



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Djibouti

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 8:57:46 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

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

For the Government of **Djibouti**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Kassim Issack Osman	Name	Mr Bodeh
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Mme Zamzam Abdillahi	Coordinatrice nationale PEV	00253 77 815167 / 00253 21 351491	DJIBOUTI
Dr Moktar Omar Ahmed	Specialiste Survie et developpement de l'enfant UNICEF	00253 77 817174 / 00253 21 314148	DJIBOUTI

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Aicha Adbara	EPI		
Dr Moktar Omar	UNICEF		

Dr Rayana Bouhaka	OMS		
Houssein Mohamed	Direction des régions sanitaires /MoH		
DEka Aboubaker	Direction Promotion de la Santé /MoH		
Abdourazak Ibrahim	Direction desEtudes , de la Planification et de la Cooperation Internationale		
Dr Deo Bushiri	OMS		
Neima Moussa	Direction Santé Mère et Enfant/MoH		
Mahad Ibrahim	Direction desEtudes , de la Planification et de la Cooperation Internationale		
Zamzam Abdillahi	EPI Manager		

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

All comments will be treated confidentially

Comments from Partners:

pas d'observation

Comments from the Regional Working Group:

pas d'observation

2.3. HSCC signatures page

Djibouti is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Djibouti is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	27,776	27,776	28,609	28,609	29,467	29,467	30,351	30,351
Total infants' deaths	1,861	1,861	1,917	1,917	1,975	1,975	2,034	2,034
Total surviving infants	25915	25,915	26,692	26,692	27,492	27,492	28,317	28,317
Total pregnant women	27,776	27,776	28,609	28,609	29,467	29,467	30,351	30,351
Number of infants vaccinated (to be vaccinated) with BCG	25,554	24,165	26,607	26,607	27,699	27,699	28,834	28,834
BCG coverage	92 %	87 %	93 %	93 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	23,324	20,991	24,290	24,290	25,568	25,568	26,902	26,902
OPV3 coverage	90 %	81 %	91 %	91 %	93 %	93 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	23,583	22,028	24,557	24,557	26,118	26,118	27,184	27,184
Number of infants vaccinated (to be vaccinated) with DTP3	23,324	20,991	24,290	24,290	25,568	25,568	26,902	26,902
DTP3 coverage	90 %	81 %	91 %	91 %	93 %	93 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	8	10	8	8	8	8	8	8
Wastage[1] factor in base-year and planned thereafter for DTP	1.09	1.11	1.09	1.09	1.09	1.09	1.09	1.09
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	23,583	22,028	24,557	24,557	26,118	26,118	27,184	27,184
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	23,583	20,991	24,557	24,290	25,568	25,568	26,902	26,902
DTP-HepB-Hib coverage	90 %	81 %	91 %	91 %	93 %	93 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	10	0	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	23,583	2,215	24,557	24,557	26,118	26,778	27,184	27,184
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	23,583	0	24,557	24,557	25,568	25,568	26,902	26,902

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	90 %	0 %	91 %	92 %	93 %	93 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0	21,888	21,888	23,644	23,644	25,769	27,769
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0	21,888	21,888	23,369	23,369	25,486	25,486
Rotavirus coverage	0 %	0 %	80 %	82 %	85 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)		5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	23,065	21,509	24,023	24,023	25,293	25,293	26,902	26,902
Measles coverage	89 %	83 %	90 %	90 %	92 %	92 %	95 %	95 %
Pregnant women vaccinated with TT+	20,598	20,554	21,457	21,457	23,537	23,537	25,799	25,799
TT+ coverage	74 %	74 %	75 %	75 %	80 %	80 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	23,755	90,063	24,023	24,023	25,293	25,293	26,902	26,902
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	5 %	1 %	1 %	2 %	2 %	1 %	1 %

** 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

aucun changement n' a été apporté sur les nombres de naissances. Les estimations des naissances attendues est faite à partir des données de référence du PPAC

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

aucun changement n' a été apporté sur les nombres de naissances. Les estimations des naissances attendues est faite à partir des données de référence du PPAC

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

il n y a pas de changement apporté par rapport aux objectifs par vaccins . Les objectifs fixés initialement pour chaque antigène seront maintenus. Ces objectifs sont ceux retenus dans le PPAC 2011-2015.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

Il n y a pas de changement enregistré

5.2. Immunisation achievements in 2012

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

Rappel des objectifs:

- atteindre la couverture de BCG de 89% à 92%, de Penta3/polio3 de 89% à 90%.
- atteindre la couverture de 89% de Rougeole.

Pour l'année 2012 les objectifs de couverture n'ont pas été atteints et ont même baissé pour la plupart des antigènes pour différentes raisons. La première raison est l'absence de coordination du programme élargi de vaccination pour une durée de six mois (mai à novembre). La nouvelle coordinatrice du PEV qui était auparavant coordinatrice nationale du programme de lutte contre le Paludisme n'avait pas de background de vaccination. De plus, elle était prise dans la passation de son ancien programme. Les moyens limités de locomotion et en personnel (en nombre et en qualité) expliquent aussi les baisses de couvertures. La restructuration de l'équipe mobile dans les régions sanitaires à la fin de l'année 2012 et son absence durant ses dernières années a limité leur intervention au niveau des régions les plus éloignées et d'atteindre les enfants dans les zones d'accès difficile. Malgré ces difficultés, la nouvelle coordinatrice du PEV a pris ses responsabilités en relançant les activités de la stratégie avancée, réalisations des activités supplémentaires de vaccination lors de la semaine régionale de vaccination, journée de santé de l'enfant et campagne de rattrapage de rougeole pour les 6 à 14 ans. De plus l'introduction du nouveau vaccin vers la fin de l'année a boosté les activités de sensibilisation et entraîné une plus grande fréquentation des services de vaccination. La maintenance régulière de la chaîne de froid et la formation des agents de vaccination permettent une bonne gestion et utilisation des vaccins.

Cependant il reste beaucoup à améliorer :

- l'appui des activités des équipes mobiles **les fréquences de sorties des équipes mobiles (maintenance, carburants, nombre des véhicules...)** dans les régions.
- insuffisance des ressources humaines en nombre et en qualité.
- des activités de suivi-supervision ainsi que la décentralisation de cette dernière au niveau des régions.
- mobilisation sociale et communication (des activités dans ce domaine doivent être continues)

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

La première raison est l'absence de coordination du programme élargi de vaccination pour une durée de six mois (mai à novembre). La nouvelle coordinatrice du PEV qui était auparavant coordinatrice nationale du programme de lutte contre le Paludisme n'avait pas de background de vaccination . De plus , elle était prise dans la passation de son ancien programme. Les moyens limités de locomotion et en personnel (en nombre et en qualité) expliquent aussi les baisses de couvertures. La restrtucuration de l'équipe mobile dans les régions sanitaires à la fin de l'année 2012 et son absence durant ses dernières années a limité leur intervention au niveau des régions les plus éloignées et d'atteindre les enfants dans les zones d'accès difficile.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

Les enfants dans les structures de soins sont pris en charge sans aucune consideration du sexe.

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

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

L'engagement du gouvernement dans la question genre est fort , ceci est reflétée par la participation importante de la femme aux plus hautes instances de l' état. Au niveau de l' éducation de base la parité garçon fille est identique soit un ratio de 1. En depit de cet engagement ,il reste beaucoup de chemin à faire . Le pourcentage des filles qui abandonnent précocement leur scolarité reste élevé par rapport aux garçons.

5.4. Data assessments

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

Il n'existe pas d'ecarts de données entre le rappport conjoint OMS/UNICEF et l'APR. Une enquête de type PAFAM a été conduite en 2012 mais les résultats finales de cette enquête ne sont pas encore disponibles .

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

Il n'y'a pas eu d'éva;uation en 2012

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

Le SIS a été restructuré en 2012 avec un nouvel organigramme mettant l'accent sur l'amélioration du système d'analyse et de collecte de données avec un feedback effectif. Grâce à la mise de la place de la téléphonie rurale, les données des postes et des hopitaux des régions arrivent à temps au niveau du SIS qui analyse et envoie un feedback. Les points focaux du SIS au niveau des régions ont été renforcés dans la collecte des données et en équipement.

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.

Le système de base de données prévu pour 2012 n'a pas pu être mis en place et sera réconduit pour 2013. La surveillance des maladies cibles du programme élargi de vaccination a été redynamisé et sera renforcé en 2013. Ceci permettra d'éviter les flambées des épidémies et contribuera au renforcement des services de vaccination de routine. La responsabilisation et l'implication des medecins chefs des centres et des CMH dans l'organisation et la planification et micro planification des activités de santé contribuera à une décentralisation et deconcentration effective des services de santé.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 177	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	CIDA	CIDA
Traditional Vaccines*	161,080	0	0	80,540	0	25,000	55,540	0
New and underused Vaccines**	818,462	39,707	778,755	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	78,636	2,036	61,000	7,800	0	2,200	5,600	0
Cold Chain equipment	8,000	0	0	8,000	0	0	0	0
Personnel	266,426	266,426	0	0	0	0	0	0
Other routine recurrent costs	52,502	15,502	0	25,000	12,000	0	0	0
Other Capital Costs	49,939	49,939	0	0	0	0	0	0
Campaigns costs	1,020,000	0	0	432,000	188,000	150,000	250,000	0
NC		0	0	0	0	0	0	0
Total Expenditures for Immunisation	2,455,045							
Total Government Health		373,610	839,755	553,340	200,000	177,200	311,140	0

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

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

Il existe une ligne budgétaire pour la vaccination mais l'achat des vaccins n'est pas pris en charge. Un plaidoyer a été fait par le ministre sortant de la santé.

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 Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Pas d'évaluation de la gestion financière	No

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

Pas d'évaluation de la gestion financière

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

Pas d'évaluation de la gestion financière

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

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

Renforcement du PEV de routine

Renforcement de la surveillance des maladies cibles

Renforcer les stratégies avancées

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

If **Yes**, which ones?

List CSO member organisations:
UNION NATIONALE DES FEMMES DE DJIBOUTI (UNFD)
ASSOCIATION BENDER DJEDID

5.8. Priority actions in 2013 to 2014

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

Les Objectifs du PEV 2013-2014 en rapport avec le PPAC 2011-2015 sont:
 -augmenter la couverture de BCG à 94% en fin 2014.
 -augmenter la couverture actuelle de penta à 93 d'ici fin 2014.
 -atteindre la couverture de 3 doses de PCV13 à 93% en fin 2014.
 -augmenter la couverture vaccinale contre la rougeole à 92 % avant la fin 2014.
 -atteindre la couverture de 85% dans chaque district d'ici 2014.

les strategies pour atteindre ces objectifs sont:

- mise à jour régulière des micrplanifications dans les régions sanitaires et dans les centres de santé communautaires (tous les trois mois).
- organisation des stratégies avancées dans les zones d'accessibilité difficile en utilisant tous les moyens de transport disponibles (véhicules, motos, chameaux...)
- renforcement du système de surveillance des maladies cibles du PEV

- formation et le recyclage des professionnels de santé sur la surveillance des PFA et les maladies cibles du PEV. -supervision formative et suivi des activités du PEV .

- former les prestataires de la vaccination

sur les nouveaux vaccins (rota)

-mobilisation sociale et communication intensive sur la promotion de la vaccination et des nouveaux vaccins (pneumo et rota) en utilisant les moyens de communication existants (modernes et traditionnels)

-maintenance/entretien et renforcement de la capacité des équipements de la chaîne de froid.

-organisation des réunions régulières avec les responsables des régions. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- mettre en place des stratégies pour augmenter la couverture des zones d'accès difficile

- utiliser davantage les agents de santé communautaires dans les stratégies avancées

- organiser des journées de santé de l'enfant

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	seringues autobloquantes de 0.05 ml	UNICEF
Measles	seringues autobloquantes de 0.5 ml	UNICEF
TT	seringues autobloquantes de 0.5 ml	UNICEF
DTP-containing vaccine	seringues autobloquantes de 0.5 ml	UNICEF

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)

En matière de sécurité d'injection, toutes les formations sanitaires disposent des seringues autobloquantes, des boîtes de sécurité en quantité suffisantes. Les prestataires sont formés et/ou recyclés sur la sécurité des injections régulièrement. Au niveau des régions sanitaires, tous les postes de santé disposent d'un incinérateur. En revanche dans la capitale, les déchets sanitaires sont collectés et transportés dans les unités d'incinérateur.

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

les seringues et aiguilles utilisés sont mis dans des boîtes de sécurité qui sont brûlés dans des incinérateurs.

les autres déchets sont collectés dans des sacs à poubelles et détruits dans les mêmes conditions. Dans Djibouti-ville, une unité du service d'hygiène est chargée de la collecte et de la destruction des objets piquants et seringues.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	56,600	9,967,600
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	56,600	9,967,600
Total Expenditures in 2012 (D)	1,033	1,793,459
Balance carried over to 2013 (E=C-D)	55,567	8,174,141

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

La coordinatrice avec la directrice des ressources humaines et financiere du ministere de la sante co signe les cheques,

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

Compte gouvernemental

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

Reparation de la chaine de froid, achat de carburant pour faire la distribution des vaccins ainsi que la collecte des rapport, reparation de la voiture et acaht de fournitures pour le bureau

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

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	68,300	62,900	62,900	No
Pneumococcal (PCV13)	92,859	88,000	88,000	No
Rotavirus		0	0	No

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

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

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

Pas de difference

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

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

Les vaccins arrivent dans le pays via le service d'approvisionnement de l'UNICEF . Une fois arrivé les vaccins sont directement acheminés dans le dépôt central du PEV . Les vaccins sont ensuite dispatchés dans les différents centres de vaccination selon un plan détaillé de distribution des vaccins qui est suivi rigoureusement. La capacité de la chaîne de froid a été renforcée par l'installation d'une nouvelle chambre froide positive et négative et par une maintenance régulière de la chaîne de froid .Les agents de vaccination ont été formés sur la gestion efficace des vaccins et sur l'utilisation des vaccins. Les outils de collecte ont été mis à jour avec intégration des nouveaux vaccins. Une supervision formative est effectuée tous les trois mois . Les leaders communautaires et les parents ont été sensibilisés sur l'importance du nouveau vaccin .

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

pas eu de rupture de stock

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	elles ne sont pas conformes

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	06/12/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	La date initiale n'a pas été respectée pour beaucoup des raisons . En effet les activités de formation et de distribution prévues dans le plan d'introduction du PCV13 ont été réportées parce que les vaccins n' etaient pas disponibles . Le lancement a été remis pour fin Septembre 2012. Par ailleurs la période du Ramadan et les chaleurs de l'été ont été ralenti les activités de formation et de sensibilisation. De plus le coordinateur a été muté dans un autre programme sans avoir été remplacé pendant une période de six mois .

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	non

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

pas d evaluation post introduction en 2012

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

Does the country have an institutional development plan for vaccine safety? **No**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

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

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

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

Le service de Pédiatrie de l'Hopital General Peltier avec la collaboration de l'Institut National de Santé Publique assure la surveillance des cas suspects de méningites et effectue des prélèvements pour isoler les souches de bactéries responsables de méningites. Si le nombre des cas est important, le comité NITAG est informé pour discuter de la manière à suivre.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	100,000	17,700,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	100,000	17,700,000
Total Expenditures in 2012 (D)	100,000	17,700,000
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

Conformément au plan d'introduction du vaccin PCV 13 les activités ont été réalisées:

- formation de 341 agents de santé (Djibouti -ville et régions ssanitaires) sur l'utilisation et la sensibilisation du nouveau vaccin
- Les journalistes et les femmes leaders ont été formes sur le nouveau vaccin
- mise à jour et duplication des outils de collecte
- confection de moyens de visibilité (T-shirt , banderolles , casquettes , brochures , dépliants , affiches)
- Production et diffusion d'un spot TV en quatres langues sur le nouveau vaccin
- Transport de vaccins
- maintenance et reparation de la chambre froide
- Media (article de presse , communiqué de presse, table ronde sur le nouveau vaccin en langues locales)

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

Pas de problème particulier

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

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	18,386	3,254,322
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	23,357	4,134,190
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	41743	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2,036	360,372
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	March	budget national
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	budget national
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	March	budget national
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Une assistance technique est nécessaire et souhaitable pour élaborer des stratégies de viabilité financière , mobilisation des fonds pour la vaccination , notamment pour le cofinancement .		

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

pas de situation de default de paiement

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

pas de changement dans le plan d amelioration

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Djibouti does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Djibouti is not available in 2013

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

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

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

on confirme

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	25,915	26,692	27,492	28,317	108,416
	Number of children to be vaccinated with the first dose	Table 4	#	22,028	24,557	26,118	27,184	99,887
	Number of children to be vaccinated with the third dose	Table 4	#	20,991	24,290	25,568	26,902	97,751
	Immunisation coverage with the third dose	Table 4	%	81.00 %	91.00 %	93.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	57,858				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	57,858				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.23	0.26	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %	25.50 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

<P>pas de difference</P>

Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate
--------------------	--------------

	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.23	0.26
Your co-financing	0.23	0.26	0.23	0.26

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

		2013	2014	2015
Number of vaccine doses	#	75,800	80,700	82,300
Number of AD syringes	#	75,900	80,800	82,300
Number of re-constitution syringes	#	42,100	44,800	45,700
Number of safety boxes	#	1,325	1,400	1,425
Total value to be co-financed by GAVI	\$	200,000	213,000	212,500

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

		2013	2014	2015
Number of vaccine doses	#	8,300	7,700	9,300
Number of AD syringes	#	8,300	7,800	9,300
Number of re-constitution syringes	#	4,600	4,300	5,200
Number of safety boxes	#	150	150	175
Total value to be co-financed by the Country ^[1]	\$	22,000	20,500	24,000

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED** (part 1)

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	9.85 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	22,028	24,557	2,419	22,138
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	66,084	73,671	7,256	66,415
E Estimated vaccine wastage factor	Table 4	1.11	1.11		
F Number of doses needed including wastage	$D \times E$	73,354	81,775	8,054	73,721
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		2,106	208	1,898
H Stock on 1 January 2013	Table 7.11.1	57,858			
I Total vaccine doses needed	$F + G - H$		83,981	8,271	75,710
J Number of doses per vial	Vaccine Parameter		2		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		84,113	8,284	75,829
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		46,610	4,591	42,019
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,452	144	1,308
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		170,986	16,840	154,146
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		3,912	386	3,526
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		1,725	170	1,555
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		843	84	759
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		43,602	4,295	39,307
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		648	64	584
T Total fund needed	$(N+O+P+Q+R+S)$		221,716	21,837	199,879
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		21,836		
V Country co-financing % of GAVI supported proportion	U / T		9.85 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	8.71 %			10.09 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	26,118	2,276	23,842	27,184	2,743	24,441
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	78,354	6,827	71,527	81,552	8,228	73,324
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	86,973	7,578	79,395	90,523	9,133	81,390
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,300	114	1,186	888	90	798
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	88,373	7,700	80,673	91,511	9,233	82,278
J	Number of doses per vial	<i>Vaccine Parameter</i>	2			2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	88,416	7,703	80,713	91,509	9,232	82,277
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	49,048	4,274	44,774	50,789	5,124	45,665
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,526	133	1,393	1,580	160	1,420
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	179,928	15,676	164,252	181,741	18,335	163,406
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	179,928	359	3,753	181,741	430	3,826
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	1,815	159	1,656	1,880	190	1,690
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	886	78	808	917	93	824
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	45,882	3,998	41,884	46,344	4,676	41,668
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	682	60	622	706	72	634
T	Total fund needed	$(N+O+P+Q+R+S)$	233,305	20,326	212,979	235,844	23,794	212,050
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	20,326			23,793		
V	Country co-financing % of GAVI supported proportion	U / T	8.71 %			10.09 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	25,915	26,692	27,492	28,317	108,416
	Number of children to be vaccinated with the first dose	Table 4	#	2,215	24,557	26,778	27,184	80,734
	Number of children to be vaccinated with the third dose	Table 4	#	0	24,557	25,568	26,902	77,027
	Immunisation coverage with the third dose	Table 4	%	0.00 %	92.00 %	93.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	79,144				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	79,144				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Intermediate	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011				0.30	0.35
Your co-financing		0.20	0.26	0.26	0.30

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

		2013	2014	2015
Number of vaccine doses	#	90,100	81,900	80,800
Number of AD syringes	#	94,400	84,900	83,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,050	950	950
Total value to be co-financed by GAVI	\$	339,500	308,500	304,500

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

		2013	2014	2015
Number of vaccine doses	#	6,700	6,100	7,000
Number of AD syringes	#	7,000	6,300	7,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	100	75	100
Total value to be co-financed by the Country ^[1]	\$	25,500	23,000	26,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	6.90 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	2,215	24,557	1,696	22,861
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	6,645	73,671	5,087	68,584
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	$D \times E$	6,978	77,355	5,342	72,013
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		17,595	1,215	16,380
H Stock on 1 January 2013	Table 7.11.1	79,144			
I Total vaccine doses needed	$F + G - H$		96,750	6,681	90,069
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		101,306	6,996	94,310
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,125	78	1,047
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		338,625	23,382	315,243
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		4,711	326	4,385
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		653	46	607
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		20,318	1,403	18,915
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		364,307	25,155	339,152
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		25,155		
V Country co-financing % of GAVI supported proportion	U / T		6.90 %		

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

	Formula	2014			2015		
		Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	6.91 %			7.97 %	
B	Number of children to be vaccinated with the first dose	Table 5.2.1	26,778	1,850	24,928	27,184	2,167
C	Number of doses per child	Vaccine parameter (schedule)	3			3	
D	Number of doses needed	$B \times C$	80,334	5,548	74,786	81,552	6,499
E	Estimated vaccine wastage factor	Table 4	1.05			1.05	
F	Number of doses needed including wastage	$D \times E$	84,351	5,826	78,525	85,630	6,824
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,749	121	1,628	320	26
H	Stock on 1 January 2013	Table 7.11.1					
I	Total vaccine doses needed	$F + G - H$	87,900	6,071	81,829	87,750	6,993
J	Number of doses per vial	Vaccine Parameter	1			1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	91,113	6,293	84,820	90,878	7,242
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,012	70	942	1,009	81
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	307,650	21,247	286,403	307,125	24,474
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	307,650	293	3,944	307,125	337
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	587	41	546	586	47
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	18,459	1,275	17,184	18,428	1,469
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	330,933	22,854	308,079	330,365	26,325
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	22,854			26,325	
V	Country co-financing % of GAVI supported proportion	U / T	6.91 %			7.97 %	

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	25,915	26,692	27,492	28,317	108,416
	Number of children to be vaccinated with the first dose	Table 4	#	0	21,888	23,644	27,769	73,301
	Number of children to be vaccinated with the second dose	Table 4	#	0	21,888	23,369	25,486	70,743
	Immunisation coverage with the second dose	Table 4	%	0.00 %	82.00 %	85.00 %	90.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.23	0.26	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Intermediate
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	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26
Recommended co-financing as per APR 2011			0.30	0.35
Your co-financing		0.26	0.23	0.26

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

		2013	2014	2015
Number of vaccine doses	#	53,300	47,700	56,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	\$	143,000	127,500	150,000

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

		2013	2014	2015
Number of vaccine doses	#	5,800	4,500	6,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	15,500	12,000	16,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	9.71 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	21,888	2,126	19,762
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	$B \times C$	0	43,776	4,251	39,525
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$	0	45,965	4,464	41,501
G	Vaccines buffer stock	$(F - F \text{ of previous year}) * 0.25$		11,492	1,116	10,376
H	Stock on 1 January 2013	Table 7.11.1	0			
I	Total vaccine doses needed	$F + G - H$		58,957	5,726	53,231
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		150,341	14,599	135,742
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		7,518	731	6,787
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		157,859	15,329	142,530
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		15,329		
V	Country co-financing % of GAVI supported proportion	U / T		9.71 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	8.59 %			9.71 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	23,644	2,032	21,612	27,769	2,697	25,072
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	47,288	4,063	43,225	55,538	5,394	50,144
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	49,653	4,266	45,387	58,315	5,664	52,651
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	922	80	842	2,166	211	1,955
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	52,075	4,474	47,601	61,981	6,020	55,961
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	132,792	11,408	121,384	158,052	15,349	142,703
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	132,792	0	0	158,052	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	6,640	571	6,069	7,903	768	7,135
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	139,432	11,978	127,454	165,955	16,116	149,839
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	11,978			16,116		
V	Country co-financing % of GAVI supported proportion	U / T	8.59 %			9.71 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Djibouti is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

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

Djibouti has **NOT** received GAVI TYPE A CSO support

Djibouti is not reporting on GAVI TYPE A CSO support for 2012

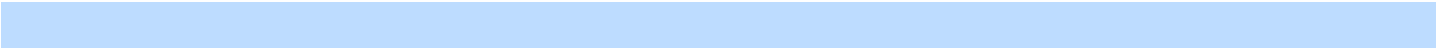
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Djibouti **has NOT received GAVI TYPE B CSO support**

Djibouti is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

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

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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










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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		NOTE 049.jpg File desc: Date/time: 5/15/2013 7:25:25 AM Size: 1042616
2	Signature of Minister of Finance (or delegated authority)	2.1		NOTE 049.jpg File desc: Date/time: 5/15/2013 7:30:14 AM Size: 1042616
3	Signatures of members of ICC	2.2		Reunion ICC APR 2012 Avalisé.pdf File desc: Date/time: 5/15/2013 8:36:13 AM Size: 163748
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		REUNION DU COMITE ICC12052012 (Enregistré automatiquement).docx File desc: Date/time: 5/15/2013 7:26:51 AM Size: 15281
5	Signatures of members of HSCC	2.3		Reunion ICC APR 2012 Avalisé.pdf File desc: Date/time: 5/15/2013 8:56:38 AM Size: 163748
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		PAS DE CCSS A DJIBOUTI.docx File desc: Date/time: 5/15/2013 8:37:49 AM Size: 12707
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Etat financier SSV 2012.pdf File desc: Date/time: 5/15/2013 7:27:13 AM Size: 201353
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		AUDIT SSV.docx File desc: Date/time: 5/15/2013 8:43:52 AM Size: 12756
9	Post Introduction Evaluation Report	7.2.2		PIE.docx File desc: Date/time: 5/15/2013 8:45:17 AM Size: 12721
				Etat financier de l'introduction du NV.pdf

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		File desc: Date/time: 5/15/2013 7:27:37 AM Size: 238649
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		AUDIT SSV.docx File desc: Date/time: 5/15/2013 8:45:50 AM Size: 12756
12	Latest EVSM/VMA/EVM report	7.5		Rapport GEV Djibouti-Version finale.doc File desc: Date/time: 5/14/2013 9:56:28 AM Size: 1203712
13	Latest EVSM/VMA/EVM improvement plan	7.5		GEV.docx File desc: Date/time: 5/15/2013 8:46:43 AM Size: 12732
14	EVSM/VMA/EVM improvement plan implementation status	7.5		GEV.docx File desc: Date/time: 5/15/2013 8:47:29 AM Size: 12732
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		Audit Externe Post Canmapagne.docx File desc: Date/time: 5/15/2013 8:48:55 AM Size: 12805
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		PAS DE DEMANDE SOUTIEN POUR LA PROLONGATION POUR 2012.docx File desc: Date/time: 5/15/2013 8:50:18 AM Size: 12766
17	Valid cMYP if requesting extension of support	7.8		PAS DE DEMANDE SOUTIEN POUR LA PROLONGATION POUR 2012.docx File desc: Date/time: 5/15/2013 8:50:45 AM Size: 12766
18	Valid cMYP costing tool if requesting extension of support	7.8		PAS DE DEMANDE SOUTIEN POUR LA PROLONGATION POUR 2012.docx File desc: Date/time: 5/15/2013 8:51:02 AM Size: 12766

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	RSS.docx File desc: Date/time: 5/15/2013 8:52:15 AM Size: 12722
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	RSS.docx File desc: Date/time: 5/15/2013 8:52:37 AM Size: 12722
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	RSS.docx File desc: Date/time: 5/15/2013 8:53:00 AM Size: 12722
22	HSS Health Sector review report	9.9.3	X	RSS.docx File desc: Date/time: 5/15/2013 8:53:22 AM Size: 12722
23	Report for Mapping Exercise CSO Type A	10.1.1	X	OSC.docx File desc: Date/time: 5/15/2013 8:54:25 AM Size: 12751
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	OSC.docx File desc: Date/time: 5/15/2013 8:54:36 AM Size: 12751
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	OSC.docx File desc: Date/time: 5/15/2013 8:54:44 AM Size: 12751
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	NOTE 043.jpg File desc: Date/time: 5/15/2013 7:28:33 AM Size: 451996