of volunteers trained	CRB 2011 annual report	7% in 2008	29%	December 2011	29	End of project (March 2012)
Train CHWs in communication techniques	% of CHWs trained	CED CARITAS training report	0% in 2008	19.6%	December 2011	20	End of project (March 2012)
Train community leaders in comm IMCI	% of community leaders trained	CEPBU 2011 annual report	0% in 2008	93%	December 2011	100	End of project
Train providers in clinical IMCI	% of providers trained	CEPBU 2011 annual report	3% in 2008	25%	December 2011	96	End of project
Train/refresher-train providers in techniques	% of providers trained	CED CARITAS 2011 annual report	0% in 2008	45.4%	December 2011	46	End of project (March 2012)
Identify and refer dropouts	% of children recovered	CRB 2011 annual report	2% in 2008	71%	December 2011	51	End of project
Organize awareness-raising sessions for women	% of women of childbearing age made aware	CRB 2011 annual report	3% in 2008	26%	December 2011	50	End of project
Organize health-education sessions on immunization	% of health centres organizing one session per week on	2011 annual report	80% in 2008	96.7%	December 2011	100	End of project (March 2012)
Awareness-raising for community leaders	% of community leaders made aware	CARITAS 2011	0% in 2008	53%	December 2011	40	End of project (March 2012)
Immunize children 0 to 11 months	% of children immunized	ABUBEF 2011 annual report	80.7% in 2008	117%	December 2011	90	End of project (March 2012)
Immunize children 0 to 11 months	% of children immunized	CED CARITAS 2011 annual report	80% in 2008	90.2%	December 2011	90	End of project (March 2012)
Immunize children 0 to 11 months	% of children immunized	CEPBU 2011 annual report	84.4% in 2008	89%	December 2011	90	End of project
Immunize women of childbearing age	% of women of childbearing age immunized	CED CARITAS 2011 annual report	3.4% in 2008	15%	December 2011	10	End of project (March 2012)
Immunize women of childbearing age with TT	% of women of childbearing age	2011 annual report	0.2% in 2008	17%	December 2011	20	End of project (March 2012)
Immunize women of childbearing age with TT	% of women of childbearing age	CEPBU 2011 annual report	1.3%	10%	December 2011	20	End of project

	immunized						
Immunize pregnant women	% of pregnant women immunized	CED CARITAS 2011 annual report	86.9% in 2008	87.6%	December 2011	90	End of project (March 2012)
Immunize pregnant women with TT	% of pregnant women immunized	2011 annual report	61.5% in 2008	77%	December en 2011	71	End of project (March 2012)
Immunize pregnant women with TT	% of pregnant women immunized	CEPBU 2011 annual report	61% in 2008	73%	December 2011	80	End of project

Planned activities :

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

For the monitoring mechanism: the CSOs' health facilities, CHWs and volunteers produced monthly activity reports. These reports were sent to the CSOs' coordinating units. The beneficiaries included the local committees of the CSOs, and these latter were involved in analyzing and approving the periodic reports produced by the CHWs, volunteers, and care providers. The problems encountered are related to calculation of the indicators (target) owing to the delayed funds transfer.

11. Comments from ICC/HSCC Chairs

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

GAVI support to civil society organizations in Burundi has played a significant role in activities related to immunization services and health system strengthening.
Cooperation between the Ministry of Public Health and AIDS Control (MSPLS) and the CSOs has improved because this support has aligned their immunization and health system strengthening activities with national health sector strategies. I am delighted as well that Burundi now has a database of these CSOs, which will facilitate the regulation of the entire health-care system by the MSPLS.
Nonetheless, the problem encountered by the CSOs was the delayed funds transfer that occurred in February 2011, whereas 2010 was the year planned for project startup. As a result, the implementation of their activities was delayed a year, and the direct impact of this delay was the failure to meet certain targets. But overall, the CSOs were able to carry out at least 80% of the planned activities.
The country also had difficulty in calculating the indicators because the denominators for 2010 (projected year of implementation) and 2011 (actual year of implementation) were different.
This type of support should continue, however, especially since the previous support has brought significant observable results.
Lastly, I sincerely thank the GAVI Alliance for its continued support to the Government of Burundi in its efforts to ensure the welfare of the population.
THE MINISTER OF PUBLIC HEALTH AND AIDS CONTROL AND CHAIRWOMAN OF THE CPSD
Dr. Sabine NTAKARUTIMANA

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	☑	Signatures Ministres.pdf File desc: Description du fichier… Date/time: 5/21/2012 9:02:51 AM Size: 231868
2	Signature of Minister of Finance (or delegated authority)	2.1	☑	Signatures Ministres.pdf File desc: Description du fichier… Date/time: 5/21/2012 9:03:28 AM Size: 231868
3	Signatures of members of ICC	2.2	☑	Réunion CPSD.txt.pdf File desc: Description du fichier… Date/time: 5/22/2012 5:40:56 AM Size: 947873
4	Signatures of members of HSCC	2.3	☒	Réunion CPSD.txt.pdf File desc: Description du fichier… Date/time: 5/22/2012 3:59:37 AM Size: 947873
5	Minutes of ICC meetings in 2011	2.2	☑	compte rendu CPSD.pdf File desc: Description du fichier… Date/time: 5/22/2012 4:03:21 AM Size: 731338
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	☑	compte rendu CPSD.pdf File desc: Description du fichier… Date/time: 5/22/2012 4:04:58 AM Size: 731338
7	Minutes of HSCC meetings in 2011	2.3	☒	P V CPSD.doc File desc: Description du fichier… Date/time: 5/7/2012 7:56:24 AM Size: 1597440
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	☒	compte rendu CPSD.pdf File desc: Description du fichier… Date/time: 5/22/2012 4:06:09 AM Size: 731338
9	Financial Statement for HSS grant APR 2011	9.1.3	☒	Etats financiers GAVI.pdf File desc: Description du fichier… Date/time: 5/21/2012 9:06:39 AM Size: 1543666
10	new cMYP APR 2011	7.7	☑	PPAC Burundi 2011_ 2015. .doc File desc: Description du fichier… Date/time: 4/10/2012 8:37:40 AM

				Size: 1414144
11	new cMYP costing tool APR 2011	7.8	☑	cMYP_Costing_Tool_Vs 2 5_Fr. finale BURUNDI 27 4 11 rev.xls File desc: Description du fichier… Date/time: 4/12/2012 2:15:16 AM Size: 3284480
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	☒	GAVI ETATS FINANCIERS OSC.docx File desc: Description du fichier… Date/time: 5/18/2012 8:02:25 AM Size: 31699
13	Financial Statement for ISS grant APR 2011	6.2.1	☒	Etats financiers PEV.pdf File desc: Description du fichier… Date/time: 5/21/2012 9:09:08 AM Size: 1421257
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	☑	Rapport d'utilisation des fonds PCV13.doc File desc: Description du fichier… Date/time: 5/7/2012 8:01:52 AM Size: 88064
15	EVSM/VMA/EVM report APR 2011	7.5	☑	Rapport_GEV_Burundi_Avril_2011.pdf File desc: Description du fichier… Date/time: 4/10/2012 8:52:32 AM Size: 395405
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	☑	Plan d'amélioration basée sur la GEV.doc File desc: Description du fichier… Date/time: 4/10/2012 8:56:15 AM Size: 44544
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	☑	Rapport sur la mise en oeuvre des recommendations de GEV.pdf File desc: Description du fichier… Date/time: 5/8/2012 3:43:30 AM Size: 598097
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	☒	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:18:01 AM Size: 10267
20	Post Introduction Evaluation Report	7.2.2	☑	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:18:36 AM Size: 10267
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	☑	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:18:54 AM Size: 10267

22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	☒	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:19:13 AM Size: 10267
23	HSS Health Sector review report	9.9.3	☒	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:19:30 AM Size: 10267
24	Report for Mapping Exercise CSO Type A	10.1.1	☒	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:19:47 AM Size: 10267
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	☒	Pour le PEV Burundi.docx File desc: Description du fichier… Date/time: 5/22/2012 6:20:03 AM Size: 10267