GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Central African Republic

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/22/2013 5:40:06 PM**

Deadline for submission: 9/24/2013

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

By signing this page, the Government of Central African Republic 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 Central African Republic

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr AGUIDE Soumouk	**Name**	BOZANGA Georges
Date		**Date**	
Signature		**Signature**	

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

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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 MANENGU Casimir, Représentant de l'OMS	Organisation Mondiale de la Santé		
Mr Souleymane DIABATE, Représentant de l'UNICEF	UNICEF		
Pasteur Antoine MBAO BOGO, Président	Croix Rouge Centrafricaine		
Mme Tatiana MOSSOUA, Directrice nationale	Village d'Enfants SOS		
Mr Emmanuel DJADA, Charge des Mission	Ministère de la Famille, des Affaires Sociales et de la Promotion du genre		
Dr Louis NAMBOUA, Directeur Général de la Santé Publique	Ministère de la Santé Publique, de la Population et de la lutte contre le VIH/SIDA		
Mr Germain WAMOUSTOYO, Directeur Général du Budget	Ministère des Finances et du Budget		
Mr Patrice YAZENGA, Directeur de Cabinet	Ministère de la Communication, de la reeconciliation nationale et de la culture de la paix		

Mme Irene POUNEBINGUI, Chef de Service	Ministère de l'Economie, Paln et Coopération Internationale		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), Comité Technique de Pilotage de la Reforme du Système de Santé de La République Centrafricaine , 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
Dr MANENGU Casimir, Représentant de l'OMS	Organisation Mondiale de la Santé		
Mr Souleymane DIABATE, Représentant de l'UNICEF	UNICEF		
Pasteur Antoine MBAO BOGO, Président	Croix Rouge Centrafricaine		
Mme Tatiana MOSSOUA, Directrice nationale	Village d'Enfants SOS		
Mr Emmanuel DJADA, Charge des Mission	Ministère de la Famille, des Affaires Sociales et de la Promotion du genre		
Dr Louis NAMBOUA, Directeur Général de la Santé Publique	Ministère de la Santé Publique, de la Population et de la lutte contre le VIH/SIDA		
Mr Germain WAMOUSTOYO, Directeur Général du Budget	Ministère des Finances et du Budget		

MrPatrice YAZENGA, Directeur de Cabinet	Ministère de la Communication, de la reeconciliation nationale et de la culture de la paix		
Mme Irene POUNEBINGUI, Chef de Service	Ministère de l'Economie, Paln et Coopération Internationale		

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)

Central African Republic is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Central African Republic's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	163,231	163,231	166,546	166,546	169,922	169,922	173,356	173,356
Total infants' deaths	21,454	21,454	21,889	21,889	22,333	22,333	22,784	22,784
Total surviving infants	141777	141,777	144,657	144,657	147,589	147,589	150,572	150,572
Total pregnant women	186,549	186,549	190,338	190,338	194,196	194,196	198,121	198,121
Number of infants vaccinated (to be vaccinated) with BCG	138,746	102,652	149,891	133,237	156,328	135,938	164,688	147,353
BCG coverage	85 %	63 %	90 %	80 %	92 %	80 %	95 %	85 %
Number of infants vaccinated (to be vaccinated) with OPV3	106,333	78,065	115,726	108,493	125,451	118,071	135,515	127,986
OPV3 coverage	75 %	55 %	80 %	75 %	85 %	80 %	90 %	85 %
Number of infants vaccinated (to be vaccinated) with DTP1	141,777	111,262	144,657	108,493	147,589	118,071	150,572	127,986
Number of infants vaccinated (to be vaccinated) with DTP3	106,333	81,950	115,726	108,493	125,451	118,071	135,515	127,986
DTP3 coverage	75 %	58 %	80 %	75 %	85 %	80 %	90 %	85 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	10	0	10	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	112,649	111,262	144,657	108,493	147,589	118,071	150,572	127,986
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	112,649	81,950	144,657	108,493	125,451	118,071	135,515	127,986
DTP-HepB-Hib coverage	75 %	58 %	80 %	75 %	85 %	80 %	90 %	85 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	5	0	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.05	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	96,336	90,888	115,726	108,493	125,451	118,071	135,515	127,986
Yellow Fever coverage	75 %	64 %	80 %	75 %	85 %	80 %	90 %	85 %
Wastage[1] rate in base-year and planned thereafter (%)	0	20	0	15	15	15	15	15

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.25	1.25	1.18	1.18	1.18	1.18	1.18	1.18
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		104,696	144,657	108,493	147,589	118,071	150,572	127,986
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		73,413	144,657	108,493	125,451	118,071	135,515	127,986
Pneumococcal (PCV13) coverage	60 %	52 %	80 %	75 %	85 %	80 %	90 %	85 %
Wastage[1] rate in base-year and planned thereafter (%)		5	0	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
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	106,333	91,360	115,726	108,493	125,451	118,071	135,515	127,986
Measles coverage	75 %	64 %	80 %	75 %	85 %	80 %	90 %	85 %
Pregnant women vaccinated with TT+	121,257	124,154	133,237	152,270	145,647	165,067	158,497	178,309
TT+ coverage	65 %	67 %	70 %	80 %	75 %	85 %	80 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	26,768	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	25 %	26 %	20 %	0 %	15 %	0 %	10 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] 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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  Il n'ya pas de différence entre les chiffres des populations projetées du RGPH de2003 qui sont repris dans le PPAc et le JRF 2012 par rapports à ceux générés parl'outil en ligne du RSA.

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

  Il n'ya pas de changement de nombre de nourrissions survivants entre le PPAc 2011-2015et le RSA 2012.

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

  Les résultats de la dernière revue externe du Programme Elargi de Vaccination couplée à l'enquête de couverture vaccinale de Novembre 2012 ont relevé une faible couverture vaccinale pour tous les antigènes à l'exception de VAT2+. Ainsi ces résultats nous ont servi de base pour la révision des objectifs dans le JRF 2012 et le présent RSA

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

  Il n'ya pas de changement de taux de perte par vaccin suivant la planification PPAc2011-2015.

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

L’analyse des couvertures vaccinales réalisée en 2012, montre qu'aucun des objectifs fixés pour l'année n'a été atteint pour tous les antigènes. Les mêmes conclusions ont été entérinées par les résultats de la revue externe du PEV de novembre 2012.

- Les principales activités réalisées en 2012 ont été:
- Le soutien aux stratégies avancées de vaccination dans 6 préfectures dans le cadre de la mise en oeuvre de la SASDE
- L'achat de performance pour les enfants complètement vaccinés dans 10 districts sanitaires avec l'appui du projet "Amélioration des soins de santé de base par le 9ème FED
- Formation des agents de santé responsables du niveau centrale sur la maintenance de la chaine du froid et gestion des vaccins
- Réalisation del’évaluation de la qualité des données du PEV à l’aide de l’outil DQS
- Organisation de la 2ème édition de la SAV avec un rattrapage de la vaccination des 0-11 mois pour tous les antigènes
- Réalisation de l'évaluation post introduction du PCV-13
- L'organisation de la revue externe du PEV couplée à l'ECV, l'enqête CAP et DQS dans 14 préfectures sur 16

Les principaux obstacles rencontrés dans la mise en oeuvre des activités en 2012 ont été:
- Irrégularité des séances de vaccination dans les centres de vaccination
- Insuffisance de la communication en faveur du PEV
- Vétusté des moyens de transport pour la stratégie avancée
- Insuffisance de supervision du niveau central vers le niveau périque
- Insuffisance de financement pour la mise en oeuvre du plan d'action 2012 à tous les niveaux
- Insécurité dans les parties Nord et Est du pays avec déplacement des populations
-
- Quelques approches de solutions apportées aux problèmes identifiés ont consisté à:
- L'implication des ONGs dans les activités de vaccination pour les zones d'insécurité
- La location des moyens roulants pour les centres PEV sans moyens de transport pour les sorties de stratégies avancées
- La mise en place des comités de mobilisation sociale au niveau de chaque sous préfecture avec l'implication de la société civile
- Plaidoyer en vers les décideurs avec l'appui de la mission GAVI/OMS pour la mobilisation locale des ressources

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

les objectifs n'ont pas été atteints pour les raisons suivantes:

- Insuffisance de la couverture en centres PEV fonctionnels sur l'étendue duterritoire : .353/786formations sanitaires ;
- .Insuffisance de séances de vaccination aussi bien pour les stratégiesfixes qu'avancées ;
- Insuffisance /vétusté de moyens roulants pour la stratégie avancée;
- Insuffisance de supervision formative;
- Faible implication de la communauté dans la gestion du PEV;
- Insuffisance du personnel formé en gestion du PEV au niveau des FOSA;
- Rupture de stock des intrants du PEV (consommables chaine de froid et pétrole)et de certains outils de gestion (cartes et registre de vaccination)essentiellement au niveau périphérique ;
- Non adaptation des horaires de vaccination à la disponibilité de la populationen milieu rural;
- Insuffisance de capitalisation des acquis des AVS pour la consolidation desactivités de routine
- Faible intégration des interventions de survie de l'enfant dans le PEV deroutine (MILDES/Vitamine A/ Mebendazole)
- Taux d'abandon élevé car le système de recherche des perdus de vue nonopérationnel: Absence d'échéanciers, pas de recherche active dans la communauté(non application de la composante « liens avec les communautés » del'ACD) ;
- Insuffisance du monitorage des données au niveau opérationnel : Faiblestaux de complétude et de promptitude des données de routine ;
- Démotivation du personnel Agent de santé communal dans l'organisation desactivités du PEV du à l'irrégularité du paiement des salaires et des mauvaisesconditions de travail ;
- Non maîtrise de la population cible couverte par stratégie au niveau des FOSA (absence de carte sanitaire).
- Insuffisance de la communication en faveur du PEV de routine.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

MICS 2010	2010	33%	31%

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

Pas d'obstacles sexospécifiques relevés

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

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

D'après nos expérience et pratique ; il n'y a pas de discrimination entre les filles et les garçons dans le cadre de l'accès à la vaccination toutefois le seul obstacle qui ne permettait pas de générer les données spécifiques en fonction du sexe était la non révision des outils de collectes des données.
En début de l'année 2013; ces outils ont été révisés, et la formation des agents PEV a été amorcée pour une meilleure appropriation par ces derniers.
Par ailleurs la sensibilisation sera aussi menée pour que tous les enfants sansdistinction de sexe soient vaccinés au même pied d'égalité.

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)

Il n'est pas encore possible d'établir les écarts entre les données des couvertures vaccinales rapportées par le pays (JRF2012) car le pays n'a pas encore reçules résultats des estimations OMS/UNICEF pour l'année 2012.

Mais Il ressort des résultats de l'enquête de couverture vaccinale réalisée en novembre 2012 que les couvertures administratives sont pratiquement superposables aux couvertures de l'enquête selon la carte ou histoire sauf VAR et le Penta3 où les CV administratives sont largement au-dessus decelles de l'enquête avec un écart de 17 points pour le Penta3 et un écart de 31 points pour le VAR.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

Le Programme PEV de la RCA a mis en placel'évaluation de la qualité des données de vaccination grâce à l'outil DQS.

Desévaluations ont été conduites dans 17% Préfectures sanitaires en 2012 (Ouaka, Kémo, Basse-Kotto, Mbomou).

Par ailleurs la revue externe du PEV a conduit l'évaluation de la qualité des données dans 14 Préfectures sanitaires soit 58,3%.

Les principaux résultats de ces évaluations montrent des faiblesses de la qualité des données en termes de notification des doses administrées, etc...

(Voir rapports de mission et rapports revue).

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

Depuis 2010, le pays a poursuivi des activitéspour l'amélioration de la qualité des données:

- Utilisation de l'outilDQS comme support pour la supervision ;

- Enquêtes de couverture vaccinale
- Réunion mensuelles d'harmonisation et de revue des données de surveillance,de vaccination et de laboratoire au niveau national;

-Le monitorage indépendant des données de campagne
- Réunion de coordination régionale trimestrielle et nationales semestrielles ;
- Réunions mensuelles de monitorage des données de vaccination au niveau des Préfecturessanitaires.

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.

- Révision des outils de collecte des données;

- Formation des agents de santé des centres PEV;

-Extension de l'informatisation des données de vaccination;

-Monitorage mensuel de la complétude et de la promptitude des rapports de vaccinationde routine;

-Extension du DQS comme outils de validation des données de vaccination

- Enquête de couverture vaccinale

- Une enquête CQL d'échantillonnage en grappes

- Supervision des agents de santé en charge de la vaccination à tous lesniveaux

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 501.151	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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	RAS	RAS	RAS

Traditional Vaccines*	241,096	0	0	241,096	0	0	0	0
New and underused Vaccines**	1,905,197	55,500	1,849,697	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	150,037	0	91,133	58,904	0	0	0	0
Cold Chain equipment	132,472	0	380	132,092	0	0	0	0
Personnel	45,495	45,495	0	0	0	0	0	0
Other routine recurrent costs	344,058	11,961	129,168	193,384	9,545	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,762,411	0	0	373,585	1,388,826	0	0	0
RAS		0	0	0	0	0	0	0
Total Expenditures for Immunisation	4,580,766							
Total Government Health		112,956	2,070,378	999,061	1,398,371	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.

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

Il existe dans la loi de finance 2012, une ligne "achat de vaccins" pour laquelle la mobilisation effective n'est pas suivie de décaissement. Les difficultés de trésorerie n'ont pas permis le paiement des dépenses engagées par le Trésor Public.
Pour les années 2013 et 2014 les stratégies de mobilisation de ces ressources vont comprendre:
-L'ouverture d'un compte bancaire " Vaccination" par le Trésor Public pour un virement hebdomadaire d'un forfait équivalent au montant d'achat de vaccins avec l'appui de GAVI
- Le suivi régulier du décaissement des crédits inscrits sur la ligne budgétaire du Programme Elargi de vaccination au niveau du Ministère des Finances et du Budget ;
-Prise en compte par le Directeur des ressources du MSPPLVIHS pour soumission au comité d'arbitrage ;
-Elaboration du cadre des dépenses sectoriel à moyen terme (CDSMT) faisant ressortir la part de la vaccination dans les dépenses du secteur de la santé ;
-Elargissement du partenariat actif avec les collectivités locales, les entreprises privées, les ONG, etc ;
-Implication du secteur sanitaire privé et des ONGs dans le financement dela vaccination depuis la planification jusqu'à la mise en oeuvre des activités

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Planification, budgétisation et coordination	Yes
Exécution budgétaire	No
Passation des marchés	No
Comptabilité et communication financière	No
Audit interne	No
Audit externe	No
Arrangement concernant les comptes bancaires	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

Voir les éléments dans la partie RSS car le volet SSV n'a pas reçu de financement

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

La carence en ressources humaines en gestion financière

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

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

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

If Yes, which ones?

List CSO member organisations:
Croix Rouge Centraficaine
Village d'enfants SOS

5.8. Priority actions in 2013 to 2014

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

La RCA vient de connaitreune nouvelle crise militaro politique qui provoqué une destruction et pillagedes infrastructures sociales sur presque toute l'étendue du territoire. En cequi concerne la vaccination, les matériels de la chaine du froid (congélateurs,les réfrigérateurs, glacières et porte vaccin) et les moyens de transport ont été emportés. Ceci rendant difficile la pour suite des activitésde vaccination si aucune « approche sur mesure » n'est mise en œuvre dansces zones.

Pour les années 2013 et2014, les objectifs principaux demeurentceux du PPAc 2011-2015 mais les activités priorités dépendront de l'évolutionsécuritaire.

En 2013

En fonction du contexte sécuritaire, certaines des activités pourront être réalisées dans les districts accessibles avec l'appui des ONGs

1. 1. Activitésvaccinales en période d'urgence

- La conduite des évaluations rapide etapprofondie de la fonctionnalité des centres de vaccination et servicesconnexes

- vaccination des enfants de 6 mois à 59 moiscontre la rougeole (en association avec la supplémentation en vitamine A, ledéparasitage avec des comprimés d'albendazole et la distribution des MIILDA).Le passage à l'échelle de cette activité dépendra de la disponibilités desressources surtout financières

- La relance des activités du PEV de routinedans les zones sécuritairement accessibles

B : Pendant la phase de transition

2. Réalisation de l'inventairede la chaine de froid et la réevaluation de la capacité de gestion efficace desvaccins

3. 1. **Révitalisation/extensiondes Centre de vaccination**

Equiper les CS et PS en 30réfrigérateurs, 20 glacières, 150 porte vaccins

Doter le centres PEV en outils degestion : Registre de vaccination, registre de pointage, carte devaccination, carnet de commande et de livraison, fiche de gestion, fiche demonitorage des données des doses administrées, fiche de rapport des centreetc…)

2. Renforcementdes capacités des agents de santé des centres PEV

Former 88 personnels de santé dans 5districts des RS1, 2, en gestion de lachaine de froid et la gestion des vaccins du PEV de routine

Doter les FOSA en supports de collectes dedonnées de SNIS

3. Offresde services de vaccination

Organiserla stratégie avancée dans les RS N° 1.2 et 7

4. Acquisition/maintenance matériel de la CDF

5. Acquisition et installation d'une nouvellechambre froide positive

6. Acquisition et distribution des moniteurs dela température des vaccins (frige tags et freeze tags=

Approvisionner 10 bases des districtset 145 centres PEV fonctionnels en pétrole

5. 5. **Supervision/monitorage**

Appuyer l'ECD pour un monitorage des donnéesagrégées dans la zone GAVI (DQS)

Former les ECD districts sur le monitoragedes FOSA

Réaliser des séances de monitorage des FOSA

Organiser la supervision des FOSA dans les 6districts (DQS)

Organiser les réunionstrimestrielles/semestrielles de suivi et de reprogrammation des activités desdistricts des régions ciblées

6. Equipement/maintenancedes moyens roulants (véhicules, moto et CDF)

Assurerla maintenance de la Chambre froide et du groupe électrogène au niveau central

Achat de 1 véhicule de supervision pour leniveau central

Assurer la maintenance de 8 véhicules desupervision des districts

7. Motivationdu personnel à tous les niveaux (central, région, districts et FOSA)

Assurer le paiement des primes de performanceaux deux équipes régionales

Assurer le paiement des primes de performanceaux 6 équipes cadres de districts

Assurer le paiement des primes de performanceaux agents dans les FOSA

Recruter et rémunérer 85 agents de santéqualifiés sous contrat en faveur des FOSA des 6 DS appuyés

8. Approvisionnementen intrants PEV

Approvisionner les DS en vaccins

Fournir les DS en consommables de la chaînede froid (Kit brûleurs, mêches, verres etc…)

Assurer les frais d'enlèvement de matérielsd'injection

9. Coûtsde gestion et fonctionnement

Réaliser des missions de contrôle/suivi dansles districts bénéficiant du soutien GAVI

Installer le réseau internet à la directiondu PEV et de la DEP et payer les frais d'abonnement

Doter la structure d'appui central et les 2RS en consommables de matériels bureautique et informatique

Assurer le fonctionnement de la structuresd'appui central et intermédiaire en fournitures de bureau et

consommables,frais bancaires…)

Entretien véhicule (carburant, consommables…)

Communication téléphonique + Internet

Mesures incitatives de l'équipe de gestioncentrale

Transmission du RSA 2012

Assurance des 12 véhicules et taxes

10. Suivi/évaluationdu projet

Organiser les réunions du Comité National dePilotage de la Stratégie Sectorielle

Organiser les revues annuelles du secteursanté

11. Auditexterne

12. Assistancetechnique

En 2014

1. Révitalisation/extension des CPEV

Equiperles CS et PS en 30 réfrigérateurs, 20 glacières, 80 porte vaccins

Doter le centres PEV en outils degestion : Registre de vaccination, registre de pointage, carte devaccination, carnet de commande et de livraison, fiche de gestion, fiche demonitorage des données des doses administrées, fiche de rapport des centreetc…)

2 Renforcement des capacités des agents desanté des centres PEV

Former88 personnels de santé dans 5 district des RS 3, 4 et 6 en gestion de la chaine de froid et la gestion desvaccins du PEV de routine

Doterles FOSA en supports de collectes de données de SNIS

3. Offres de services de vaccination

Appuià la planification et à la mise en œuvre de l'approche ACD

4. Acquisition/maintenance matériel de la CDF

Approvisionner 10 bases des districts et 276 centres PEV fonctionnels en pétrole

5. Renforcement des capacités du personnel àtous les niveaux (central, région et districts)

Former37 formateurs sur le MLM National

Former35 membres des EC dans 5 RS et 10 des DS sur le MLM National

Formerles membres ECR et ECD de 22 districts sur le guide de formation enSNIS

6. Supervision/monitorage

Appuyerl'ECD pour un monitorage des données agrégées dans la zone GAVI (DQS)

Formerles ECD districts sur le monitorage des FOSA

Réaliserdes séances de monitorage des FOSA

Organiserla supervision des FOSA dans les 10 districts (DQS)

Organiserles réunions trimestrielles/semestrielles de suivi et de reprogrammation desactivités des districts des régions ciblées

7. Equipement/maintenance des moyens roulants(véhicules, moto et CDF)

Assurerla maintenance de la Chambre froide et du groupe électrogène au niveau central

Doter les districtsen motos

8. Motivation du personnel à tous les niveaux(central, région, districts et FOSA)

Assurerle paiement des primes de performance aux deux équipes régionales

Assurerle paiement des primes de performance aux 6 équipes cadres de districts

Assurerle paiement des primes de performance aux agents dans les FOSA

Recruteret rémunérer 85 agents de santé qualifiés sous contrat en faveur des FOSA des 6 DS appuyés

9. Approvionnement en intrant PEV

Approvisionner les DSen vaccin

Fournirles DS en consommables de la chaîne de froid (Kit brûleurs, mêches, verresetc…)

Assurerles frais d'enlèvement de matériels d'injection

10. Coûts de gestion et fonctionnement

Réaliserdes missions de contrôle/suivi dans les districts bénéficiant du soutien GAVI

Assurerle fonctionnement de la structures d'appui central et intermédiaire enfournitures de bureau et consommables, frais bancaires…)

Entretien véhicule(carburant, consommables…)

Communicationtéléphonique + Internet

Mesuresincitatives de l'équipe de gestion centrale

Transmission duRSA 2012

Assurance desvéhicules et taxes

11. Suivi/évaluation du projet

Organiserles réunions du Comité National de Pilotage de la Stratégie Sectorielle

Organiserles revues annuelles du secteur santé

12. Audit externe

13. Assistance technique

-

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Seringues autobloquantes 0.05 ML	UNICEF

Measles	Seringues autobloquantes 0.05 ML	UNICEF
TT	Seringues autobloquantes 0.05 ML	UNICEF
DTP-containing vaccine	Seringues autobloquantes 0.05 ML	GAVI

Does the country have an injection safety policy/plan? **Yes**

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

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

- Insuffisance de miseen oeuvre du plan, des directives sur la sécurité des injection auniveau opérationnel en ce qui concerne spécifiquement la notification des cas de MAPI et la destruction des déchets tranchants de la vaccination
- Sous financement pour la mise en oeuvre du plan;
- Insuffisance de couvertures en incinérateurs des structures de santé.

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

L'élimination s'est faite par brûlage et enfouissement dans la majoritédes Centres PEV. Toutefois, dans quelques centres PEV appuyés par les ONG, ladestruction des déchets se fait dans les incinérateurs de De Montfort.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Central African Republic is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Central African Republic is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	449,471	453,990	113,950	No
Yellow Fever	120,500	131,800	0	No
Pneumococcal (PCV13)	382,917	190,800	151,200	No

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

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

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

  Il existe de différence entre le nombre de doses des colonnes A et B en ce qui concerne le Pentavalent et le PCV-13.
  Pour le Pentavalent cette différence s'explique par le fait du retard dans les expéditions de vaccins vers le pays et une faible utilisation des vaccins.
  Pour le PCV-13 la faible couverture vaccinale en 2011, année de l'introduction, a entrainé un stock important reporté en 2012 explique la différence entre les colonnes A et B.

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

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

  - Elaboration d'un calendrier de commande devaccin (Formulaire Forecast) en collaboration avec le Programme PEV et supplyUNICEF
  - Commandes placées 3 mois à l'avance avant ladate prévue de livraison
  - Monitorage mensuel des stocks de vaccin auniveau central et des Préfectures sanitaires (S_MT)
  - Analyse de la gestion des vaccins (suivi destaux de perte) lors des réunions de coordination régionales trimestrielle etnationales semestrielles
  - Formation des équipes cadres des Préfecturessanitaires et des agents responsables des centres PEV en logistique duPEV (maintenance de la chaine du froid)

  Analyse mensuelle duniveau de consommation après inventaire mensuelle en collaboration entre laservice de la logistique du PEV et de l'UNICEF

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

Il a été observé des fréquentes ruptures de stock de PCV-13 au niveau de certains centres PEV pour des raisons de conditionnement du vaccin PCV-13 unidose (volume de stockage important, condition de transport)

7.2. Introduction of a New Vaccine in 2012

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

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **August 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° 9))

Voir mise en oeuvre des recommandations dans le rapport revue externe du PEV.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

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

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

NA

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

NA

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

NA

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	85,020	34,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	20,500
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	21,100
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	191500	
Donor	3896000	

Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	29,125	34,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	November	Etat
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Etat
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	October	Etat
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Pour assurer la perennité du financement de la vaccination pour la RCA, le pays aura besoin compte tenu des difficultés de trésorerie liées au contexte politique une assistance suivante: - La révision du PPAc avec actualisation de l'estimation de coût en tenant compte des résultats de l'enquête de couverture vaccinale réalisée en décembre 2012; - L'appui technique pour un plaidoyer à l'endroit des nouvelles autorités politiques pour un soutien à la vaccination; - L'ouverture d'une ligne hebdomadaire (caisse d'avance) pour le financement de la vaccination (cofinancement et soutien au fonctionnement du service)	

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/

Les mesures suivantesseront reprises par le pays pour résoudre le problème de défaut de paiement:

1.Reprise du plaidoyer au plus haut niveau avec l'appui des partenaires (OMS,UNICEF, GAVI, Banque Mondiale, Sabin Institute…) aussi bien pour l'allocationdu budget pour le financement du PEV ainsi que son accroissement annuel de 10%;

-Suivi régulier du décaissement effectif des crédits inscrits sur la ligne budgétaire duProgramme Elargi de Vaccination au niveau du Ministère des Finances et duBudget,

-Prise en compte par le Directeur des ressources du MSPPLS pour soumissionau comité d'arbitrage ;

-Paiement des montants de la contre partie nationale, se ferra à terme échu.

2.Elaboration du cadre des dépenses sectoriel à moyen terme (CDSMT) faisantressortir la part de la vaccination dans les dépenses du secteur de la santé.

3.Elargissement du partenariat actif avec les collectivités locales, lesentreprises privées, les ONG, etc. :

-Implication du secteur sanitaire privé et des ONGs dans le financement de lavaccination depuis la planification jusqu'à la mise en œuvre des activités

- Plaidoyer ciblé enversles partenaires potentiels (Représentations Diplomatiques, OrganisationsInternationales, Confessions religieuses)

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

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

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

L'analyse du plan d'améliorationélaboré à l'occasion de la revue externe du PEV en décembre 2012 montre que sur les 9 critères d'appréciation EGV, seules 7/30 ont été entièrement réalisées, 14partiellement réalisées et 9 non réalisées.

Cette situation mérite d'être reconsidérée du fait que la dernière crise militaro politique qu'à connu le pays des pillages et destructions de la logistique de vaccination ont été enregistrés dans la majorité des bases de districts sanitaires et des centres de vaccination nécessitant une nouvelle EGV afin d'avoir l'état exact de la chaine du froid (congélateurs, réfrigérateurs, glacières et portes vaccins).

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Central African Republic does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Central African Republic does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Central African Republic is not available in 2013

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

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

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	141,777	144,657	147,589	150,572	584,595
	Number of children to be vaccinated with the first dose	Table 4	#	111,262	108,493	118,071	127,986	465,812
	Number of children to be vaccinated with the third dose	Table 4	#	81,950	108,493	118,071	127,986	436,500
	Immunisation coverage with the third dose	Table 4	%	57.80 %	75.00 %	80.00 %	85.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	314,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	314,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	2.03	1.85	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

pas de différence

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	2.03	1.85

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

		2013	2014	2015
Number of vaccine doses	#	330,900	25,300	54,200
Number of AD syringes	#	364,300	402,100	435,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	4,050	4,475	4,850
Total value to be co-financed by GAVI	$	736,000	76,500	137,500

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

		2013	2014	2015
Number of vaccine doses	#	33,700	376,400	380,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	73,000	815,500	805,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	111,262	108,493	10,017	98,476
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	333,786	325,479	30,050	295,429
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.11		
F	Number of doses needed including wastage	*D X E*	350,476	361,282	33,355	327,927
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		2,702	250	2,452
H	Stock on 1 January 2013	*Table 7.11.1*	314,000			
I	Total vaccine doses needed	*F + G – H*		364,484	33,651	330,833
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		364,281	0	364,281
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*		4,044	0	4,044
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		742,090	68,513	673,577
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		16,940	0	16,940
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)*		2,346	0	2,346
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		47,494	4,385	43,109
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)*		808,870	72,897	735,973
U	Total country co-financing	*I x country co-financing per dose (cc)*		72,897		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.23 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	93.71 %			87.55 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	118,071	110,642	7,429	127,986	112,051	15,935
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	354,213	331,926	22,287	383,958	336,152	47,806
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	393,177	368,439	24,738	426,194	373,129	53,065
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	7,974	7,473	501	8,255	7,228	1,027
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	401,651	376,379	25,272	434,949	380,794	54,155
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	402,028	0	402,028	435,357	0	435,357
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*	4,463	0	4,463	4,833	0	4,833
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	817,762	766,309	51,453	863,809	756,256	107,553
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	817,762	0	18,695	863,809	0	20,245
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)*	2,589	0	2,589	2,804	0	2,804
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	52,337	49,044	3,293	55,284	48,401	6,883
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	891,383	815,352	76,031	942,142	804,656	137,486
U	Total country co-financing	*I x country co-financing per dose (cc)*	815,352			804,656		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	93.71 %			87.55 %		

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 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 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 Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	141,777	144,657	147,589	150,572	584,595
	Number of children to be vaccinated with the first dose	Table 4	#	104,696	108,493	118,071	127,986	459,246
	Number of children to be vaccinated with the third dose	Table 4	#	73,413	108,493	118,071	127,986	427,963
	Immunisation coverage with the third dose	Table 4	%	51.78 %	75.00 %	80.00 %	85.00 %	
	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 31st December 2012 * (see explanation footnote)		#	68,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	68,000				
	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	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

PAS DE DIFFERENCE

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

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	327,900	360,800	390,600
Number of AD syringes	#	364,700	401,600	434,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	4,050	4,475	4,850
Total value to be co-financed by GAVI	$	1,236,000	1,360,000	1,472,000

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

		2013	2014	2015
Number of vaccine doses	#	18,700	20,600	22,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	69,500	76,500	83,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	104,696	108,493	5,849	102,644
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	314,088	325,479	17,547	307,932
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	329,793	341,753	18,424	323,329
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		2,990	162	2,828
H	**Stock on 1 January 2013**	*Table 7.11.1*	68,000			
I	**Total vaccine doses needed**	*F + G – H*		346,543	18,682	327,861
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		364,601	0	364,601
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*		4,048	0	4,048
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,212,901	65,386	1,147,515
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		16,954	0	16,954
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)*		2,348	0	2,348
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		72,775	3,924	68,851
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)*		1,304,978	69,309	1,235,669
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		69,309		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.39 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	118,071	6,366	111,705	127,986	6,900	121,086
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	354,213	19,096	335,117	383,958	20,699	363,259
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	371,924	20,050	351,874	403,156	21,734	381,422
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	7,543	407	7,136	7,808	421	7,387
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	381,267	20,554	360,713	412,764	22,252	390,512
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	401,550	0	401,550	434,861	0	434,861
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*	4,458	0	4,458	4,827	0	4,827
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,334,435	71,938	1,262,497	1,444,674	77,881	1,366,793
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,334,435	0	18,673	1,444,674	0	20,222
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)*	2,586	0	2,586	2,800	0	2,800
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	80,067	4,317	75,750	86,681	4,673	82,008
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,435,761	76,254	1,359,507	1,554,377	82,553	1,471,824
U	Total country co-financing	*I x country co-financing per dose (cc)*	76,254			82,553		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.39 %			5.39 %		

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 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 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 Yellow Fever, 10 dose(s) per vial, LYOPHILISED

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	141,777	144,657	147,589	150,572	584,595
	Number of children to be vaccinated with the first dose	Table 4	#	90,888	108,493	80.00 %	127,986	445,438
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.25	1.18	1.18	1.18	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	87,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	87,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.91	0.92	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.90	0.90	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

PAS DE DIFFERENCE

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.90	0.90

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

		2013	2014	2015
Number of vaccine doses	#	104,600	11,400	14,800
Number of AD syringes	#	124,500	134,200	145,400
Number of re-constitution syringes	#	14,700	15,800	17,100
Number of safety boxes	#	1,550	1,675	1,825
Total value to be co-financed by GAVI	$	109,500	20,000	24,000

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

		2013	2014	2015
Number of vaccine doses	#	27,200	131,000	139,400

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	26,500	128,500	139,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	20.61 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	90,888	108,493	22,365	86,128
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	90,888	108,493	22,365	86,128
E	**Estimated vaccine wastage factor**	*Table 4*	1.25	1.18		
F	**Number of doses needed including wastage**	*D X E*	113,610	128,022	26,391	101,631
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		3,603	743	2,860
H	**Stock on 1 January 2013**	*Table 7.11.1*	87,000			
I	**Total vaccine doses needed**	*F + G – H*		131,725	27,154	104,571
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		124,427	0	124,427
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		14,622	0	14,622
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		1,544	0	1,544
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		118,553	24,439	94,114
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		5,786	0	5,786
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		542	0	542
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		896	0	896
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		9,248	1,907	7,341
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		723	0	723
T	**Total fund needed**	*(N+O+P+Q+R+S)*		135,748	26,346	109,402
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		26,345		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		20.61 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	92.05 %			90.45 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	118,071	108,683	9,388	127,986	115,767	12,219
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	118,071	108,683	9,388	127,986	115,767	12,219
E	Estimated vaccine wastage factor	*Table 4*	1.18			1.18		
F	Number of doses needed including wastage	*D X E*	139,324	128,245	11,079	151,024	136,606	14,418
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,826	2,602	224	2,925	2,646	279
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	142,250	130,939	11,311	154,049	139,342	14,707
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	134,196	0	134,196	145,312	0	145,312
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	15,790	0	15,790	17,100	0	17,100
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,665	0	1,665	1,803	0	1,803
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	129,021	118,762	10,259	142,188	128,613	13,575
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	129,021	0	6,241	142,188	0	6,758
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	585	0	585	633	0	633
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	966	0	966	1,046	0	1,046
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	10,064	9,264	800	11,091	10,033	1,058
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	780	0	780	844	0	844
T	Total fund needed	*(N+O+P+Q+R+S)*	147,657	128,025	19,632	162,560	138,645	23,915
U	Total country co-financing	*I x country co-financing per dose (cc)*	128,025			138,645		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	92.05 %			90.45 %		

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 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 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)*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

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

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

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

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

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

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in **2012**

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

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

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

If yes, please indicate the amount of funding requested: **499500** US$

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

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		1893000	591000	359000	320000	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			2483985	2251985	1373621	1743624
Total funds received from GAVI during the calendar year (*A*)		1893000	0	0	591000	0
Remaining funds (carry over) from previous year (*B*)			1892985	1053621	914793	1092619
Total Funds available during the calendar year (*C=A+B*)		1893000	1892985	1053621	1505793	1092619
Total expenditure during the calendar year (*D*)		15	839363	138828	121169	366203
Balance carried forward to next calendar year (*E=C-D*)		1892985	1053621	914793	1384624	726416
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	591000	359000	320000	359000	499500

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1225916			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	726416			
Total Funds available during the calendar year (*C=A+B*)	726416			
Total expenditure during the calendar year (*D*)	86171			
Balance carried forward to next calendar year (*E=C-D*)	640245			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	499500	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		771164320	292805040	165025120	157120000	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			1063250090	593849169	529381538	623991244
Total funds received from GAVI during the calendar year (*A*)		770451000	0	0	165025120	0
Remaining funds (carry over) from previous year (*B*)		0	770445050	428824049	372261538	369745744
Total Funds available during the calendar year (*C=A+B*)		770451000	770445050	428824049	537286658	369745744
Total expenditure during the calendar year (*D*)		5950	341621001	56503011	88618580	43861039
Balance carried forward to next calendar year (*E=C-D*)		770445050	428824049	372261538	558143283	325884705
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	292805040	165025120	157120000	165025120	254245500

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

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	504.66	445.72	495.44	459.68	491	509
Closing on 31 December	449.92	481.54	449.31	461.02	498	

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

Les fonds RSS sont pris en compte dans les plans et budget du secteur. Dans la loi de finances le fonds RSS est inclusdans la rubrique financement extérieurs.

Un plan annuel est élaboré par la DEP et soumis à l'approbation du Comité sectoriel Santé VIH/SIDA de mise en œuvre et d'Evaluation du DSRP (CSSSEMODSRP) équivalent de CCSS. Ce plan validé entre en vigueur après signature du Ministre de la Santé et du Représentant de l'OMS.L'utilisation du fonds est faite conformément aux activités prévues dans leplan.

Un compte bancaire est ouvert pour le voletGAVI/RSS au niveau d'une banque commerciale, Ecobank à Bangui la capitale. Les signataires du compte sont le Ministre de la Santé et le Représentant del'Organisation Mondiale de la Santé en République Centrafricaine. Chaque signataires a deux suppléants : deux cadres désignés du Ministère de laSanté (i) la Directeur de Cabinet (DIRCAB) du Ministère de la Santé (ii) leDirecteur Général des Services Centraux et des Etablissements Hospitaliers(DGSCEH) ; deux cadres de l'OMS (iii) le MPN(iv) le Conseiller en matière du PEV.

Au niveau intermédiaire et périphérique la mission d'EGF de juin 2011 a fait des propositions pour la gestion des fonds par la Direction des Régions sanitaires et les District sanitaires. Ces comptes ont la double signature du Directeur de la région sanitaire et du Chef de service de soins et supervision, et pour les districts du Médecin Chef de District et du Chef de Section Planification et programmation. Il faut souligner que ce dispositif n'est pas fonctionnel à ce jour. La situation de crise vécue par le pays à la fin 2012 et qui perdure en 2013 n'arrange pas la mise en place de ce dispositif.

Compte tenu que les comptes de plusieurs districts ne sont pas toujours ouverts, la mise à disposition des ressources à ce niveau est faite par le niveau central. Après approbations des activités contenues dans le plan annuel validé. Les requêtes sont préparées par les directions centrales en charges des activités et envoyés à la Direction des Etudes et de la planification (DEP) pour traitement, ou par la DEP. Les Chèques sont remplis par le Gestionnaire du volet GAVI/RSS au niveau de la DEP et transmis par voies hiérarchique (après visa du DIRCAB et du DGSCEH) pour les signatures du Ministre de la Santé et du Représentant de l'OMS. Les fonds sont ensuite mis à la disposition des Directions Centrales en charge pour l'appui à l'exécution des activités au niveau des districts ou transmis directement à l'équipe cadre de district pour la mise en œuvre des activités. Pour le pétrole, les médicaments et les équipements (motos) les achats sont faits par le niveau central et remis aux structures décentralisées qui se chargent des formations sanitaires. Les rapports techniques et financiers sont ensuite transmis à la DEP pour documentation.

Il faut mentionner que suite à la correspondance de la responsable de GAVI pour les pays francophones demandant l'arrêt des dépenses sur fonds RSS,toutes les activités sur cet appui ont été suspendues depuis mars 2013.

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 governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Révitalisation/extension des CPEV	Equiper les CS et PS en 20 réfrigérateurs, 20 glacières, 80 porte vaccins	0	rapports d'activités

	Doter le centres PEV en outils de gestion : Registre de vaccination, registre de pointage, carte de vaccination, carnet de commande et de livraison, fiche de gestion, fiche de monitorage des données des doses administrées, fiche de rapport des centre etc…)	100	rapport d'activités
Renforcement des capacités des agents de santé des centres PEV	Former 88 personnels de santé dans 5 district des RS1, 2, 3, 4 et 6 en gestion du PEV de routine	0	rapport d'activités
	Former 107 personnels de santé dans 3 districts de la RS 2 et 72 dans 2 districts de la RS 4 Former le personnel de santé en gestion du SNIS	40	Rapport d'activité projet ASSB1 et 6
	Doter les FOSA en supports de collectes de données de SNIS	0	Rapport d'activités
Renforcement des capacités du personnel à tous les niveaux (central, région et districts)	Former 37 formateurs sur le MLM	0	Rapport d'activités
	Former 35 membres des EC dans 5 RS et 10 des DS sur le MLM	0	Rapport d'activités
	Former les membres ECR et ECD de 22 districts sur le guide de formation en SNIS	100	Rapport d'activités
Acquisition/maintenance matériel de la CDF	Approvisionner les CS et les PS en médicaments et intrants spécifiques	100	Rapport d'activité. le pourcentage est e rapport avec les districts ciblés approvisionnés.
	Approvisionner 10 bases des districts et 276 centres PEV fonctionnels en pétrole	100	Rapport d'approvisionnement des bases de districts
Offres de services de vaccination	Organiser la stratégie avancée dans 10 DS accessibles	0	rapport d'activités
Equipement/maintenance des moyens roulants (véhicules, moto et CDF)	Assurer la maintenance de la Chambre froide et du groupe électrogène au niveau central	0	Contrat de prestation de services
	Achat de 2 véhicules de supervision pour le niveau central	50	rapport d'activité
	Assurer la maintenance de 11 véhicules de supervision des districts	100	Rapport d'activité
	Doter les districts en motos	100	rapport d'activité
	Dotation de la Direction du PEV en 3 ordinateurs de bureau	100	Rapport d'activité
	Finaliser le plan de développement des Ressources Humaines pour la Santé	75	Rapport d'activité
Supervision/monitorage			
	Former les membres des ECD sur la supervision intégrée des SSP	0	
	Appuyer l'ECD pour un monitorage des données agrégées dans la zone GAVI (DQS)	0	
	Former les ECD districts sur le monitorage des FOSA	100	Rapport d'activité

	Réaliser des séances de monitorage des FOSA	80	Rapport d'activité
	Organiser la supervision des FOSA dans les 6 districts (DQS)	0	
	Organiser les réunions trimestrielles/semestrielles de suivi et de reprogrammation des activités des districts des régions ciblées	75	Rapport d'activité
Approvionnement en intrant PEV	Approvisionner les DS en vaccin	50	Rapport dactivite
	Fournir les DS en consommables de la chaîne de froid (Kit brûleurs, mêches, verres etc…)	0	
	Assurer les frais d'enlèvement de matériels d'injection	0	Rapport d'activité
	Approvisionner les CS et les PS en médicaments et intrants spécifiques	80	Rapport d'activité
Motivation du personnel à tous les niveaux (central, région, districts et FOSA)	Assurer le paiement des primes de performance aux deux équipes régionales	100	Rapport financier
	Assurer le paiement des primes de performance aux 6 équipes cadres de districts	100	Rapport financier
	Assurer le paiement des primes de performance aux agents dans les FOSA	0	
	Recruter et rémunérer 85 agents de santé qualifiés sous contrat en faveur des FOSA des 6 DS appuyés	81	Rapport d'activité
Coûts de gestion et fonctionnement	Réaliser des missions de contrôle/suivi dans les districts bénéficiant du soutien GAVI	50	Rapport d activité
	Installer le réseau internet à la direction du PEV et de la DEP et payer les frais d'abonnement	50	Rapport d'activité
	Doter la structure d'appui central et les 2 RS en consommables de matériels bureautique et informatique	100	Rapport d'activité
	Doter en mobilier de bureau	100	Rapport d'activité
	Assurer le fonctionnement de la structures d'appui central et intermédiaire en fournitures de bureau et consommables, frais bancaires…)	50	Rapport d'activité
	Entretien véhicule (carburant, consommables…)	100	Rapport d'activité
	Communication téléphonique + Internet	100	Rapport d'activité
	Mesures incitatives de l'équipe de gestion centrale	100	Rapport d'activité
	Aménager un local	100	Rapport d'activité
	Transmission du RSA 2012 (reprogrammation RSS)	100	Bordereau d'envoi
	Assurance des véhicules et taxes	100	Rapport d'activité
Suivi/évaluation du projet	Organiser les réunions du Comité National de Pilotage de la Stratégie Sectorielle	75	Rapport d'activité

	Organiser les revues annuelles du secteur santé	0	Rapport d'activité
Audit externe		0	Rapport d'activité
Assistance technique		0	Rapport d'activité

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**
Révitalisation/extension des CPEV	
Equiper les CS et PS en 20 réfrigérateurs, 20 gla	Activité non réaliser pour contrainte budgétaire
Doter le centres PEV en outils de gestion : Regist	Procédures en cours pour acquisition des outils
Renforcement de capacité des agents de santé PEV	
Former 88 personnels de santé dans 5 district des	Non réalisée pour conflit d'agenda
Former 107 personnels de santé dans 3 districts de	Le personnel a été formé dans 4 districts sanitaires sur 5
Doter les FOSA en supports de collectes de données	Procédures d'acquisition des outils en cours
Renforcement des capacités du personnel à tous les	
Former 37 formateurs sur le MLM	Non réalisée pour défaut de financement
Former 35 formateurs sur le MLM	Non réalisée pour défaut de financement
Former 35 membres des EC dans 5 RS et 10 des DS s	Non réalisée pour défaut de financement
Acquisition/maintenance matériel de la CDF	
Approvisionner les CS et les PS en médicaments et	Les formations sanitaires des 4 districts sur 5 ont approvisionnés
Approvisionner 10 bases des districts et 276 cent	les 276 centres de vaccination ont été approvisionnés en pétrole pour trois mois
Offres de services de vaccination	
Organiser la stratégie avancée dans 10 DS accessib	Non réalisée pour raison d'insécurité dans les districts sanitaires
Equipement/maintenance des moyens roulants (véhicu	
Assurer la maintenance de la Chambre froide et du	Processus en cours de contractualisation
Achat de 2 véhicules de supervision pour le niveau	Procédures de contrat en AO restreint en cours pour le véhicule restant
Assurer la maintenance de 11 véhicules de supervis	Réalisé pour les 10 véhicule de la zones du projet
Doter les districts en motos	Réalisé, motos en cours d'acheminement vers les districts sanitaires
Dotation de la Direction du PEV en 3 ordinateurs d	Réalisé
Finaliser le plan de développement des Ressources	Atelier de validation en cours de préparation
Approvionnement en intrant PEV	
Approvisionner les DS en vaccin	Réalisé pour le 4ème trimestre 2012
Fournir les DS en consommables de la chaîne de fro	Non réalisée pour retard dans la livraison des consommables par le fournisseur
Assurer les frais d'enlèvement de matériels d'inje	En cours de régularisation
Approvisionner les CS et les PS en médicaments et	Réalisé dans les formations sanitaires de 4 districts sur 5
Supervision/monitorage	
Former les membres des ECD sur la supervision inté	Non réalisé pour conflit d'agenda
Former les ECD districts sur le monitorage des FOS	Réalisé pour 4 districts sanitaires sur 5
Réaliser des séances de monitorage des FOSA	Réalisé dans les formations sanitaires de 3 districts sanitaires sur 5
Organiser la supervision des FOSA dans les 6 distr	Non réalisée pour raison sécuritaire
Organiser les réunions trimestrielles/semestrielle	Réalisé par les 3 bases des régions sanitaires site du projet
Motivation du personnel à tous les niveaux (centra	
Assurer le paiement des primes de performance aux	Réalisé pour la période 2012

Assurer le paiement des primes de performance aux	Réalisé pour la période 2012
Assurer le paiement des primes de performance aux	Non réalisé pour la période 2012 pour absence de mécanisme de récompenses
Recruter et rémunérer 85 agents de santé qualifiés	Rémunération en retard pour les mois de novembre et décembre 2012
Coûts de gestion et fonctionnement	
Réaliser des missions de contrôle/suivi dans les d	Non réalisées pour manque de financement
Installer le réseau internet à la direction du PEV	Non réalisée mais processus en cours
Doter la structure d'appui central et les 2 RS en	Fourniture distribuées dans 3 districts sanitaires sur 5
Doter en mobilier de bureau	Réalisé
Assurer le fonctionnement de la structures d'appui	Réalisé
Entretien véhicule (carburant, consommables…)	Réalisé
Mesures incitatives de l'équipe de gestion central	Réalisée
Aménager un local	Réalisé
2012 (reprogrammation RSS)	Réalisé
Assurance des véhicules et taxes	Réalisé
Suivi/évaluation du projet	
Organiser les réunions du Comité National de Pilot	Réalisé pour l'examen du RSA
Organiser les revues annuelles du secteur santé	Processus en cours
Audit externe	Processus en cours pour conclusion du contrat
Assistance technique	Non applicable pour la période

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

Les raisons de la nonréalisation de certaines activités.

1. Les conflits d'agenda entre les activités RSS programmées à réaliser par les structures ou directions impliquées dans la mise en œuvre de l'appui.
2. La crise politico-militaire couvrant la période fin 2012 à ce jour.
3. La correspondance de GAVI (responsable des pays francophones) pour demander l'arrêt des dépenses sur fonds RSS.

Le non décaissement de fonds attendu sollicité dans le RSA 2011 et suiteà la reprogrammation RSS.

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?

Les cinq districts ciblés par l'appui RSS ontrecruté du personnel de santé qualifié et mis à la disposition des centresdépourvus du personnel. Des Médecins, des Infirmiers diplômés d'état, des sagesfemmes et assistantes accoucheuses des techniciens de laboratoire ont étérecrutés. Ils sont entrain de contribuer à la disponibilité des compétencespour l'offre de soins de qualité et la mise en œuvre des programmes de santé.

Pour faciliter le suivi et l'évaluation de la mise en œuvre des interventions programmées à différents niveauxdu système de santé dans les zones ciblées, des motivations ont été attribuéesaux responsables des districts et régions ciblées ainsi qu' à l'équipe centralede gestion.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

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

	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
Indicateurs d'activités											
Indicateurs d'incidence et de résultats											
Couverture nationale par le Penta3 (%)	54	Estimation OMS/UNICEF JRF	75	75	54	54	57	64	57	Base de données PEV/JRF	Faible utilisation des services de santé dont la vaccination, insuffisance de la communication en faveur du PEV
Nbre de districts ≥80% en Penta3	3	Estimation OMS/UNICEF JRF 2010	10	24	13	ND	3	8	2	Base de données PEV/JRF	Insécurité dans la plupart des districts sanitaires
Nbre DS avec un Tx d'abandon < 10%	28%	Rapport revue PEV 2011	20	Inf 20	41%	31%	24%	27%	26.34 %	Base de données PEV	
Taux mortalité moins 5ans (pour 1000)	179%0	MICS 2010	Inf 179%0	Inf 179%0	ND	ND	179%0	ND		Base de données PEV	

9.4. Programme implementation in 2012

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

Les réalisations suivantes ont étéfaites :

- La tenue de la réunion de suivi et dereprogrammation avec l'équipe du PEV, les membres de l'ECD et ECR
- Le recrutement et le paiement de personnelsqualifiés sous dans les FOSA qui contribuent à la disponibilité des ressourceshumaines pour la santé et à l'amélioration de qualité des prestations;
- Le versement aux équipes ECR et ECD des mesures d'encouragements pour le suivi de la mise en œuvre des interventions ;
- La poursuite de la dotation des centres PEV en pétrole pour le fonctionnement de la chaine de froid;
- La dotation en 8 motos au niveau de deuxrégions et six districts pour les activités de la stratégie avancée ;
- La redynamisation du système d'information sanitaire: révision et validation des indicateurs, élaboration et validation des supports de collecte, formation des formateurs.

La révision de manuel de supervision et de monitorage des activités desformations sanitaires.

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

La préparation de RSA 2011 couplée à lapréparation, la transmission et les procédures de l'approbation de lasoumission de la reprogrammation RSS apris du temps. Le fonds attendu n'a pas mis à la disposition du pays pour lamise en œuvre des activités.

Les multiples échanges entre GAVI et le payssur les réponses aux questions de clarification n'ont pas facilitél'approbation à temps de la reprogrammation.

La non transmission du rapport d'auditexterne de fonds RSS a pénalisé le pays. Le processus entamé et suspendu parles événements va être repris. Un nouveau est proposé à cet effet.

La planification des activités dans le pland'action 2012-2013 (au 31 mai 2013) validé a été reprise deux fois (en juilletpuis en septembre 2012) en vu d'augmenter la part consacrée aux activités duPEV. Cette situation a retardé le démarrage de la mise en œuvre des activitéspour cette période.

Les procédures de transfert des fonds versles districts par circuit bancaire n'est pas toujours opérationnel. La missionde l'EGF a fait des propositions pour l'ouverture et lessignataires de leurs comptes. L'aide mémoire signé a validé la propositiond'EGF. En 2012, les ressources sont mises directement aux districts parl'équipe centrale ou des directions en charge des activités pour leurréalisation dans les zones ciblées en collaboration avec les ECD.

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

Le dispositif de suivi évaluation àdifférents niveaux sont les suivants :

1. Au niveau central

Les revues sectorielles faite par d'autrespartenaires qui appui le RSS dans le pays ont été réalisée. Des revues desprogrammes financées par des partenaires des Système de nations unies, laBanque Mondiale et autres ont été exécutées. Elles permettent d'avoir lesinformations sur le suivi et l'évaluation des interventions. En 2012, la Banquemondiale à appuyer l'Etude sur l'offre des formations sanitaires et l'enquêtesur les indicateurs de base dans Régions sanitaires.

Les réunions de comité Sectoriel SantéVIH/SIDA de mise en œuvre de suivi et évaluation du Document Stratégique de réductionde la Pauvreté, organe de coordination du secteur sont organisées pour le suivide la mise en œuvre des interventions.

En 2012, des réunions semestrielles de suiviet de programmation ont été planifiées et exécutés. Ces réunions ont permisl'implication des ECD au niveau opérationnel dans la prise de décision et avoirleur option en termes d'ajustement de la programmation.

L'établissement des rapports du système d'information sanitaire et leur transmission permettent d'avoir des informations à différent niveau. Il faut signaler que la complétude et lapromptitude des données sont faibles traduisant ainsi l'insuffisance de fonctionnement de ce système. Depuis 2011, le Département a démarré le processus de redynamisation du système d'information sanitaire. Lesréalisations déjà exécutées sont : la révision des indicateurs, des supports de collectes, la formation des formateurs, la formation des ECR etECD. Les séries de formations des agents de santé sont en cours et suspendu parles événements. Cette reforme doit mettre en place un circuit manuel depuis lesFOSA jusqu'au niveau central dans un premier temps et un système informatisé duniveau district au niveau central.

2. Au niveau régional et district

Des réunions de coordination et de programmations ont été organisées. Elles ont permis de discuter de la mis en œuvre des programmes et de proposer des réorientations.

Les ECR et ECD sont formées sur le monitorage des FOSA. 4 districts ont été monitorés en 2012. Parallèlement les supervisions thématiques ont étéexécutées.

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.

La reforme de système d'information sanitaire encours est une opportunité pour l'intégration dans le système national.L'établissement et a transmission des rapports de fonds feront l'objet deproposition et de discussion au cours des réunions de suivi et de reprogrammationet la validation par le Comité sectoriel Santé organe de décision.

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

Les acteurs clés membre du comité sectorielsanté organe de décision participe à la prise de décision lors des réunions devalidation des plans d'action RSS et des RSA. Ils interviennent également dansla planification et le suivi des activités. A l'occasion ils apportent desappuis complémentaires pour combler certains GAP. Leur implication permetd'éviter le double emploi dans l'allocation des ressources lors de la programmation.

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.

Les OSC membre de comité sectoriel participent àla mise en œuvre des propositions RSS. Elles siègent aux réunions de comité. LesONG confessionnelles de l'ASSOMESCA bénéficient des interventions RSS dans lesdistricts ciblés.

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

- Le rapport de l'EGF a fait mention de quelques insuffisances dans la gestion de fonds RSS. L'aide mémoire signé en mai 2012 a proposé des recommandations pour l'amélioration de la gestion de fonds RSS. L'audit interne attendu pour le fonds RSS apportera des éléments de réponse à cette interrogation.
- Oui, il y'a eu des obstacles au décaissement interne de fonds lié aux difficultés de transfert de fonds du niveau central au niveau district. Les propositions faites par l'EGF pour l'utilisation de circuit bancaire au niveau district n'est pas opérationnel.
- Pour résoudre ces problèmes de gestion, le pays doit mettre en œuvre les recommandations de l'aide mémoire de l'EGF signé entre le gouvernement et GAVI et réaliser l'audit externe.

Non, il n'y aura pas de changement dans les procédures de gestion pourl'année prochaine mais des efforts doivent être faits pour rendre opérationnelles propositions de l'aide mémoire EGF.

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Opérationalisation des centres PEV des districts à faible performance		0			Budget revisé lors de la reprogrammation et validé pat le Comité sectoriel Santé (CCSS)/CCIA	
Renforcement des capacités des agents de santé des centres PEV		0	0			

	Former 88 personnels de santé dans 10 districts des RS1, 2, 3, 4 et 6 en gestion du PEV de routine	27750				27750
	Former 250 personnels de santé dans 5 districts des Régions ciblées en gestion du SNIS	51755				51755
Offres de services de vaccination						
	Organiser la stratégie avancée/mobile dans les 150 CPEV des 10 DS	34749				34749
	Doter les FOSA en supports de collectes dedonnées de SNIS					
Offresde services de vaccination						
	Organiser la stratégie avancée dans les RS N° 1.2 et 7					
Participation communautaire						
	Renforcer les capacités de 11 COGES des 5 Districts sanitaires initiaux en gestion financière et comptable	81980				81980
	Appui aux réunions de monitorage semestrielles des activités des 90 COGES, réalisées par les ECD des 5 districts initiaux	4320				4320
Appui au fonctionnement des Districts Sanitaires dans les Régions ciblées (pilotage du Système de Santé)						

Renforcement des capacités du personnel à tous les niveaux (central, région et districts)						
	Former 37 formateurs (cadres PEV central, ECR PEV, et partenaires) sur le MLM dans les 5 RS	0				13672
	Former 35 membres des ECD (et partenaires) dans 5 RS et 10 DS sur le MLM	0				12933
Supervision/monitorage						
	Former les membres des ECD des 5 nouveaux DS sur la supervision intégrée des SSP	0				4140
	Appuyer les 10 ECD pour la supervision intégrée des SSP (mensuelle) des 276 FOSA	26757				26757
	Appuyer les 10 ECD pour le monitorage des SSP (semestriel) des 276 FOSA	21411				21411
	Former les 5 ECD des 5 nouveaux districts sur le monitorage	3599				3599
Maintenance des équipements /moyens roulants (véhicules)						
	Assurer la maintenance de 11 véhicules de supervision	10520				10520
Assistance Technique		26000				26000
Suivi et évaluation						
Motivation du personnel à tous les niveaux (région, districts et FOSA)						
	Assurer le paiement de prime de performance aux 02 ECR initiaux	11879				11879

	Assurer le paiement des primes de performance aux 05 ECD	29698				29698
	Assurer le paiement des primes de performance aux agents dans les FOSA	57380				57380
	Recruter et rénumérer 85 agents de santé qualifiés sous contrat en faveur des FOSA des 6 DS appuyés	59996				59996
Rationalisation du financement						
	Organiser des réunions interministériel les trimestrielles de suivi budgétaire	2079				2079
	Former les ECD et ECR sur l'élaboration des budgets et des fiches projets pour la préparation de la loi des finances	5660				5660
	Organiser des réunions interministériel les trimestrielles de suivi budgétaire	2079				2079
Assistance Technique		26000				26000
Coût de gestion et de fonctionnement		45000				65000
Audit externe		20000				20000
Approvisionnement en intrants PEV						
	Approvisionner 10 bases des districts et 276 centres PEV fonctionnels en pétrole	52841				53000
		601453	0			652357

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Prolongation Appui RSS		0	A planifier	La RCA a présenté une proposition en 2007 et approuvée pour la période 2008-2011. Une prolongation a été sollicitée et obtenue pour fin 2013. Dans ce cadre le pays a fait une reprogrammation qui a été approuvée par GAVI pour un montant de 499 500 $ US. Compte tenu de la non disponibilité du décaissement attendu et suite aux événements militaro-politiques qu'a connu le pays, le Gouvernement sollicite une nouvelle prolongation jusqu'en fin 2014. Le détail des activités sera planifié après l'accord de GAVI.	
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Banque Arabe de Développement Économique en Afrique	3330000	2006-2013	
Banque Mondiale	28200000	2012-2016	Appui au Système de santé axé sur le Financement Basé sur les résultats dans 4 régions sanitaires
GAVI Alliance	3161960	2008-2013	Renforcement de Système de Santé
Gouvernement	73407700	2011-2015	Lutte contre la Pauvreté, Pilier développement du Capital Humain et service sociaux de Base.
OMS	1146480	2011-2015	Cf biennum
UNFPA	6588743	2012-2016	Santé de la Reproduction
UNICEF	3780000	2011-2016	Soutien au services de vaccination, Renforcement de capacité des agents

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
DSRP 1 et 2	Validé et publié par le Gouvernement	

JRF 2008, 2009, 2010 et 2011	Par le MSPP, l'OMS et UNICEF	
MICS III 2006 et MICS IV 2010	Validé et publié par le Gouvernement	
Plan d'action RSS 2011-2012	Validé par le CCSS	
Proposition de la reprogrammation de soutien GAVI/RSS	Valider par le CCSS et approuvé par GAVI	
Proposition GAVI/RSS	Validé par le CCSS	
Rapport conjoint Système Nations Unies	Validé par le gouvernement	
Rapport d'activité RSS	Valider par le CCSS/CCIA	
Rapport SSV	Valider par CCIA et comité Sectoriel santé	
RGPH 2003	Valider et publier par le Gouvernement	

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.

Les difficultés rencontrées lors de l'élaboration de ce rapport se résument comme suit:

- Les troubles militaro-politique ont perturbé la préparation du rapport.

- La difficulté d'obtention de certains indicateurs;

- la correspondance sur la suspension des dépenses RSS en février 2013

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

Please attach:

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

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

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

Central African Republic **has NOT received GAVI TYPE A CSO support**

Central African Republic is not reporting on GAVI TYPE A CSO support for 2012

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

Central African Republic **has NOT received GAVI TYPE B CSO support**

Central African Republic is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

Commentaires surles différences de couvertures vaccinales :

Selon le contexteactuel et les résultats de l’enquête de couverture vaccinale réalisée en novembre2012, le pays à décider de réviser lesobjectifs de couvertures vaccinales pour plus de réalisme. Ces objectifs serontpris en compte dans le PPAc révisé.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature_Ministres.pdf File desc: Date/time: 5/22/2013 11:30:19 AM Size: 153489
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature_Ministres.pdf File desc: Date/time: 5/22/2013 11:30:19 AM Size: 153489
3	Signatures of members of ICC	2.2	✓	Siganture CCIA_RCA.pdf File desc: Date/time: 5/22/2013 3:56:49 PM Size: 690531
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Recommandations CCIA 2012_RCA.pdf File desc: Date/time: 5/22/2013 4:34:32 PM Size: 577244
5	Signatures of members of HSCC	2.3	✗	Sigantre CCIA_RCA.pdf File desc: Date/time: 5/22/2013 4:08:07 PM Size: 1457281
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Recommandations_CCIA_2012.JPG File desc: Date/time: 5/22/2013 11:30:19 AM Size: 601636
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Rapport_Financier_SSV_2012.pdf File desc: Date/time: 5/22/2013 12:38:07 AM Size: 86457
9	Post Introduction Evaluation Report	7.2.2	✓	RAPPORT PIE PCV 13 RCA OCT 2012_V30 Oct 2012.pdf File desc: Date/time: 5/15/2013 4:00:02 AM Size: 2375770
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Annexe 10-11 -21.doc File desc: Date/time: 5/22/2013 3:34:11 PM

				Size: 155648
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	Annexe 10-11 -21.doc File desc: Date/time: 5/22/2013 3:35:34 PM Size: 155648
12	Latest EVSM/VMA/EVM report	7.5	✓	Évaluation de la GEV au RCA.pdf File desc: Date/time: 5/15/2013 4:00:02 AM Size: 2405178
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Evaluation_Plan_Amelioration_EVM _1_.pdf File desc: Date/time: 5/15/2013 4:00:02 AM Size: 106261
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Evaluation_Plan_Amelioration_EVM _1_.pdf File desc: Date/time: 5/15/2013 4:00:02 AM Size: 106261
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Recommandations CCIA 2012_RCA.pdf File desc: Date/time: 5/22/2013 4:30:17 PM Size: 577244
17	Valid cMYP if requesting extension of support	7.8	✗	PPAC RCA_ 2011-2015 23 05 11_DEF.pdf File desc: Date/time: 5/15/2013 4:00:02 AM Size: 2822618
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Tool_Vs 2.5_Fr_23.05.11_ RCA revisé_Bgui.xls File desc: Date/time: 5/15/2013 4:00:02 AM Size: 3399680
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Rapport_Financier_RSS_2012.pdf File desc: Date/time: 5/22/2013 12:36:27 AM Size: 120415
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Rapport_Financier_RSS_2013.pdf File desc: Date/time: 5/22/2013 12:36:56 AM

				Size: 112440
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	Annexe 10-11 -21.doc File desc: Date/time: 5/22/2013 3:37:07 PM Size: 155648
22	HSS Health Sector review report	9.9.3	✗	Draft Rapport RaSSS-CAR-fevrier 24 2012.pdf File desc: Date/time: 5/22/2013 12:28:14 AM Size: 3462644
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Rapport_Financier_RSS_2012.pdf File desc: Date/time: 5/22/2013 11:30:19 AM Size: 120415