



*GAVI Alliance*

# Annual Progress Report **2013**

submitted by  
the Government of  
***Central African Republic***

Reporting year: **2013**

Support request for the year: **2015**

Submitted on: **16/05/2014**

**Deadline for submission: 22/05/2014**

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

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMS**

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

**AMENDMENT TO THIS PROPOSAL**

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

**REIMBURSEMENT OF FUNDS**

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

**SUSPENSION/ CANCELLATION**

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

**ANTICORRUPTION**

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits directly or indirectly that could be construed as an illegal or corrupt practice.

**AUDITS AND RECORDS**

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there 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 this support application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programs described in this application.

**CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By preparing this APR the Country will inform GAVI about:***

*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. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

## 1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Rotavirus, 2 schedule -doses	Rotavirus, 2 schedule -doses	2015
New Vaccines Support (routine immunization)	Yellow fever, 10 dose (s) per vial, LYOPHILIZED	Yellow fever, 10 dose (s) per vial, LYOPHILIZED	2015

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

## 1.2. Extension of the Program

No NVS is eligible for an extension of this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2013	Request for Approval of	Eligible For <b>2013</b> ISS reward
ISS	No	next installment: N/C	N/C
HSS	Yes	HSS grant next installment No	N/C
VIG	No	Not applicable	N/C

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

## 1.4. Previous IRC Report

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

## 2. Signatures

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

By signing this page, the **Government of the 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 funds were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Central African Republic**

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

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority):	
Name	Dr Marguérite SAMBA-MALIAVO	Name	Mr Remy YAKORO
Date		Date	
Signature		Signature	

*This report has been complied by (these persons can be contacted in case GAVI Secretariat has any queries on this document):*

Full name	Position	Telephone	E-mail
Dr. OUAMBITA-MABO Roch	EPI Director	(00236) 72542835/75649052	ouambita_mr@yahoo.fr
Dr. CONJUGO BATOMA Peggy	Director of Studies and Planning	(00236) 70407834	pegconj@yahoo.fr
Dr. Casimir MANENGU	Focal Point for EPI WHO-CAR	(00236) 701151720	manenguc@who.int
Dr. Déogracias MANIRAKIZA	Focal Point for EPI UNICEF-CAR	(00236) 70 55 02 33	dmanirakiza@unicef.org
Dr. BOSSOKPI PASSI Ptakilnam Prisca	EPI-UNICEF Team	(00236) 75 20 59 28	pbossokpipassi@unicef.org
Dr. Alain PENGUELE	Head of Statistics department	(00236) 75047400	penguelealain@yahoo.fr
Dr. MBARY DABA Régis Antoine	MPN Country WHO	(00236) 75 50 04 27	mbarydabar@who.int
Dr. YAAH MBERYO Florentine	IVD Team Country WHO	(00236) 75501060	mberyosy@who.int
Mr. Antoine SATHE	Head of Programming and data management department	00236) 75501414	satheanto@yahoo.fr
Mr. Jérôme KEIRO	Head of Logistics and Administrative Support Department	(00236) 75045488	kejero@ahoo.fr
Mr. David Melvin GONI	Data management Head	(00236) 75616181	davidmelvingoni@yahoo.fr
Mrs. PARE Bibata	FOCAL POINT FOR EPI/UNICEF CAR	(00236) 70 55 60 19	bpare@unicef.org
Mr. Armand DEKOUPOU	Fund manager - GAVI-HSS window	(00236) 75723640	arm_dekoup@yahoo.fr
Mr. BENZA Urbain	IVD Team Country WHO	(00236) 75506777	benzaur@who.int
Mr. Jean Louis KOMBA	EPI Department Manager	(00236) 75509440	jean.louiskomba@yahoo.fr

### 2.2. ICC Signatures Page

*If the country presents a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports*

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where**

**information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures**

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

**2.2.1. ICC report endorsement**

We, the undersigned members of the immunization Inter-Agency Co-ordinating 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.

<b>Name/Title</b>	<b>Agency/Organization</b>	<b>Signature</b>	<b>Date</b>
Dr. MAMADOU LAMINE KONE, WHO Representative	World Health Organization		
Mr. Souleymane DIABATE, Representative of UNICEF	United Nations Children's Fund		
Rev. Antoine MBAO BOGO, President	Central African Red Cross		
Mrs. Tatiana MOSSOUA, National Director	SOS Children's village		
Mr. Emmanuel DJADA, Mission in- charge	Ministry of Family, Social Affaires and Gender Promotion		
Dr. KOYAZEGBE Thomas d'Aquin, Director General of Public Health	Ministry of Health, Social Affaires, Gender Promotion and Humanitarian Action		
Mr. Germain WAMOUSTOYO, Director General of Budget	Ministry of Finance and Budget		
Mr. Patrice YAZENGA, Chief of Staff	Ministry of Communication, National Reconciliation and Peace Culture.		
Mrs. Irène POUNEBINGUI, Head of the Department	Ministry of Economy, Planning and International Cooperation		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto: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), **Health Sector Coordination Committee**, endorse this report on the Health Systems Strengthening Program. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

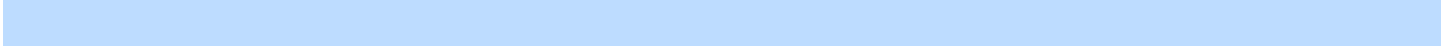
The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country's performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with 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. MAMADOU LAMINE KONE, WHO Representative	World Health Organization		
Mr. Souleymane DIABATE, Representative of UNICEF	United Nations Children's Fund		
Rev. Antoine MBAO BOGO, President	Central African Red Cross		
Mrs. Tatiana MOSSOUA, National Director	SOS Children's village		
Mr. Emmanuel DJADA, Mission in- charge	Ministry of Family, Social Affaires and Gender Promotion		
Dr. KOYAZEGBE Thomas d'Aquin, Director General of Public Health	Ministry of Health, Social Affaires, Gender Promotion and Humanitarian Action		
Mr. Germain WAMOUSTOYO, Director General of Budget	Ministry of Finance and Budget		
Mr. Patrice YAZENGA, Chief of Staff	Ministry of Communication, National Reconciliation and Peace Culture.		
Mrs. Irène POUNEBINGUI, Head of the Department	Ministry of Economy, Planning and International Cooperation		

If HSCC wishes it may send informal comments to:[apr@gavialliance.org](mailto: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 does not present the report on the use of CSO funds (Type A and B) in 2014

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## 4. Baseline and annual targets

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

Number	Preparation of joint report of WHO/UNICEF		Targets (Preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	166,546	146,547	169,922	169,922	173,356	173,356
Total infants' deaths	21,889	21,899	22,333	22,333	22,784	22,784
Total number of surviving infants	144,657	124,648	147,589	147,589	150,572	150,572
Total pregnant women	190,338	190,338	194,196	194,196	198,121	198,121
Number of infants who have received (yet to receive) BCG vaccine	133,237	64,356	135,938	110,449	147,353	121,349
BCG coverage	80%	44%	80%	65%	85%	70%
Number of infants who received (yet to receive) OPV3 vaccine	108,493	39,871	118,071	88,553	127,986	97,872
OPV3 coverage	75%	32%	80%	60%	85%	65%
Number of infants who have received (yet to receive) DTP1 vaccine	108,493	64,277	118,071	88,553	127,986	97,872
Number of infants who received (yet to receive) DTP3 vaccine	108,493	41,150	118,071	88,553	127,986	97,872
DTP3 coverage	75%	33%	80%	60%	85%	65%
Wastage [1] rate during the reference year and anticipated thereafter (%) for DTP vaccine	10	4	10	10	10	10
Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine	1.11	1.04	1.11	1.11	1.11	1.11
Number of infants who received (yet to receive) 1 dose(s) of DTP-HepB-Hib vaccine	144,657	64,277	118,071	88,553	127,986	97,872
Number of infants who received (yet to receive) 3 dose(s) of DTP-HepB-Hib vaccine	144,657	41,150	118,071	88,553	127,986	97,872
DTP-HepB+Hib coverage	100 %	33%	80%	60%	85%	65%
Wastage [1] rate in base-year and planned thereafter (%) [2]	10	4	10	10	10	10
Wastage [1] factor in base-year and planned thereafter (%)	1.11	1.04	1.11	1.11	1.11	1.11
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID	25 %	0%	25 %	25 %	25 %	25 %
Number of infants who received (yet to receive) Yellow fever vaccine	115,726	42,504	118,071	88,553	127,986	97,872

<b>Yellow fever coverage:</b>	80%	34%	80%	60%	85%	65%
<b>Wastage [1] rate in base-year and planned thereafter (%)</b>	15	21	15	15	15	15
<b>Wastage [1] factor in base-year and planned thereafter (%)</b>	1.18	1.27	1.18	1.18	1.18	1.18
<b>Maximum loss rate for Yellow fever, 10 dose (s) per vial, LYOPHILIZED</b>	40%	40%	40%	40%	50%	40%
<b>Number of infants who received (yet to receive) 1 dose(s) of Pneumococcal (PCV13) vaccine</b>	144,657	45,674	147,589	88,553	127,986	97,872
<b>Number of infants who received (yet to receive) 3 dose(s) of Pneumococcal (PCV13) vaccine</b>	144,657	28,428	147,589	88,553	127,986	97,872
<b>Pneumococcal (PCV13) coverage</b>	100%	23%	100%	60%	85%	65%
<b>Wastage [1] rate in base-year and planned thereafter (%)</b>	5	1	5	5	5	5
<b>Wastage [1] factor in base-year and planned thereafter (%)</b>	1.05	1.01	1.05	1.05	1.05	1.05
<b>Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose (s) per vial, LIQUID</b>	5%	5%	5%	5%	5%	5%
<b>Number of infants who received (yet to receive) 1 dose(s) of Rotavirus vaccine</b>		0	147,589	0		0
<b>Number of infants who received (yet to receive) 2 dose(s) of Rotavirus vaccine</b>		0	147,589	0		0
<b>Rotavirus coverage</b>		0%	100%	0%		0%
<b>Wastage [1] rate in base-year and planned thereafter (%)</b>		0	5	0		0
<b>Wastage [1] factor in base-year and planned thereafter (%)</b>		1	1.05	1		1
<b>Maximum wastage rate for Rotavirus vaccine, 2-dose schedule</b>	0%	5%	5%	5%	0%	5%
<b>Number of infants who received (yet to receive) 1st dose(s) of measles vaccine</b>	108,493	42,426	118,071	88,553	127,986	97,872
<b>Measles coverage</b>	75%	34%	80%	60%	85%	65%
<b>Pregnant women immunized with TT+</b>	152,270	62,782	165,067	126,227	178,309	138,685
<b>TT+ coverage</b>	80%	33%	85%	65%	90%	70%
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	0	0	0	0	0
<b>Vit A supplement to infants after 6 months</b>	0	18,392	0	84,961	0	0
<b>Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100</b>	0%	36%	0%	0%	0%	0%

\*\* Number of infants vaccinated out of total surviving infants

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

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

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

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

## 5. General Program Management Component

### 5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 2015 in 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 the space below, please provide justification and reasons for those numbers in this APR that are different from the referenced ones:

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

There is no change in demographic data, especially in the number of live births given in the various strategic planning documents and those generated by this progress report.

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

There is no change in demographic data, especially in the number of surviving infants given in the various strategic planning documents and those generated by this progress report.

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

To be more realistic, the targets were revised compared to those fixed in cMYP 2011 - 2015. In fact, the external EPI review along with the immunization coverage survey carried out in November 2012 highlighted the low immunization coverage. This revision also considered the issues related to the implementation of activities planned by the program due to politico-military conflicts which started in the country since December 2012.

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

The wastage rate by vaccines have not changed compared to the rates fixed in cMYP 2011-2015.

### 5.2. Immunization achievements in 2013

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

In 2013, none of the fixed objectives were achieved.

The main activities carried out are:

- Post crisis evaluation of health facilities (status of the location) in August 2013;
- Quick assessment of material and cold chain equipment;
- Strengthening capabilities of health workers from 8 health districts of Bangui and Health Province of Mambere Kadei;
- Preparation of a relaunch plan for routine EPI activities;
- Revitalization of certain EPI centers;
- Response against epidemics (Measles);
- Strengthening the integrated Epidemiological Surveillance of diseases.

The main obstacles that prevented the achievement of the objectives are:

- Persistence of politico-military conflict which started since December 2012;

- Theft, looting and destruction of materials, Cold chain equipment and logistics;
- Movement of immunization staff due to insecurity;
- Under financing of the program.

However, innovative strategies were used in 2013 in certain Health Districts (mobile clinics, AVI, etc...)

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

The overall low performance of routine EPI is due to the following reasons:

- Inadequate implementation of five components of the RED approach by Health Districts;
- Inadequate geographical coverage in EPI centers throughout the country: 365 EPI centres /758 operational Health Facilities. Of the 365 existing EPI centers, only 290 effectively conduct immunization activities;
- Lack of immunization sessions for both fixed and advanced strategies;
- Most of the rolling means for the advanced strategy are looted or stole during the events;
- Lack of supportive supervision;
- Low involvement of the community in EPI activities;
- Insufficient staff trained in EPI management at the Health Facilities;
- Shortage of stock of a few EPI inputs (cold chain and petrol supplies);
- Non adaptation of immunization schedules based on the activities of the rural population;
- Lack of capitalisation of achievements of AVS for consolidation of routine activities;
- Poor integration of infant survival interventions in routine EPI (MILDES/Vitamin A);
- Increased drop-out rate as the search system of the ignorant is non-operational: Lack of schedules, no active search in the community (non implementation of the “link with the communities” component of RED);
- Lack of data monitoring at the operational level; Poor rates of completeness and promptness of routine data;
- Poor motivation of EPI staff at all the levels;
- Lack of control of target population covered by the strategy at health facilities;
- Persistence of the politico-military crisis in the country.

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

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

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

Data Source	Year of reference for estimation	DTP3 coverage estimation
-------------	----------------------------------	--------------------------

		Boys	Girls
MICS 2010	2010	33%	31%

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

No gender-related barrier observed These data are taken from the Multiple Indicator Cluster Survey 2010. However, the survey process is in progress for the new data for 2014 (MICS5).

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

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

Based on our experience and practice, there is no discrimination between girls and boys in the access to vaccination; The tools were revised and training to the workers implementing EPI activities were initiated at the beginning of 2013. Unfortunately, the persistence of politico-military crisis did not enable continuing the training process and effective implementation of these tools.

## 5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunization 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 Immunization Coverage and the official country estimate are different)

The country still did not receive the WHO/UNICEF estimates report for 2013; It is difficult to establish the differences between the immunization coverage data reported by the country (JRF2013).

But from the results of the immunization coverage survey carried out in November 2012, it appears that the administrative coverage is practically superimposed to coverage from the survey according to the card or history except MV, Penta3 and TT 2+, where the administrative ICs are well above the survey with a difference of 10 points for Penta3 and a difference of 16 points for MV.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**  
If Yes, please describe the assessment(s) and when they took place.

The EPI Program for CAR implemented the immunization data quality assessment using the DQS tool in 2011 in Health region no.s 2, 3, 6 and 7.

The external EPI review carried out in 2012 conducted the data quality assessment (DQS) in 14 medical headquarters i.e. 58.3% and highlighted the weaknesses of data quality in terms of notifying the administered doses, etc.

(See mission reports and review reports)

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

The country has continued the activities for improving the data quality:

- Use of DQS tool as support for supervision ;

- Immunization coverage surveys;
- Monthly meetings for consolidation and review of surveillance, immunization and laboratory data at the national level;
- Independant monitoring of campaign data;
- Quarterly coordination meetings at the regional level and bi-annual meetings at the national level;
- Monthly monitoring meeting of immunization data at medical headquarters level.

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.

- Review of data collection tools;
- Training of health officers of EPI centres;
- Extension of computerized immunization data;
- Monthly monitoring of completion and promptness of routine immunization reports;
- Extension of DQS as immunization data validation tools;
- Vaccine coverage surveys
- CQL cluster sampling survey;
- Supervision of health officers responsible for immunization at all the levels

## 5.5. Overall Expenditure and Financing for Immunization

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

<b>Exchange rate used</b>	1 US\$ = 480	Enter just the exchange rate and not the name of local currency
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**Table 5.5a:** Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditures by Category	Year of Expenditure 2013	Sources of Finance						
		Country	GAVI	UNICEF	WHO	N/A	N/A	N/A
Traditional vaccines*	279 653 467	0	0	279,653,467	0	0	0	0
New and Under-used Vaccines (NVS)**	1,402,234,322	32,000,000	1,370,234,322	0	0	0	0	0
Injection material (AD syringes and others)	0	0	0	0	0	0	0	0
Cold Chain equipment	445,019,659	0	0	445,019,659	0	0	0	0
Staff	67,928,960	67,928,960	0	0	0	0	0	0
Other routine recurrent costs	658,059,182	4,500,000	0	386,459,508	267,099,674	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	497,386,809	0	0	373,572,052	123,814,757	0	0	0
N/A		0	0	0	0	0	0	0
<b>Total Expenditures for Immunization</b>	<b>3,350,282,399</b>							
<b>Total Government Health expenditures</b>		<b>104,428,960</b>	<b>1,370,234,322</b>	<b>1,484,704,686</b>	<b>390,914,431</b>	<b>0</b>	<b>0</b>	<b>0</b>



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

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

In the Finance Act 2013, there is a line, “purchase of vaccines”, for which the funds are effectively mobilized from October 2013. Cash flow problems have not allowed the payment of expenses forecasted by the Public Treasury.

For 2014, the resource mobilization strategy includes:

The decision by the Public Treasury to open a special bank account for “Vaccine purchase” with a weekly wire transfer of 2,000,000 CFA Francs up to the amount planned for;

- The regular follow-up of credit disbursement on the budget line of the Expanded Program for Immunization at the Finance and Budget Ministry level;
- Consideration by the Director of Human Resources of the Ministry of Public Health, Social Affairs, Gender Promotion and Humanitarian Action for submitting to the arbitration committee;
- Preparation of sectorial to medium-term expenditure framework (SMTEF) emphasizing the ratio of vaccination in the health sector expenses;
- Expansion of the active partnership with local authorities, private enterprises, NGOs,
- Involvement of private health sector and NGOs in funding the immunization from planning to implementing the activities.

## 5.6 Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implementation?

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

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

## 5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **3**

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

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Overall Expenditures and Financing for Immunization](#) to [Overall Expenditure and Financing for Immunization](#)

### Main concerns or recommendations:

1. Establish a small group made up of executives from the Department and Partners to urgently respond to questions from GAVI on the Annual Progress Report 2012 and on the Financial report;

2. Urgently conduct an external Audit to meet GAVI requirements;
3. Strengthen the team from the central GAVI/HSS fund management unit;
4. Introduce the Expanded Program on Immunization in the curriculum for higher education (Faculty of Health sciences);
5. Present the budget for response against Measles epidemics in 2013 by the Sub-districts for more visibility in implementation;
6. Prepare a basic micro-planning, to be more realistic, according to the context of each zone.

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

If **yes**, which ones?

<b>List CSO members of ICC:</b>
Central African Red Cross
SOS Children's village
ASSOMESCA

### 5.8. Priority actions in 2014 to 2015

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

- Rehabilitation and extension/integration of immunization services in PMA of the health facilities;
- Implementation of all components of the RED strategy and other innovative approaches (intensive immunization activities, AIW) in districts having a large number of non-immunised children;
- Integration of other interventions for the survival of the child in routine EPI (vitamin A supplements, distribution of MILDE, Albendazole...);
- Strengthening the data management system (monitoring, DQS);
- Strengthening vaccine management (DVDMT), CC (EVM, EEM) and immunization safety;
- Update the operations of the existing EPI centers;
- Training health agents in EPI management;
- Provision of motorcycles, vehicles for immunization and monitoring activities;
- Consolidate the partnership for co-financing vaccines;
- Involvement of the site partners in routine EPI routine activities;
- Response against epidemics;
- Strengthening communication for routine EPI;
- Eradication of poliomyelitis;
- Accelerated disease control (Measles, YF, MNT, pediatric meningitis and Rotavirus infections);
- Elimination of measles (drafting an elimination plan)
- Strengthening the integrated Epidemiological Surveillance of diseases and AEFI;
- Strengthening managerial capabilities;
- Developing a mechanism for the durability of EPI funding (Government, Partners).
- Prepare to introduce the Rotavirus vaccine.
- Prepare to introduce injectable Polio vaccine in January 2015.

## 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
FR BCG	AD syringes 0.05 ml	UNICEF
FR Measles	AD syringes 0.5 ml	GAVI
FR TT	AD syringes 0.5 ml	GAVI
FR DTP-containing vaccine	AD syringes 0.5 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)

– Inadequate implementation of the plan, injection safety guidelines at the operational level specifically with respect to the notification of PIAE cases and the destruction of vaccination needle wastes

Lack of funding for the implementation of the plan;

Insufficient number of incinerators in health facilities.

Please explain how in 2013 sharps have been eliminated, what were the problems, etc..

In most of the EPI centers, sharps are disposed by burning and burying. However, in some EPI centres which are supported by NGOs, the wastes are disposed using Montfort Incinerators.

Major issues:

- Quantitative and qualitative shortage of incinerators;

-Lack of training/re-training on waste management.

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

### **6.1. Report on the use of ISS funds in 2013**

Central African Republic does not present the report on the use of ISS funds (Type A and B) in 2013

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

Central African Republic does not present the report on the use of ISS funds (Type A and B) in 2013

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

The request for expected ISS reward is not applicable for 2013 in Central African Republic

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

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

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

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

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2013 in DL	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Has the country experienced a stockout at any level in 2013?
DTP-HepB-Hib	172,500	0	172,500	No
Pneumococcal (PCV13)	388,800	549,000	0	No
Rotavirus		0	0	Not selected
Yellow Fever	104,700	99,500	0	No

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

If numbers [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 color or because of the expiry date?...)

For:

- DTP-HepB-Hib, there was an excess stock at the end of 2012 as the vaccines were not used on site and there was no space at the central level to store vaccines;
- Pneumococcal (PCV13), there are no problems on the use;
- Yellow Fever, the stock at the end of 2012, exceeded more than half of the doses in the decision letter (81,700 doses).

- 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 optimize wastage, coverage and cost.**

Preparation of a vaccine order schedule (Forecast form) in collaboration with the EPI Program and UNICEF supply.

- Orders placed 3 months before the planned delivery date
- Monthly monitoring of vaccine stocks at the central level and medical headquarters (SMT)
- Analysis of vaccine management (monitoring wastage rate) during the quarterly, regional and bi-annual national coordination meetings;
- Training Management Teams of the Medical Headquarters in EPI logistics;
- Information from the Country UNICEF office: monthly by the EPI Directorate on vaccine stock management;
- Packing 10 doses of vaccines saves storage space;
- Advocacy for rapid restoration of security in the country to facilitate immunization

activities in all the Health Districts.

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

There is no shortage of these vaccines at the above mentioned levels.

## 7.2. Introduction of a New Vaccine in 2013

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

Yellow fever, 10 dose (s) per vial, LYOPHILIZED		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The Anti Amaril Vaccine was introduced in routine EPI of CAR in 1988.

Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	CAR introduced PCV13 in July 2011

Rotavirus, 1 dose (s) per vial, ORAL		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Date selected for the introduction is not the same as the date selected in the initial proposal due to delays in the preparations.

DTP-HepB-Hib, 10 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	CAR introduced Pentavalent in September 2008

7.2.2. When is the post introduction evaluation (PIE) planned? **November 2015**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document No.9)

7.2.3. Post Immunization Adverse Events (PIAE)

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

Is there a national PIAE 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**

Has your country implemented a risk communication strategy along with national preparedness plans to deal with possible immunization issues? **No**

#### 7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

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

Has your country conducted special studies on:

a. Rotavirus diarrhea? **Yes**

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

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

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

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

#### 1. Frequency of diarrheas, samples and Rotavirus at the sentinel site of the Bangui Pediatric Complex:

FREQUENCY OF DIARRHEAS, SAMPLES AND ROTAVIRUS AT BPC, 2013

Month
January
February
March
April
May
June
July
August
September
October
November
December
Total
No. of diarrhea cases
164
217



84

107

87

87

44

60

52

55

120

66

1143

No. of samples

80

80

21

10

16

9

3

0

18

14

17

0

268

Rotavirus +

50

51

14

2

4

4

1

0

4

9

9

0

142

Few strengths identified:

- ✓• The number of stool samples collected in 2013 reached the target of 250 for 100 positive results;
- ✓• The percentage of stool samples collected in 2 days of admission is 90.3% (target 90%);
- ✓• Regularity of monitoring meetings;
- ✓• Good collaboration of the Bangui Pediatric Complex with the Bangui Pasteur Institute and the National Laboratory of Clinical Biology and Public Health.

1. **Frequency of cerebrospinal fluids, samples and Meningitis at the sentinel site of the Bangui Pediatric Complex:**

**2011**

**2012**

**2013**

Number of CSF samples examined

542

678

545

Number of suspected cases

59

86

62

Number of latex tests carried out

15

30

50

Number of positive latex tests

9

27

10

Number of CSF tested by PCR

11

39

31

Number of positive CSF in PCR

1

15

6

Overall, in 2013, 545 CSFs samples were tested at the Laboratory. Of the 31 CSF samples tested by PCR, 06 CSFs

were positive

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

#### 7.3.1. Financial Management Reporting

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	0	0
Balance of funds carried forward from 2012	0	0
Total Available Funds in 2013 (C=A+B)	0	0
Total expenditures in 2013(D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

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

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

Not Applicable

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

Not Applicable

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

Not Applicable

### 7.4. Report on country co-financing in 2013

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

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2013?	
	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	341,500	156,000
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	2,306,000	367,200
Vaccine selected # 3: Rotavirus, 1 dose (s) per vial, ORAL		
Vaccine selected # 4: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	86,500	83,100
	Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources?	
Government	133,500	

Donor	0	
Others	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	0	0
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	0	0
Vaccine selected # 3: Rotavirus, 1 dose (s) per vial, ORAL		
Vaccine selected # 4: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2015</b>	<b>Funding source</b>
Vaccine selected # 1: Yellow fever, 10 dose (s) per vial, LYOPHILIZED	November	State
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	October	State
Vaccine selected # 3: Rotavirus, 1 dose (s) per vial, ORAL		
Vaccine selected # 4: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	October	State
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.		
<p>To ensure the sustainability of funding for immunization for CAR, given the cash-flow problems related to the political context, the country will need the following assistance:</p> <ul style="list-style-type: none"> <li>-Revision of cMYP with updated estimation of cost by considering the immunization coverage survey results carried out in December 2012 and the current situation of the country;</li> <li>-Technical support for advocacy at the location of new political authorities to support immunization;</li> <li>-Sustainability of the weekly fund transfer schedule for the purchase of vaccines.</li> </ul>		

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

The following measures were taken by the country to resolve the co-financing default issue:

- 1- The opening of a bank account by the Public Treasury, for "Vaccine purchase", with a weekly wire transfer of **2,000,000 CFA Francs** up to the amount planned for;
- 2- The regular follow-up of credit disbursement on the budget line of the Expanded Program for Immunization at the Finance and Budget Ministry level;

3- Consideration by the Director of Human Resources of the Ministry of Public Health, Social Affairs, Gender Promotion and Humanitarian Action for submitting to the arbitration committee;

4-Preparation of sectorial to medium-term expenditure framework (SMTEF) emphasizing the ratio of vaccination in the health sector expenses;

5-Expansion of the active partnership with local authorities, private enterprises, NGOs, etc;

6-Involvement of private health sector and NGOs in funding the immunization from planning to implementing the activities.

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

**Yes**

## 7.5 Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at [http://www.who.int/immunization\\_delivery/systems\\_policy/logistics/en/index6.html](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. The progress of the implementation of this plan is reported in annual progress report. The EVM assessment is valid for a period of three years.*

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

Please attach the following documents:

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

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

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

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

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

If yes, provide details

The analysis of the improvement plan prepared during the external EPI review in December 2012 shows that, of the 30 evaluation criteria, only 7/30 were completely achieved, 14 partially achieved and 9 were not achieved.

This situation needs to be reconsidered as the last politico-military crisis that made the country experience pillages and destruction of immunization logistics were recorded in most of the health district and vaccination centre databases requiring a new EVM to have the exact status of the cold chain (freezers, refrigerators, cold boxes and vaccine carriers).

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Central African Republic does not provide a report on NVS as part of the prevention campaign

## 7.7. Change of vaccine presentation

Central African Republic does not require changes in the vaccine presentation in the coming years.

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

The renewal of multi-year support for Central African Republic is not available in 2014

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

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

Confirm here below that your request for 2015 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain:

## 7.10. Weighted average prices of supplies and related freight costs

**Table 7.10.1:** Commodities Cost

Estimated prices of supply are not disclosed

**Table 7.10.2:** Freight cost

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

Vaccine Antigens	Vaccine Type	500,000\$		2,000,000\$	
		<=	>	<=	>
Yellow fever	YF				
Type A meningococcal	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles second dose	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50%	6.40%		
HPV bivalent	HPV2				
HPV quadrivalent	HPV2				
RR	OR				

## 7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	144,657	147,589	150,572	442 818
Number of children to be vaccinated with the first dose	Table 4	#	144,657	118,071	97,872	360,600
Number of children to be vaccinated with the third dose	Table 4	#	144,657	118,071	97,872	360,600
Immunization coverage with	Table 4	%	100.00%	80.00%	65.00%	

	the third dose					
	Number of doses per child	Parameter:	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	325,100		
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	325,100		
	Number of doses per vial	Parameter:	#		10	10
	AD syringes required	Parameter:	#		Yes	Yes
	Reconstitution syringes required	Parameter:	#		No	No
	Safety boxes required	Parameter:	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40%	6.40%
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%

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

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

No variation in stock on 1st of January 2014

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

Not defined

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

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

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

		2014	2015
Number of vaccine doses	#	328,100	9,500



<b>Number of AD syringes</b>	#	356,800	-24,400
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	3,925	- 250
<b>Total value to be co-financed by GAVI</b>	\$	688,000	19,000

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

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	35,500	1,100
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value of country co-financing</b>	\$	73,000	2,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	9.76%		
B	Number of children to be vaccinated with the first dose	Table 4	144,657	118,071	11,530	106,541
B1	Number of children to be vaccinated with the third dose	Table 4	144,657	118,071	11,530	106,541
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	433,971	354,213	34,588	319,625
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses required including wastage	$D \times E$		393,177	38,393	354,784
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		- 29,909	- 2,920	- 26,989
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1st January	Table 7.11.1	0	325,100		
H3	Shipment plan	UNICEF shipment report		373,500		
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		363,500	35,495	328,005
J	Number of doses per vial	Vaccine parameter		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		356,735	0	356,735
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		3,925	0	3,925
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$		699,738	68,327	631,411
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit } (ca)$		16,054	0	16,054
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit } (cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes } (cs)$		20	0	20
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value } (fv)$		44,784	4,374	40,410
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies } (fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		760,596	72,700	687,896
U	Total country co-financing	$I \times \text{Country co-financing per dose } (cc)$		72,700		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76%		

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	97,872	9,439	88,433
B1	Number of children to be vaccinated with the third dose	Table 4	97,872	9,439	88,433
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	293,616	28,317	265,299
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required including wastage	$D \times E$	325,914	31,432	294,482
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	- 22,723	- 2,191	- 20,532
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	293,138	28,271	264,867
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	403,719	38,935	364,784
H2	Stock on 1st January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	10,500	1,013	9,487
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	- 24,470	0	- 24,470
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	- 269	0	- 269
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose (g)}$	20,465	1,974	18,491
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	- 1,101	0	- 1,101
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	- 1	0	- 1
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$	1,310	127	1,183
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	20,673	2,100	18,573
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	2,100		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64%		

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

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	144,657	147,589	150,572	442,818
	Number of children to be vaccinated with the first dose	Table 4	#	144,657	147,589	97,872	390,118
	Number of children to be vaccinated with the third dose	Table 4	#	144,657	147,589	97,872	390,118
	Immunization coverage with the third dose	Table 4	%	100.00%	100.00%	65.00%	
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	430,554			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	430,554			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00%	6.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

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

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

No variation in stock on 1st of January 2014

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

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

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

		2014	2015
Number of vaccine doses	#	35,700	- 40,700
Number of AD syringes	#	16,000	- 63,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	200	- 700
Total value to be co-financed by GAVI	\$	129,500	- 157,000

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

		2014	2015
Number of vaccine doses	#	2,200	- 2,400
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	8,000	0

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	5.56%		
B	Number of children to be vaccinated with the first dose	Table 4	144,657	147,589	8,213	139,376
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B \times C$	433,971	442,767	24,637	418,130
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses required including wastage	$D \times E$		464,906	25,868	439,038
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		2,309	129	2,180
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		37,800	2,104	35,696
J	Number of doses per vial	Vaccine parameter		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		15,975	0	15,975
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		176	0	176
N	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		128,180	7,133	121,047
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		719	0	719
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		1	0	1
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		7,691	428	7,263
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		136,591	7,560	129,031
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		7,560		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56%		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	5.60%		
B	Number of children to be vaccinated with the first dose	Table 4	97,872	5,480	92,392
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	293,616	16,439	277,177
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	308,297	17,261	291,036
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	- 37,287	- 2,087	- 35,200
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	314,328	17,599	296,729
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	- 43,200	- 2,418	- 40,782
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	- 63,798	0	- 63,798
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	- 701	0	- 701
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose}(g)$	- 145,584	- 8,150	- 137,434
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	- 2,870	0	- 2,870
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	- 3	0	- 3
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	- 8,735	- 489	- 8 246
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	- 157,192	0	- 157,192
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	- 8,640		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.60%		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	144,657	147,589	150,572	442,818
	Number of children to be vaccinated with the first dose	Table 4	#	0	147,589	0	147,589
	Number of children to be vaccinated with the second dose	Table 4	#		147,589	0	147,589
	Immunization coverage with the second dose	Table 4	%	0.00%	100.00%	0.00%	
	Number of doses per child	Parameter:	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	0			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	0			
	Number of doses per vial	Parameter:	#		1	1	
	AD syringes required	Parameter:	#		No	No	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00%	5.00%	
fd	Freight cost as % of material value	Parameter:	%		0.00%	0.00%	

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

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

No variation in stock on 1st of January 2014

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

Co-financing group	Low
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	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Your co-financing		0.20	0.20

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

		2014	2015
Number of vaccine doses	#	359,700	- 68,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	967,000	- 197,000



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

		2014	2015
Number of vaccine doses	#	28,900	- 5,400
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing	\$	78,000	0

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	7.44%		
B	Number of children to be vaccinated with the first dose	Table 4	0	147,589	10,978	136,611
C	Number of doses per child	The immunization schedule	2	2		
D	Number of doses required	$B \times C$	0	295,178	21,955	273,223
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses required including wastage	$D \times E$		309,937	23,052	286,885
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		77,485	5,763	71,722
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		388,500	28,895	359,605
J	Number of doses per vial	Vaccine parameter		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$		0	0	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose}(g)$		994,949	74,000	920,949
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		0	0	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		0	0	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		49,748	3,701	46,047
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$		1,044,697	77,700	966,997
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		77,700		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		7.44%		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	7.46%		
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
C	Number of doses per child	The immunization schedule	2		
D	Number of doses required	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses required including wastage	$D \times E$	0	0	0
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	- 73,794	- 5,505	- 68,289
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	- 73,500	- 5,483	- 68,017
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	0	0	0
N	Cost of the required vaccines	$1^* \text{ price of vaccine per dose}(g)$	- 187,645	- 14,000	- 173,645
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$	0	0	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$	0	0	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$	- 9,382	- 699	- 8,683
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	- 197,027	0	- 197,027
U	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$	- 14,700		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	7.46%		

**Table 7.11.1:** Characteristics for **Yellow fever, 10 dose (s) per vial, LYOPHILIZED**

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	144,657	147,589	150,572	442,818
	Number of children to be vaccinated with the first dose	Table 4	#	115,726	118,071	97,872	331,669
	Number of doses per child	Parameter:	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.18	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	43,900			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	43,900			
	Number of doses per vial	Parameter:	#		10	10	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		Yes	Yes	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80%	7.80%	
fd	Freight cost as % of material value	Parameter:	%		10.00%	10.00%	

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

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

No variation in stock on 1st of January 2014

**Co-financing table for Yellow fever, 10 dose (s) per vial, LYOPHILIZED**

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

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

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

		2014	2015
Number of vaccine doses	#	79,900	83,100
Number of AD syringes	#	82,400	92,200
Number of re-constitution syringes	#	10,600	11,200
Number of safety boxes	#	1,025	1,150
Total value to be co-financed by GAVI	\$	98,500	96,500

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

2014	2015
------	------

<b>Number of vaccine doses</b>	#	16,400	18,400
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value of country co-financing</b>	\$	19,500	20,500

**Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose (s) per vial, LYOPHILIZED (section 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	Country co-financing	V	0.00%	16.96%		
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	115,726	118,071	20,024	98,047
<b>C</b>	Number of doses per child	The immunization schedule	1	1		
<b>D</b>	Number of doses required	$B \times C$	115,726	118,071	20,024	98,047
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.18	1.18		
<b>F</b>	Number of doses required including wastage	$D \times E$		139,324	23,628	115,696
<b>G</b>	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		692	118	574
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
<b>H2</b>	Stock on 1st January	Table 7.11.1	0			
<b>I</b>	Total vaccine doses required	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		96,200	16,315	79,885
<b>J</b>	Number of doses per vial	Vaccine parameter		10		
<b>K</b>	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$		82,350	0	82,350
<b>L</b>	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$		10,582	0	10,582
<b>M</b>	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$		1,023	0	1,023
<b>N</b>	Cost of the required vaccines	$1 \times \text{price of vaccine per dose}(g)$		105,243	17,848	87,395
<b>O</b>	Cost of AD syringes required	$K \times \text{AD syringe price per unit}(ca)$		3,706	0	3,706
<b>P</b>	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit}(cr)$		43	0	43
<b>Q</b>	Cost of the required safety boxes	$M \times \text{unit price of safety boxes}(cs)$		6	0	6
<b>R</b>	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value}(fv)$		8,209	1,393	6,816
<b>S</b>	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$		376	0	376
<b>T</b>	Total funds required	$(N+O+P+Q+R+S)$		117,583	19,240	98,343
<b>U</b>	Total country co-financing	$I \times \text{Country co-financing per dose}(cc)$		19,240		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / (N + R)$		16.96%		

**Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose (s) per vial, LYOPHILIZED (section 2)**

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	18.10%		
B	Number of children to be vaccinated with the first dose	Table 4	97,872	17,716	80,156
C	Number of doses per child	The immunization schedule	1		
D	Number of doses required	$B \times C$	97,872	17,716	80,156
E	Estimated vaccine wastage factor	Table 4	1.18		
F	Number of doses required including wastage	$D \times E$	115,489	20,904	94,585
G	Buffer stock of vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	- 5,049	- 913	- 4,136
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	9,069	1,642	7,427
H2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	101,400	18,354	83,046
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	92,130	0	92,130
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	11,154	0	11,154
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	1,137	0	1,137
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	103,935	18,813	85,122
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	4,146	0	4,146
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	45	0	45
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	6	0	6
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccines value (fv)}$	8,107	1,468	6,639
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	420	0	420
T	Total funds required	$(N+O+P+Q+R+S)$	116,659	20,280	96,379
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	20,280		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.10%		

## 8. Injection Safety Support (INS)

This type of support is no longer available



## 9. Health System Strengthening Support (HSS)

### Instructions for reporting on HSS funds received

1. **Please complete this section only if your country was approved for and received HSS funds before or during January to December 2013.** All countries are expected to report on:

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

For countries that received HSS funds within the last three months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on startup activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

5. If you are requesting additional funds, please make this clear in [section 9.1.2](#).

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

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

- a. Minutes of the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report of HSS funds during the most recent fiscal year (if available).

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

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

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for 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 installment of HSS funds.

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

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

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

May 2015

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

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

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

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

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

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

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

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program and both in US\$ and 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: **679000** US\$

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

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

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

Table 9.1.3a \$(US)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	1,893,000	591,000	359,000	320,000		
Revised annual budget (if revised during a review of the previous years' annual reports)	0	2,483,985	2,251,985	1,373,621	1,743,624	1,225,916
Total funds received from GAVI during the	1,893,000	0	0	591,000		0

calendar year (A)						
Remaining funds (carry over) from previous year (A)	0	1,892,985	1,053,621	914,793	1,384,624	726,416
Total Funds available during the calendar year (C=A+B)	1,893,000	1,892,985	1,053,621	1,505,793	1,394,624	726,416
Total expenditure during the calendar year (D)	15	839,363	138,828	121,169	366,203	86,171
Balance carried forward to the next calendar year (E=C-D)	1,892,985	1,053,621	914,793	1,384,624	1,394,624	640,245
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	591,000	591,000	591,000	359,000	359,000	679,000

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budget (if revised during a review of the previous years' annual reports)	1,319,150			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	640,245			
Total Funds available during the calendar year (C=A+B)	640,245			
Total expenditure during the calendar year (D)	100			
Balance carried forward to the next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	679,000	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	770,451,000	275,406,000	182,731,000	162,880,000	188,475,000	0
Revised annual budget (if revised during a review of the previous years' annual reports)	0	1,157,537,010	1,146,260,365	699,173,089	915,402,600	254,245,500
Total funds received from GAVI during the calendar year (A)	770,451,000	0	0	275,406,000	0	0
Remaining funds (carry over) from previous year (A)	0	892,131,010	536,293,089	465,629,637	726,927,600	369,745,926
Total Funds available during the calendar year (C=A+B)	770,451,000	892,131,010	536,293,089	766,448,637	726,927,600	383,740,293
Total expenditure during the calendar year (D)	5,950	381,143,158	70,663,452	61,675,021	0	78,894,853
Balance carried forward to the next calendar year (E=C-D)	770,445,050	490,987,386	465,629,637	704,773,616	0	304,845,440
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	240,537,000	182,731,000	162,880,000	188,475,000	170,884,000	254,245,500

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	0			
Revised annual budget (if revised during a review of the previous years' annual reports)	628,139,655			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	304,845,440			
Total Funds available during the calendar year (C=A+B)	304,821,728			
Total expenditure during the calendar year (D)	47,600			
Balance carried forward to the next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	304,821,640	0	0	0

### Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1st January	407	495.44	459.68	466	509	525
Closing on 31st December	407	449.31	461.02	466	476	476

### Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

### Financial management of HSS funds

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

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

The HSS funds are included in the sectorial plans and budget. In the Finance Act the HSS funds are included in the external funding section

An annual plan is prepared by the DSP and submitted for approval to the HIV/AIDS Health sectorial Committee for implementation and assessment of SDRP (HSCIASDRP) equivalent to HCSS. This approved plan will be enforced after the signature from the Health Minister and WHO Representative. The funds will be used in compliance with the activities planned in the plan.

A bank account is opened for the GAVI/HSS part in a commercial bank, Ecobank, in Bangui, the capital. The signatures for the account are made by the Minister of Health and the Representative of the World Health Organisation in Central-African Republic. Each signatory has two deputies: two designated officers of the Ministry of Health (i) Head of Cabinet (DICARB) of the Ministry of Health (ii) Director General of the Central Services and Hospitals (DGCSH), two officers from WHO (iii) MPN (iv) EPI Advisor.

At the intermediary and peripheral level, the EGF mission in June 2011 prepared proposals for the management of funds by the Regional Health Directorate and Health Districts. These accounts were signed both by the Regional health Director and the head of the health care and supervision department, and from the District Health Officer and head of the Planning and programming department for the districts Note that this system is currently not operational. The crisis experienced in the country in late 2012 and which continued in 2013 does not help the implementation of this system.

Given that the accounts of several accounts are not always open, the availability of resources at this level is made by the central level. After approval of activities contained in the validated annual plan. The applications are prepared by the central directorates in charge of activities and sent to the Directorate of Studies and planning (DSP) for processing, or by DSP. The checks are filled by the Manager of GAVI/HSS at DEP level and transferred by hierarchy (after approval from DIRCAB and DGCSH) for the signatures by the Minister of Health and Representative of WHO. The funds are then made available from the Central Directorates in charge for the support to the execution of activities at the districts level or transferred directly to the district management team for the implementation of activities. For petrol, medicines and equipment (motorcycles), the purchases are made by the central level and sent to the decentralized structures which are responsible for health centres. The technical and financial reports are then transferred to the DSP for documentation.

Note that after the correspondence from the GAVI in-charge to the francophone countries requesting the stopping of expenses on HSS funds, all the activities financed on GAVI/HSS funds were suspended from March 2013.

**Has an external audit been conducted? [Yes](#)**

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

## **9.2. Progress on HSS activities in the 2013 fiscal year**

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Activity planned for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>1. Revitalisation/extension of CEPI</b>	Equip CS and PS with 20 refrigerators, 20 cold boxes, 80 vaccine carriers	0	AWP HSS 2012-2013
	Equip EPI centres with management tools: Vaccination register, checking register, immunization card, order and delivery logbook, management sheet, data monitoring sheet for administered doses, reporting sheet for centres etc...)	0	AWP HSS 2012-2013
<b>2. Strengthening of capabilities of health officers of EPI centres</b>	Train 88 health officers in 10 districts of RS1, 2, 3, 4 and 6 in management of routine EPI	0	AWP HSS 2012-2013
	Train 107 health officers in 3 districts of RS 2 and 72 in 2 districts of RS 4. Train the health officers in NHIS management	60	AWP HSS 2012-2013/ Training report
	Equip the health facilities with NHIS data collection tools	0	
<b>3. Availability of immunization services</b>	Organize advanced/mobile strategy in 150 CEPI of 10 HD	0	
<b>4. Acquisition/maintenance of cold chain material</b>	Supply the MD and PS with medicines and specific inputs	0	
	Supply 10 district bases and 276 functional EPI centres with petrol	100	
<b>5. Community participation</b>	Strengthen management capabilities of 80 community participation bodies including COGES for EPI communication.	0	
	Revitalize the Primary Health Care bodies of 276 target Health facilities.	0	
<b>6. Strengthening the capacity of the health workforce at all levels (central, region and districts)</b>	Train 37 trainers (central EPI staff, EPI MT, and partners) on MLM in 5 HR	0	
	Train the members of ECR and MT of 22 districts on the NHIS training guide	0	
<b>7. Supervision/monitoring</b>	Train the members of MT on the integrated supervision of SSP	0	
	Support MT for monitoring aggregated data in the GAVI areas (DQS)	80	Activity Reports
	Train districts MT on monitoring the health facilities	60	Training report
	Organization of monitoring sessions for health facilities	0	
	Organize supervision of health facilities in 6 districts (DQS)	0	
	Organise quarterly/half-yearly meetings for follow-up and	100	Meeting reports



	reprogramming of activities of target districts and regions		
	Train the DS staff on the financial management software (CIEL compta).	100	Training report
<b>8. Equipment/maintenance of rolling means (vehicles, motorcycles and cold chain)</b>	Maintain the cold chamber and generator at the central level	0	
	Secure the power line of the cold chamber at the central level	0	
	Develop the location housing new cold chambers at the central level	0	
	Maintain 11 field vehicles of the districts	100	Packing and delivery slips
	Equip the districts with motorcycles	50	Packing slips (delivery of 8 out of 15 motorcycles)
	Equip the districts with vehicles (UP, BK and LB	0	
	Equip the EPI Directorate with 3 desktops	100	Packing and delivery slips
	Finalize the human resources development plan for health.	100	Human Resources development plan (analysis validated)
<b>9.Motivation of staff at all the levels (central, region, districts and health facilities)</b>	Ensure payment of performance bonuses to existing staff	80	Itemized financial statement
	Payment of performance bonuses to the two regional teams	80	Itemized financial statement
	Payment of performance bonuses to 6 district management teams	80	Itemized financial statement
	Payment of performance bonuses to officers in the health facilities	0	
	Recruit and pay 85 trained health workers on contract for health facilities of 6 supported HD	90	Itemized financial statement
<b>10.Provision of EPI inputs</b>	Supply HD with vaccines	50	
	Supply the HD with cold chain consumables (burners, wicks, glass kit etc...)	0	
	Provide the cost for removal of injection materials	0	
	Supply the MD and PS with medicines and specific inputs	0	
<b>11.Management and operational costs</b>	Execute audit/follow-up activities in districts supported by GAVI	0	
	Install the internet network at the EPI Directorate and DSP and pay the subscription		
	Equip the central support structure and 2 RS with office supplies and computer equipment	0	
	Provide office furniture	100	Invoices and delivery slips
	Ensure the operations of central and intermediary	0	

	support structures through office supplies, bank charges...)		
	Vehicle maintenance (fuel, consumables...)	100	Invoices and delivery slips
	Telephone + Internet communication	100	Invoices and tally sheets
	Incentives for the central management team	80	Tally sheets
	Develop a local	0	
	Transmission of APR 2012	100	Delivery note
	Provision of vehicles and taxes	100	Invoices and receipts ledger
<b>12. Project monitoring/evaluation</b>	Organise meetings of National Steering Committee for Sectoral strategy	50	Harmonization meeting report
	Organise annual reviews of the health sector	0	
	External audit	100	Audit Report 2009 to 2012
	Technical assistance	50	Invoices (in addition to the audit)

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

<b>Major Activities</b> (insert as many rows as necessary)	<b>Explain progress achieved and constraints</b>
<b>Revitalisation/extension of CEPI</b>	The activities planned in 2013 could not be implemented
<b>Strengthening of capabilities of health workers</b>	Of the 3 activities planned, only 1 was partially completed (NHIS training) Funds for routine EPI management training were restored during the management monitoring mission in August 2013. The process of increasing NHIS management tools was in progress when the decision to suspend the use of funds came in March 2013.
<b>Availability of immunization services</b>	Activities not conducted due to duplication of the agenda and insecurity on the site.
<b>Acquisition/maintenance of cold chain material</b>	Acquisition of petrol completed. Acquisition of medicines and other inputs completed using the balance funds available with the UCM. However, the funds budgeted for 2013 were not used.
<b>Strengthening the capacity of the health workforce at all levels</b>	These activities were implemented in 2012
<b>Supervision/monitoring</b>	This activity is partially completed due to increased insecurity (not completed in 2 / 5 HDs).
<b>Equipment/maintenance of rolling means (vehicles, motorcycles and cold chain)</b>	During the period, 10 of the 11 vehicles were stolen. Purchase of 08 motorcycles
<b>Motivation of staff at all the levels (central, region, districts and health facilities)</b>	The decision to suspend the financing has put a hold on activities of several contractual workers on the field.
<b>Provision of EPI inputs</b>	suspension of financing
<b>Management and operational costs</b>	Of the 11 planned activities, 05 could be completed. The others could not be conducted due to the suspension of expenditure.
<b>Monitoring/evaluation of the project</b>	
<b>External audit</b>	Conducted in October 2013, report being prepared
<b>Technical assistance</b>	Use of a part of resources for financing the audit from 2009 to 2012.

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

Following are the reasons for non-completion of certain activities.

1. Non disbursement of funds approved by GAVI in 2012;
2. Politico-military crisis that the country is experiencing since December 2012;
3. Suspension of expenses on HSS funds available to the country in March 2013 as the external audit was not completed.

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

The five districts targeted by the HSS support recruited trained health officers and placed them at the centers which did not have staff. These competencies contribute to the availability of quality health care through the implementation of health programs.

To facilitate the monitoring and evaluation of the implementation of interventions planned at different levels of the health system in the targeted areas, motivations were assigned to the targeted regional and district in-charges as well as the central management team.

After the suspension of expenses on HSS funds available to the country in March by GAVI, these allowances are no longer paid.

### 9.3. General overview of targets achieved

Please complete table 9.3 for each indicator and objective outlined in the original approved proposal and the decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 target	2009	2010	2011	2012	2013	Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date									
National Cover by Pentavalent 3 (%)	54	WHO/UNICEF JRF estimate	75	60	54	57	64	57	28	EPI/JRF database	Poor use of health services including immunization; Inadequate Implementation of RED approach Military and political crisis;
Number of Districts ≥80% in Penta3	3	WHO/UNICEF JRF estimate 2010	10	24	NA	3	8	2	1	EPI/JRF database	Poor use of health services including immunization; Inadequate Implementation of RED approach Military and political crisis;
No. of HD with an abandon rate <10%	28	EPI 2012 review report	20	20	31	24	27	26.34	36	EPI/JRF data	Poor use of immunization services.
Mortality rate less than 5 years (for 1000)	179 for 1000	less than 179 for thousand	NA	less than 179 for thousand	NA	NA	NA	NA	NA		

### 9.4 Program implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service

programs, and how the HSS funds have proved useful to the immunization system.

- Provision of petrol to EPI centers for the operation of the cold chain;
  - The provision of 8 motorcycles to the two regions and six districts for the activities;
  - Conduct of activity monitoring and reprogramming meetings with EPI and Partners;
  - Training of district management teams in monitoring activities of the health activities of health facilities;
  - Workshop for finalizing analysing the human resources development plan for health.
- . External audit of financial and accounting management of HSS component during 2009, 2010, 2011 and 2012.

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

- The multiple exchanges between GAVI and the country for clarifications on financial gaps observed in APR 2012 have not facilitated the timely approval of reprogramming.
- Suspension of expenses on HSS funds available to the country in March 2013 as the external audit was not completed. However, the processes started and disrupted by the politico-military events experienced by the country were finally completed in October 2013. An independent audit firm completed the external audit and the report is awaited;
- Planning of activities validated in 2013 (May 2013) was repeated twice (in July and November 2013) to adapt to the emergency situation that the country experienced and to integrate the new request for additional funds. This situation delayed the commencement of the implementation of the activities for this period.
- The events that the country experienced, led to the closure of bank branches in the regions, this did not enable the transfer of funds to districts through the banking system. Similarly, the suspension of expenses on available funds.

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

- Conduct of HIV/AIDS Health Sector committee meetings for implementing HSS monitoring and reprogramming activities (May, August and September 2013).
- Preparation of Health Information System reports and sending them to have information at various levels, were disturbed by the crisis experienced by the country (completeness and promptness of data was low reflecting the inadequate functioning of this system).
- Conduct of coordination and planning meetings were organised. It enabled the discussion on the implementation of programs and proposal of policy changes.
- The monitoring activities were conducted in 2 districts of health region no. 2 in March 2013.

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

- The reforms of the health information system provides an opportunity for integrating monitoring and evaluation activities in the national system;
- Preparation and dispatch of reports are subject to proposal and discussion during monitoring and reprogramming meetings and their validation by the Health Sector Committee (decision-making body).

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

The key participants member of the health sector committee decision-making body participates in the decision-making during the meetings conducted for validating the HSS and APR action plans. They also involve in planning and monitoring the activities. For this they provide additional support to

overcome certain GAP. Their involvement helps to avoid duplication in the allocation of resources during programming.

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

The CSO members of the sectoral committee participate in the implementation of the HSS proposals. They participate in the committee meetings. The denominational NGO of Association of Medical and Social Works in Central Africa (ASSOMESCA) benefits from the HSS interventions in targeted districts.

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

- Whether the management of HSS funds has been effective?
  - Where there any constraints in disbursing internal funds?
  - Actions taken to address any issues and to improve the management
  - Any changes to management processes in the coming year?
- The EGF report mentioned certain shortcomings in the management of HSS funds. The check-list signed in May 2012 proposed recommendations for the improvement of HSS fund management. The report expected from the external audit conducted in October 2013 on HSS fund management will provide responses to the efficient management of HSS funds;
  - Yes, there were obstacles in the internal disbursement of funds related to the difficulties of fund transfer at the central and district level. The proposals made by EGF for the use of banking system at the district level is not operational due to the closure of bank branches within the country and as the banks are not located everywhere in CAR;
  - To resolve these management problems, the country should implement the recommendations of the EGF check-list signed between the government and GAVI and recommendations from the audit report;
  - There has been a change in the management procedures for 2014, by the appointment of country UNICEF as a transitional manager for HSS funds available to the country.
  - There is a plan to recruit a finance specialist to strengthen the central management team.

## 9.5. HSS Activities planned for 2014

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

**Table 9.4:** Activities planned for 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Revitalization of 194 EPI centers CEPI of 10 target HDs	<ul style="list-style-type: none"> <li>- Evaluate Health centers and health stations of target regions (resources, operations)</li> <li>- Equip the Health centers and health stations with 30 petrol-refrigerators and 20 solar refrigerators, 40 ice-boxes, 150 vaccine carriers.</li> <li>- Equip the centers with NHIS Management Tools: Registers, Management</li> </ul>	386,581	0	<ul style="list-style-type: none"> <li>- Evaluate Health centers and health stations of target regions (resources, operations)</li> <li>- Equip the Health centers and health stations with 30 petrol-refrigerators and 20 solar refrigerators, 40 ice-boxes, 150 vaccine carriers.</li> <li>- Equip the centers with NHIS Management Tools: Registers, Management</li> </ul>	New Reallocation plan for GAVI HSS funds	386,581

	sheet, data monitoring sheet, reporting sheet for centres etc - Supply the MD and PS with vaccines and other specific inputs - Supply 10 districts and 194 functional EPI centres with petrol			sheet, data monitoring sheet, reporting sheet for centres etc - Supply the MD and PS with vaccines and other specific inputs - Supply 10 districts and 194 functional EPI centres with petrol		
Availability of immunization services	- Support micro-planning activities of Health Districts (mapping and listing under-served areas by the health facilities) Organise fixed, advanced and mobile strategies in 10 thickly populated Health Districts (2 times/month/CEPI)	98,106	0	- Support micro-planning activities of Health Districts (mapping and listing under-served areas by the health facilities) Organise fixed, advanced and mobile strategies in 10 thickly populated Health Districts (2 times/month/CEPI)		98,106
Promote community participation and multi-sector collaboration	Organise information meetings for new politico-administrative authorities on health activities Revitalize the Primary Health Care bodies (PHC) Renew management committees (MCs of Health facilities) Train the MC members Provide training for community volunteers for searching the ignorants Provide incentives to community volunteers	63,739	0	Organise information meetings for new politico-administrative authorities on health activities Revitalize the Primary Health Care bodies (PHC) Renew management committees (MCs of Health facilities) Train the MC members Provide training for community volunteers for searching the ignorants Provide incentives to community volunteers  specific inputs		63,739
Supervision	Support the District Management Team for monitoring interventions in Health Facilities of 10 districts (DQS) Organise integrated supervisions of Health Facilities in 10 districts Organise quarterly/half-yearly meetings for follow-up and reprogramming of activities of target districts and regions	71,318	0	Support the District Management Team for monitoring interventions in Health Facilities of 10 districts (DQS) Organise integrated supervisions of Health Facilities in 10 districts Organise quarterly/half-yearly meetings for follow-up and reprogramming of activities of target districts and regions  ole		71,318
Equipment/maintenance	Maintain (curative	210,729	0	Maintain (curative		210,729

of rolling means (vehicles, motorcycles and cold chain)	and preventive maintenance) the cold chamber and generator at the central level Provide fuel for generators at the central level Provide 02 supervision vehicles for the central level Equip the districts with 30 motorcycles Equip the health facilities with 194 bicycles			and preventive maintenance) the cold chamber and generator at the central level Provide fuel for generators at the central level Provide 02 supervision vehicles for the central level Equip the districts with 30 motorcycles Equip the health facilities with 194 bicycles (mapping and listing under-served areas by the health facilities)		
Motivation of staff at regional, districts and health facility levels	Pay performance bonuses to staff at regional, district and health facility levels Pay 85 trained health workers on contract for health facilities of supported HD	107,465	0	Pay performance bonuses to staff at regional, district and health facility levels Pay 85 trained health workers on contract for health facilities of supported HD		107,465
Provision of EPI inputs	Supply the HD with cold chain consumables (burners, wicks, glass kit etc...) Pay the cost for removal of injection materials to forwarding agents.	47,915	0	Supply the HD with cold chain consumables (burners, wicks, glass kit etc...) Pay the cost for removal of injection materials to forwarding agents.		47,915
Project operation	Pay management fees to the central level team Pay installation charges and subscription for internet connections for EPI Pay subscription for the internet network at the EPI Directorate and DSP Equip the central support structure and 3 HR with computer equipment Ensure the operations of central support structures and 3 HRs (office supplies, consumables, computer maintenance and bank charges...) Provide fuel and lubricants to the central support structures Pay telephone charges Pay insurance and taxes for 02 vehicles and 30 motorcycles	89,542	0	Pay management fees to the central level team Pay installation charges and subscription for internet connections for EPI Pay subscription for the internet network at the EPI Directorate and DSP Equip the central support structure and 3 HR with computer equipment Ensure the operations of central support structures and 3 HRs (office supplies, consumables, computer maintenance and bank charges...) Provide fuel and lubricants to the central support structures Pay telephone charges Pay insurance and taxes for 02 vehicles and 30 motorcycles		89,542

Monitoring/evaluation of the project	Conduct supervision missions in districts supported by the central level Provide activity monitoring charges through the execution agency Send APR 2013 and external audit reports Prepare and send APR 2014 Organise meetings of National Steering Committee for Sectoral strategy Organise workshops for drafting the new submission to GAVI	100,163	0	Conduct supervision missions in districts supported by the central level Provide activity monitoring charges through the execution agency Send APR 2013 and external audit reports Prepare and send APR 2014 Organise meetings of National Steering Committee for Sectoral strategy Organise workshops for drafting the new submission to GAVI (by health facilities)	100,163
Checks and audits	Execute audit activities in districts benefitting from the support Internal audit External audit	42,662	0	Execute audit activities in districts benefitting from the support Internal audit External audit	42,662
Cost of recovery UNICEF				Cost of recovery UNICEF	105,932
		1,218,220	0		1,324,152

## 9.6. HSS Activities planned for 2015

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

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

**Table 9.6:** Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	Activity planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
		0			

## 9.7. Revised indicators in case of reprogramming

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

## 9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please



outline the amount and links to inputs being reported on:

**Table 9.8: Sources of funds for HSS in your country**

Donor	Amount in USD	Duration of support	Type of activities funded
Alliance GAVI	3,161,960	2009-2013	Health System Strengthening
Arab Bank for the Economic Development in Africa	3330	4 years	Construction of 22 maternity hospitals equipped with ambulances Rehabilitation of the CNHUB
World Bank	28,200,000	2012-2015	Health System Support in four Health regions
Government	73,407,700	2011-2015	Poverty Reduction Strategy Human Capital and social services
WHO	1,146,480	2012-2014	Biannual
UNFPA	6,588,743	2012-2016	Reproduction Health
UNICEF	3,780,000	2011-2013	Immunization Services Support (ISS) Strengthening capabilities of officers

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

## 9.9. Reporting on the HSS grant

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

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any substantive issue as to the accuracy or validity of the information (especially financial data and indicator values) and how these issues were addressed and resolved.

**Table 9.9: Data Sources**

Data sources used in this report	How the information was validated?	Problems experienced, if any
The data provided is either from activity reports (on the technical plan) or from financial reports	The activity reports are validated during CTAEPI and ICC/HSCC meetings or quarterly monitoring meetings	The difficulties from socio-politico-military crisis experienced by the country since 2012 and suspension of the use of current program funds.

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.

- Difficulties to gather members of two directorates (DEP, EPIDir), especially decentralized teams to participate in the preparation of the report.
- Difficulties of equipment and logistics as there are no rolling means for moving management teams, absence of internet at the Ministry of Health (all contracts are expired and no financial means to renew them), non-protection of computer tools causing the Department to depend on Partners for finalizing a reliable document.

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

Please attach:

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

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

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

Central-African Republic **has not received GAVI support for the Type A CSOs**

Central-African Republic has not presented report on GAVI support to the Type A CSOs in 2013

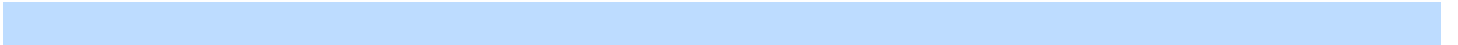
## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or CMYP

Central-African Republic **has not received GAVI support for the Type B CSOs**

Central-African Republic has not presented report on GAVI support to the Type B CSOs in 2013

## 11. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC and any comments or information you may wish to share in relation to the challenges you have encountered during the year under review. These could be in addition to the approved minutes, which should be included in the attachments



## 12. Annexes

### 12.1. Annex 1: ISS instructions

#### INSTRUCTIONS:

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

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

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.

a. Funds carried forward from the 2012calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013(interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis summarises the total annual expenditure for the year by your Government's own system of economic classification, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on the economic classification of your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013(referred to as the "variance").

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

V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the financial year 2013. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

## 12.2. Annex 2 - Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION 1

*An example of income & expenditure statement*

<b>Summary Table of income &amp; expenditure – GAVI-ISS</b>		
	<b>Local Currency (CFA)</b>	<b>Value in USD*</b>
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53,000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125,523</b>

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

<b>Detailed Analysis of Expenses by economic classification** – GAVI ISS</b>						
	<b>Budget in CFA</b>	<b>Budget in US\$</b>	<b>Actual Expenses in CFA</b>	<b>Actual Expenses in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. Annex 3 - Instructions for HSS support

### INSTRUCTIONS:

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

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

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

### MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

*An example of income & expenditure statement*

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53,000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125,523</b>

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

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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



## 12.5. Annex 5 - Instructions for CSO support

### INSTRUCTIONS:

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

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

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

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

*An example of income & expenditure statement*









Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2012 (as of 31 December 2012)	25,392,830	53,000
<b>Summary of income received in 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2013</b> (Balance carried over to 2014)	<b>60,139,325</b>	<b>125,523</b>










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

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1		<a href="#">Signature MSP-MF 15052014.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:25: <b>Size:</b> 247 KB
2	Signature of the Finance Minister (or delegated authority)	2.1		<a href="#">Signature MSP-MF 15052014.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:28: <b>Size:</b> 247 KB
3	Signatures of the ICC members	2.2		<a href="#">Signatures Membres CCIA-RSA2013.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:32: <b>Size:</b> 208 KB
4	Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013.	5.7		<a href="#">Rapport CCIA-CCSS 12052014.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:36: <b>Size:</b> 650 KB
5	Signature of the HSCC members	2.3		<a href="#">Signatures Membres CCSS-RSA2013.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:44: <b>Size:</b> 224 KB
6	Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013	9.9.3		<a href="#">Rapport CCIA-CCSS 12052014.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:49: <b>Size:</b> 650 KB
7	Financial statements for the ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1.		<a href="#">Etat financier SSV-RSA2013.p</a> <b>File desc:</b> ,, <b>Date/Time</b> 15/05/2014 09:12: <b>Size:</b> 181 KB
8	External audit report on the allocation of ISS funds (fiscal year 2013)	6.2.3		No file downloaded

9	Post-introduction Evaluation Report	7.2.2.		<a href="#">RAPPORT PIE PCV 13 RCA OCT 2012_31-10-12.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 08:35:2 <b>Size:</b> 1 MB
10	Financial statements of grants for introducing a new vaccines (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1		<a href="#">Etat financier SSV-RSA2013.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 09:16:0 <b>Size:</b> 181 KB
11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000	7.3.1		<a href="#">Note audit externe introduction vaccin-RSA2013.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 09:23:4 <b>Size:</b> 59 KB
12	EVSM/VMA/EVM report	7.5		<a href="#">EVMCARReportV7Fr LE 24 10 2012.docx</a> <b>File desc:</b> <b>Date/Time</b> 16/05/2014 05:40:0 <b>Size:</b> 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">Evaluation Plan Amelioration 02 14[1]bis.doc</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 09:28:5 <b>Size:</b> 266 KB
14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5		<a href="#">RAPPORT DE MISE EN ŒUVRE DES RECOMMANDATIONS DE GEEV.docx</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:53:4 <b>Size:</b> 42 KB
16	The cMYP is valid if the country requests for extension of support	7.8		<a href="#">PPAC RCA_2011-2015 23 05 11_DEF.pdf</a> <b>File desc:</b> ,,,,, <b>Date/Time</b> 15/05/2014 07:39:4 <b>Size:</b> 1 MB
17	Costing tool for the cMYP is valid if the country requests for extension of support.	7.8		No file downloaded
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8		No file downloaded

19	Financial statements for the HSS funds ( fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	✓	<a href="#">Rapport Financier RSS 2013.p</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 07:20:3 <b>Size:</b> 499 KB
20	Financial statements for the HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	9.1.3	✓	<a href="#">Rapport financier GAVI RSS 1.01-30.04.2014.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 10:58:3 <b>Size:</b> 186 KB
21	External audit report on the allocation of HSS funds (fiscal year 2013)	9.1.3	✓	<a href="#">GAVI RSS Rapport audit 2012 def_PD.pdf</a> <b>File desc:</b> ,,,,, <b>Date/Time</b> 15/05/2014 07:34:2 <b>Size:</b> 1 MB
22	Review report of the health sector-HSS	9.9.3	✓	<a href="#">CAF-2012.02- Decision Letter.pdf</a> <b>File desc:</b> ,,,,, <b>Date/Time</b> 15/05/2014 07:52:0 <b>Size:</b> 644 KB
23	Listing Report - Type A - CSO support	10.1.1	✗	No file downloaded
24	Financial statement for the allocation of type B CSO support (fiscal year 2013)	10.2.4	✗	No file downloaded
25	External audit report on Type B CSO support (fiscal year 2013)	10.2.4	✗	No file downloaded
26	Bank statements for each program funded in cash or a cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2013 i) January 1, 2013 and ii) closing balance as on December 31, 2013 appear.	0	✓	<a href="#">Solde Banque 31.12.13.pdf</a> <b>File desc:</b> <b>Date/Time</b> 15/05/2014 08:40:4 <b>Size:</b> 663 KB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7	✗	No file downloaded

	Other documents		X	<a href="#">GAVI-RSS Rapport CI-1.pdf</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2014 07:56:22 <b>Size:</b> 1 MB