



GAVI Alliance

Annual Progress Report **2011**

Submitted by

The Government of
Mali

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/18/2012**

Deadline for submission: 5/15/2012

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

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and the 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 purposes 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 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 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. The country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year;

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	Next tranche of HSS Grant - N/A
CSO Type A	No	Not applicable - N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available here.

2. Signatures

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

By signing this page, the Government of **Mali** 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 **Mali** :

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	Mr. Soumana MAKADJI	Name	Mr. Marimpa SAMOURA
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
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2.2. ICC signatures page

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

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

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of the GAVI Alliance monitoring of a country's 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
Mr. Soumana MAKADJI / Minister of Health	Ministry of Health		
Pr. Mamadou Sounalo TRAORE/ Secretary General	Ministry of Health		
Dr. Mountaga BOUARE / Technical Counsellor	Ministry of Health		
Mr. Drissa BERTHE / Director of Finance and Supplies	Ministry of Health		
Dr. Mamadou Namory TRAORE / National Director of Health	National Directorate of Health		
Dr. Fatoumata Binta T. DIALLO / WHO Representative	World Health Organisation - Mali		
Mrs. Rebecca BLACK/ Director	USAID - Mali		
Mr. Daouda SACKO	Rotary International - Mali		
Mr. Théophile NIKYEMA/ Interim Representative	UNICEF - Mali		

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

All comments will be treated confidentially.

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance monitoring of a 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

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

All comments will be treated confidentially.

Comments from Partners:

Comments from the Regional Working Group:

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

Mali is not reporting on CSO (Type A & B) fund utilisation in 2012.

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	690,872	690,872	715,743	715,663	741,510	741,427	768,204	768,118	795,859	795,771
Total infant deaths	66,324	66,324	68,711	68,704	71,185	71,177	73,748	73,739	76,403	76,394
Total surviving infants	624,548	624,548	647,032	646,959	670,325	670,250	694,456	694,379	719,456	719,377
Total pregnant women	779,061	799,061	807,108	807,746	836,163	836,825	866,265	866,951	897,451	8,998,161
Number of infants vaccinated (to be vaccinated) with BCG	670,145	691,802	694,271	644,097	719,264	689,527	745,158	737,394	771,984	787,813
BCG coverage	97 %	100 %	97 %	90 %	97 %	93 %	97 %	96 %	97 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	612,057	544,669	634,091	517,568	656,918	556,307	680,567	597,166	705,068	640,245
OPV3 coverage	98 %	87 %	98 %	80 %	98 %	83 %	98 %	86 %	98 %	89 %
Number of infants vaccinated (to be vaccinated) with DTP1	624,548	636,411	647,032	582,264	670,325	623,333	694,456	666,604	719,457	712,183
Number of infants vaccinated (to be vaccinated) with DTP3	612,057	547,144	634,091	517,568	656,918	556,307	680,567	597,166	705,068	640,245
DTP3 coverage	95 %	88 %	95 %	80 %	98 %	83 %	98 %	86 %	98 %	89 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	625,535	296,713	647,032	582,264	670,325	623,333	694,456	666,604	719,457	712,183
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	605,811	156,371	612,028	517,568	656,918	556,307	680,567	597,166	705,068	640,245
Pneumococcal (PCV13) coverage	97 %	25 %	95 %	80 %	98 %	83 %	98 %	86 %	98 %	89 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	605,811	509,571	627,621	485,220	650,215	522,795	673,623	562,447	697,873	604,276
Measles coverage	97 %	82 %	97 %	75 %	97 %	78 %	97 %	81 %	97 %	84 %
Pregnant women vaccinated with TT+	623,249	464,604	645,686	646,197	668,931	694,565	693,012	745,578	717,961	799,363
TT+ coverage	80 %	58 %	80 %	80 %	80 %	83 %	80 %	86 %	80 %	9 %
Vit A supplement to mothers within 6 weeks of delivery	0	0	0	0	0	0	0	0	0	0

Vit A supplement to infants after 6 months	N/A	0								
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	14 %	2 %	11 %	2 %	11 %	2 %	10 %	2 %	10 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in a 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**

The numbers are taken from JRF 2011 and the revised cMYP 2012 - 2016.

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

NA

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

NA

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

NA

5.2. Immunisation achievements in 2011

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

In 2011, the administrative coverage of routine EPI declined compared to 2010; the country organized 7 editions of NID and 2 LIDs in the same year subsequent to the notification of 7 cases of WPV (Wild Polio Virus). In response to this alarming situation, the monitoring of AFP (Acute Flaccid Paralysis) was strengthened; a national response plan to the import of WPV and a plan to strengthen routine immunization were developed. Remedial activities were effectively started in districts with low performance in February 2012. The last WPV case in Mali was on June 23, 2011. We completed the introduction of the MenAfriVac throughout the country and conducted a follow-up campaign against measles and the evaluation of efficient vaccine management. The evaluations of the measles and meningitis campaigns gave a satisfactory result of 95% immunization coverage.

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

The decline in immunization coverage in 2011 is primarily related to the inadequate funding of advanced and mobile strategies.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

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

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated

data on routine immunisation reporting? **Yes**

What action(s) have you taken to achieve this goal?

- The revision of data collection aids and tools
- The improvement of data processing

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).

The difference between the administrative coverage data and data from the joint estimation made by WHO/UNICEF was explained by:

- Demographic data from the general census of population and human settlements in 2009 (denominator)
 - The quality of immunization data due to inadequate training on the Data Quality Self Assessment (DQS). The trainings mainly focused on programme management and supervision.
- The last survey on immunization coverage was in January 2010.

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

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

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

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

- National workshop for consensus and the introduction of tools for auto-evaluation of data quality (DQS) in February 2010 in Mopti.
- Rotating quarterly meetings of AFP focal points and regional and district EPI heads
- Periodic harmonization of data at the regional and central levels
- Training on the District Vaccine Data Management Tool (DVD MT) in 7 of 9 regions
- Introduction of a harmonized collection of first level tools aligned with DVD MT and SMT in health facilities (monthly immunization reports)
- Evaluation of loss rates of vaccines in the region of Sikasso
- Supervision and monitoring of low-performing districts

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.

- Training and monitoring of DQS in health districts
- Continued implementation of DVD MT and SMT tools in regions and health districts
- Rotating quarterly meetings of APF focal points and regional and district EPI heads
- Harmonization of data once a month
- Preparation and distribution of data registers for routine immunization
- Supervision and monitoring of activities

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 470
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Enter the rate only; please do not enter local currency name.

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID/TN+	Lion's Club	MSF
Traditional Vaccines*	667,510	667,510	0	0	0	0	0	0
New and underused Vaccines**	19,501,300	758,394	18,742,906	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	824,321	586,215	238,106	0	0	0	0	0
Cold chain equipment	382,979	382,979	0	0	0	0	0	0
Personnel	174,609	174,609	0	0	0	0	0	0
Other routine recurrent costs	2,765,154	2,510,753	179,500	74,901	0	0	0	0
Other capital costs	395,774	395,774	0	0	0	0	0	0
Campaign costs	24,986,954	276,596	3,124,313	8,348,379	12,188,723	10,638	100,000	938,305
Evaluations, trainings, research, monitoring		0	0	8,511	447,455	0	0	0
Total Expenditures for Immunisation	49,698,601							
Total Government Health		5,752,830	22,284,825	8,431,791	12,636,178	10,638	100,000	938,305

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

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

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

Compared to cMYP 2007-2011, all expenditure items except the purchase of traditional vaccines in 2011 have increased. The expenditure for the purchase of new and under-used vaccines stands at US \$ 19,501,300 as against a forecast of US\$ 8,343,774. This is explained by the under-estimation of the target, i.e. the introduction of PCV-13 in much more expensive single doses.

The organization of eleven immunization campaigns in 2011 contributed to the global increase in expenses compared to forecasts in cMYP 2007-2011 (US\$ 49,623,700 /US\$ 240,416,697).

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

N/A

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

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,411,499	1,520,862
New and underused Vaccines**	15,769,591	25,903,509
Injection supplies (both AD syringes and syringes other than ADs)	1,007,189	1,042,993
Injection supply with syringes other than ADs	0	0

Cold chain equipment	1,241,059	856,913
Personnel	6,634,205	6,810,003
Other routine recurrent costs	5,635,848	6,346,114
Supplemental Immunisation Activities	5,766,302	6,037,001
Total Expenditures for Immunisation	37,465,693	48,517,395

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

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

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

No, funding is not fully covered for 'logistics'.

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

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Not selected**

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?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **5**

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

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

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

If Yes, which ones?

List CSO member organisations:
Plan Mali

5.8. Priority actions in 2012 to 2013

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

See cMYP 2012 -2016 attached for this purpose.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG		
Measles		
TT		
DTP-containing vaccine		

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 the box below)

We have not encountered any obstacles in the implementation.

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

All waste is destroyed by incineration. The measles and meningitis campaigns held in 2012 helped with the rehabilitation of certain incinerators and its construction.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	83,963	42,317,571
Remaining funds (carry over) from 2010 (B)	1,168,713	589,031,451
Total funds available in 2011 (C=A+B)	1,252,676	631,349,022
Total Expenditures in 2011 (D)	132,591	66,825,689
Total Expenditures in 2012 (D)	1,120,085	564,523,333

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in the 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.

Like other TFP (Technical and Financial Partners) of the health sector, GAVI funds are taken into account in all sector plans and budgets as part of PRODESS. The main problems encountered in fund management are:

- The cumbersome processes of the disbursement of funds
- The very low level of institutional anchoring of the department responsible for the management of immunizations at the central level

***** Note: Funds received in 2011 are actually repayments**

6.1.2. Please specify the type of bank account(s) used (commercial versus government accounts), the procedures for approving budgets, how the funds are channelled to sub-national levels, and the provisions for preparing financial reports at the sub-national and national levels; include overall role of the ICC in this process.

After the evaluation of the financial management and in accordance with the memorandum signed by the Health Minister, the ISS and HSS components have separate governmental bank accounts whose sole authorizing officer is the director of the Treasury Accounting Department. Its accounts are in BDM SA. All ISS budgets are examined and validated by the ICC. The sub-national levels receive funds by bank transfer. The financial reports are prepared in collaboration with the DFM from the Ministry of Health.

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

Cascade training for officers for the introduction of PCV-13;
Revision of EPI aids and tools;
Introduction of PCV-13 vaccines in all regions.

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

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

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

6.2.2. Has an external audit been conducted? **Not selected**

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 government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number Document non référencé).

6.3. Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

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

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

Table 6.3: Calculation of expected ISS reward

			Base Year**	2011
			A	B***
1	Number of infants vaccinated with DTP3* (from JRF) specify		455589	547,144
2	Number of additional infants that are reported to be vaccinated with DTP3			91,555
3	Calculating	\$20 per additional child vaccinated with DTP3		1,831,100
4	Rounded-up estimate of expected reward			1,831,500

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

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

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

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

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

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

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

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
Pneumococcal (PCV13)		1,969,200	399,600
Yellow Fever		1,095,800	459,900
DTP-HepB-Hib		3,273,820	765,100

*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? ...)

The introduction of PCV 13 was effective in all districts of the country only in December 2011.

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

- Regular monitoring of stocks through the SMT tools and orders to the Supply division were adjusted, depending on available stocks that come under regular inventories.
- Training of EPI officers in SMT in 7 of 9 regions

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

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

N/A

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

N/A

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	pneumococcal conjugate vaccine - 13 valent		
Phased introduction	No		15/03/2011
Nationwide introduction	Yes		15/03/2011
The time and scale of introduction was as planned in the proposal? If No,	No	Difficulty in disbursement of funds meant for the cascade training of health workers	

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

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

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	83,963	42,317,571
Remaining funds (carry over) from 2010 (B)	1,168,713	589,031,451
Total funds available in 2011 (C=A+B)	1,252,676	631,349,022
Total expenditures in 2011 (D)	132,591	66,825,689
Balance carried over to 2012 (E=C-D)	1,120,085	564,523,333

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **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.

*** Note: The funds received in 2011 are actually repayments.

Introduction of the vaccine;

Cascade training of health workers;

Revision of EPI aids.

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

There were difficulties in the disbursement of funds.

There was a very low level of institutional anchoring of the department responsible for the management of immunizations at the central level.

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

NA

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?
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Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	354,000	1,770,000
1st Awarded Vaccine Yellow Fever, 5 dose(s) per vial, LYOPHILISED	346,894	466,000
Q.2: Which were the sources of funding for co-financing in reporting year 2011?		
Government	YES	
Donor	NO	
Other	NO	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		79,002
Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	Government
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Government
1st Awarded Vaccine Yellow Fever, 5 dose(s) per vial, LYOPHILISED	September	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including co-financing.		
With the support from the Sabin Vaccine Institute, significant steps had been taken for the establishment of a durable funding mechanism for immunization. However, the new political context which challenges the prerequisites requires technical assistance.		

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/>

NA

Is GAVI's new vaccine support reported on 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 an 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? **July 2011**

Please attach:

- (a) EVM assessment (**Document No. 15**)
- (b) Improvement plan after EVM (**Document No. 16**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No. 17**)

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
See EVM report	See attached EVM report	See annexure

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

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Mali does not report on the NVS Preventive campaign.

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for a switch of the PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for a switch from one PCV to another may apply in the 2014 Annual Progress Report for consideration by the IRC.

For vaccines other than PCV, if you would prefer, during 2011, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. The country will be notified if supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake the necessary activities for preparing such, taking into account the country activities needed in order to switch as well as supply availability.

You have requested a switch of presentation(s); below is (are) the new presentation(s) :

* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° 10,11) that has endorsed the requested change.

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

Renewal of multi-year vaccine support for Mali is not available in 2012.

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

In order to request NVS support for 2013 vaccinations, do the following:

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

Yes

If you don't confirm, please explain:

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.2: Freight Cost

Vaccine Antigens	Vaccine Types	No. Threshold	\$ 200,000		\$ 250,000		\$ 2,000,000	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		
Measles	MEASLES	10.00 %						
Meningococcal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13)	PNEUMO	5.00 %						

Rotavirus	ROTA	5.00 %						
Yellow Fever	YF		20.00 %				10.00 %	5.00 %

7.11. Calculation of requirements

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

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	624,548	646,959	670,250	694,379	719,377	3,355,513
	Number of children to be vaccinated with the first dose	Table 4	#	636,411	582,264	623,333	666,604	712,183	3,220,795
	Number of children to be vaccinated with the third dose	Table 4	#	547,144	517,568	556,307	597,166	640,245	2,858,430
	Immunisation coverage with the third dose	Table 4	%	87.61 %	80.00 %	83.00 %	86.00 %	89.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	1,289,341					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.47	2.32	2.03	1.85	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	Freight cost as % of devices' value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	502,200	1,829,700	1,930,800	2,041,200
Number of AD syringes	#	1,939,000	2,111,600	2,257,700	2,411,500
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	21,525	23,450	25,075	26,775

Total value to be co-financed	\$	1,383,500	4,501,500	4,172,500	4,032,000
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Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2012	2013	2014	2015
Number of vaccine doses	#	42,700	166,300	203,200	238,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	\$	109,000	399,500	427,000	456,000

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	7.82 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	636,411	582,264	45,553	536,711
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	1,909,233	1,746,792	136,659	1,610,133
E Estimated vaccine wastage factor	Table 4	1	1		
F Number of doses needed including wastage	D X E	2,004,695	1,834,132	143,492	1,690,640
G Vaccine buffer stock	(F – F of previous year) * 0.25		0	0	0
H Stock on 1 January 2012	Table 7.11.1	1,289,341			
I Total vaccine doses needed	F + G – H		544,791	42,622	502,169
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		1,938,940	0	1,938,940
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		21,523	0	21,523
N Cost of vaccines needed	I x vaccine price per dose (g)		1,345,634	105,275	1,240,359
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		90,161	0	90,161
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		125	0	125
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		47,098	3,685	43,413
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		9,029	0	9,029
T Total funds needed	(N+O+P+Q+R+S)		1,492,047	108,959	1,383,088
U Total country co-financing	I x country co-financing per dose (cc)		108,959		
V Country co-financing % of GAVI supported proportion	U / (N + R)		7.82 %		

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

	Formula	2013			2014			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	8.33 %		9.52 %			
B	Number of children to be vaccinated with the first dose	Table 5.2.1	623,333	51,919	571,414	666,604	63,455	603,149
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,869,999	155,756	1,714,243	1,999,812	190,364	1,809,448
E	Estimated vaccine wastage factor	Table 4	1			1		
F	Number of doses needed including wastage	$D \times E$	1,963,499	163,544	1,799,955	2,099,803	199,882	1,899,921
G	Vaccine buffer stock	$(F - F \text{ of previous year}) \times 0.25$	32,342	2,694	29,648	34,076	3,244	30,832
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,995,841	166,238	1,829,603	2,133,879	203,126	1,930,753
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,111,599	0	2,111,599	2,257,616	0	2,257,616
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	23,439	0	23,439	25,060	0	25,060
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,630,352	385,671	4,244,681	4,331,775	412,344	3,919,431
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,630,352	0	98,190	4,331,775	0	104,980
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	$M \times \text{safety box price per unit (cs)}$	136	0	136	146	0	146
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	162,063	13,499	148,564	151,613	14,433	137,180
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	9,833	0	9,833	10,513	0	10,513
T	Total fund needed	$(N+O+P+Q+R+S)$	4,900,574	399,170	4,501,404	4,599,027	426,776	4,172,251
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	399,169			426,776		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.33 %			9.52 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	10.45 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	712,183	74,390	637,793
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,136,549	223,168	1,913,381
E	Estimated vaccine wastage factor	Table 4	1		
F	Number of doses needed including wastage	$D \times E$	2,243,377	234,327	2,009,050

G	Vaccine buffer stock	$(F - F \text{ of previous year}) * 0.25$	35,894	3,750	32,144
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	2,279,271	238,076	2,041,195
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$	2,411,412	0	2,411,412
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$	0	0	0
M	Total safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	26,767	0	26,767
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,216,652	440,440	3,776,212
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	112,131	0	112,131
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	156	0	156
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	147,583	15,416	132,167
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	11,229	0	11,229
T	Total funds needed	$(N+O+P+Q+R+S)$	4,487,751	455,855	4,031,896
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	455,855		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.45 %		

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

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	624,548	646,959	670,250	694,379	719,377	3,355,513
	Number of children to be vaccinated with the first dose	Table 4	#	296,713	582,264	623,333	666,604	712,183	2,881,097
	Number of children to be vaccinated with the third dose	Table 4	#	156,371	517,568	556,307	597,166	640,245	2,467,657
	Immunisation coverage with the third dose	Table 4	%	25.04 %	80.00 %	83.00 %	86.00 %	89.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	1,365,750					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices' value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010					
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	655,600	1,887,300	2,017,800	2,155,300
Number of AD syringes	#	2,188,600	2,111,600	2,257,700	2,411,500
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	24,300	23,450	25,075	26,775
Total value to be co-financed	\$	2,521,500	7,044,000	7,531,000	8,044,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	37,800	108,700	116,200	124,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	\$	139,000	399,500	427,000	456,000

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	5.44 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	296,713	582,264	31,688	550,576
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	890,139	1,746,792	95,064	1,651,728
E Estimated vaccine wastage factor	Table 4	1	1		
F Number of doses needed including wastage	$D \times E$	934,646	1,834,132	99,817	1,734,315
G Vaccine buffer stock	$(F - F \text{ of previous year}) \times 0.25$		224,872	12,238	212,634
H Stock on 1 January 2012	Table 7.11.1	1,365,750			
I Total vaccine doses needed	$F + G - H$		693,254	37,729	655,525
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		2,188,548	0	2,188,548
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		24,293	0	24,293
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2,426,389	132,049	2,294,340
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		101,768	0	101,768
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		141	0	141
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		121,320	6,603	114,717
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		10,191	0	10,191
T Total funds needed	$(N+O+P+Q+R+S)$		2,659,809	138,651	2,521,158
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		138,651		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.44 %		

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

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI

A	Country co-finance	V	5.44 %			5.44 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	623,333	33,923	589,410	666,604	36,278	630,326
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	B X C	1,869,999	101,769	1,768,230	1,999,812	108,834	1,890,978
E	Estimated vaccine wastage factor	Table 4	1			1		
F	Number of doses needed including wastage	D X E	1,963,499	106,858	1,856,641	2,099,803	114,276	1,985,527
G	Vaccine buffer stock	(F – F of previous year) * 0.25	32,342	1,761	30,581	34,076	1,855	32,221
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	F + G – H	1,995,841	108,618	1,887,223	2,133,879	116,130	2,017,749
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	2,111,599	0	2,111,599	2,257,616	0	2,257,616
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11	0	0	0	0	0	0
M	Total safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11	23,439	0	23,439	25,060	0	25,060
N	Cost of vaccines needed	I x vaccine price per dose (g)	6,985,444	380,161	6,605,283	7,468,577	406,454	7,062,123
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)	6,985,444	0	98,190	7,468,577	0	104,980
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	136	0	136	146	0	146
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	349,273	19,009	330,264	373,429	20,323	353,106
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	9,833	0	9,833	10,513	0	10,513
T	Total funds needed	(N+O+P+Q+R+S)	7,442,876	399,169	7,043,707	7,957,645	426,776	7,530,869
U	Total country co-financing	I x country co-financing per dose (cc)	399,169			426,776		
V	Country co-financing % of GAVI supported proportion	U / (N + R)	5.44 %			5.44 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)**

	Formula	2015		
		Total	Government	GAVI
A	V	5.44 %		
B	Table 5.2.1	712,183	38,759	673,424
C	Vaccine parameter (schedule)	3		
D	B X C	2,136,549	116,275	2,020,274
E	Table 4	1		
F	D X E	2,243,377	122,089	2,121,288
G	(F – F of previous year) * 0.25	35,894	1,954	33,940
H	Table 7.11.1			
I	F + G – H	2,279,271	124,043	2,155,228

J	Number of doses per vial	<i>Vaccine Parameter</i>	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$	2,411,412	0	2,411,412
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$	0	0	0
M	Total safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	26,767	0	26,767
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	7,977,449	434,148	7,543,301
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	112,131	0	112,131
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	156	0	156
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	398,873	21,708	377,165
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	11,229	0	11,229
T	Total funds needed	$(N+O+P+Q+R+S)$	8,499,838	455,856	8,043,982
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	455,855		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.44 %		

Table 7.11.1: Specifications for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	624,548	646,959	670,250	694,379	719,377	3,355,513
	Number of children to be vaccinated with the first dose	Table 4	#	506,615	485,220	78.00 %	562,447	604,276	2,681,353
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.18	1.18	1.18	
	Vaccine stock on 1 January 2012		#	841,800					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.90	0.90	0.90	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		10.00 %	10.00 %	10.00 %	10.00 %	
fd	Freight cost as % of devices' value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

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

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 214,800	501,200	539,000	578,900
Number of AD syringes	#	538,600	592,700	637,400	684,500
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	6,000	6,600	7,075	7,600
Total value to be co-financed	\$	- 238,500	526,500	566,500	608,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 54,300	126,900	136,500	146,600
Number of AD syringes	#	0	0	0	0

Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	\$	0	126,000	135,500	145,500

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 1)

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

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 2)

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI
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	Vaccine buffer stock	$(F - F \text{ of previous year}) * 0.25$					
H	Stock on 1 January 2012	Table 7.11.1					
I	Total vaccine doses needed	$F + G - H$					
J	Number of doses per vial	Vaccine Parameter					
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$					
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$					
M	Total safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$					
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$					
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 funds 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	$U / (N + R)$					

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 3)

	Formula	2015		
		Total	Government	GAVI
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	Vaccine buffer stock	$(F - F \text{ of previous year}) * 0.25$		
H	Stock on 1 January 2012	Table 7.11.1		
I	Total vaccine doses needed	$F + G - H$		
J	Number of doses per vial	Vaccine Parameter		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$		
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$		

M	Total safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
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 funds 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	$U / (N + R)$			

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

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

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

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

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

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

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

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

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

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

9.1.1. Report on the use of HSS funds in 2011

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (<i>as per the originally approved HSS proposal</i>)						
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)						
Total funds received from GAVI during the calendar year (<i>A</i>)						
Remaining funds (carry over) from previous year (<i>B</i>)						
Total funds available during the calendar year (<i>C=A+B</i>)						
Total expenditures during the calendar year (<i>D</i>)						
Balance carried forward to next calendar year (<i>E=C-D</i>)						

D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (<i>as per the originally approved HSS proposal</i>)						
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total funds available during the calendar year (C=A+B)						
Total expenditures during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

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

Detailed expenditure of HSS funds during the 2011 calendar year

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

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

Financial management of HSS funds

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

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

Has an external audit been conducted? **Not selected**

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
---	--

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

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

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program.

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

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

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

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

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

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

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

9.5. Planned HSS activities for 2012

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

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past)	2012 actual expenditures (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
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many rows as necessary)		annual progress reviews)			relevant)	
		0	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming), please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

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

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

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

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

9.7. Revised indicators in case of reprogramming

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

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

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

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

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

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.

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

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document No. 23**)
2. The latest Health Sector Review report (**Document Number:**)

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

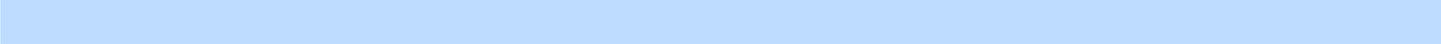
Mali is not reporting on GAVI TYPE A CSO support for 2012.

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

Mali 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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc.)
 - d. Total expenditures during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditures 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 expenditures during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditures ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditures

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

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditures						
Wages & 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 expenditures						
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 & overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditures 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 expenditures during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

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

12.4. Annex 4 – Example income & expenditures HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditures

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

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & 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 expenditures						
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 & overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise the total annual expenditures 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 expenditures during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditures

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

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

Detailed analysis of expenditures by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditures						
Wages & 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 expenditures						
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 & overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purposes. 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 the Minister of Health (or delegated authority)	2.1	<input checked="" type="checkbox"/>	Signature_MS.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:49:33 AM Size: 1568061
2	Signature of the Minister of Finance (or delegated authority)	2.1	<input checked="" type="checkbox"/>	Signature_MINFI.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:50:06 AM Size: 1568061
3	Signatures of the members of ICC	2.2	<input checked="" type="checkbox"/>	Page_Signatures_CCIA.pdf File desc: Description du fichier... Date/time: 5/16/2012 5:53:54 AM Size: 1414309
4	Signatures of the members of HSCC	2.3	<input type="checkbox"/>	Compte rendu Reunion ayant validé le RSA RSS 2011.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:51:27 AM Size: 3233159
5	Minutes of ICC meetings in 2011	2.2	<input checked="" type="checkbox"/>	CR_CCIA[3].pdf File desc: Description du fichier... Date/time: 5/16/2012 10:11:22 AM Size: 896900
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	<input checked="" type="checkbox"/>	CR_CCIA[1].pdf File desc: Description du fichier... Date/time: 5/16/2012 10:10:23 AM Size: 679624
7	Minutes of HSCC meetings in 2011	2.3	<input type="checkbox"/>	Compte rendu reunion comité pilot 11 Mai 2011.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:42:52 AM Size: 2820252
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	<input type="checkbox"/>	Compte rendu Reunion ayant validé le RSA RSS 2011.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:42:04 AM Size: 3233159
9	Financial Statement for HSS grant APR 2011	9.1.3	<input type="checkbox"/>	Étas financ. 2011 et de Janv-avril 2012-RSA RSS 2011 GAVI.pdf File desc: Description du fichier... Date/time: 5/18/2012 8:16:09 AM

				Size: 2320303
10	New cMYP APR 2011	7.7	<input checked="" type="checkbox"/>	PPAC 2012-2016_VF validée_17_10_2011.doc File desc: Description du fichier... Date/time: 5/10/2012 6:46:13 PM Size: 2871808
11	New cMYP costing tool APR 2011	7.8	<input checked="" type="checkbox"/>	cMYP_Costing_Tool_Vs.2.5_FR 17_06_2011 Version CNI.xls File desc: Description du fichier... Date/time: 5/10/2012 6:43:23 PM Size: 3287552
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	<input type="checkbox"/>	avisReunion_CCIA.jpg File desc: Description du fichier... Date/time: 5/18/2012 8:22:23 AM Size: 955340
13	Financial Statement for ISS grant APR 2011	6.2.1	<input type="checkbox"/>	SuiviCompte_Fonds_SSV.jpg File desc: Description du fichier... Date/time: 5/15/2012 6:26:01 PM Size: 516269
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	<input checked="" type="checkbox"/>	Analyse_depenses_SSV_2011.jpg File desc: Description du fichier... Date/time: 5/15/2012 6:30:24 PM Size: 1202529
15	EVSM/VMA/EVM report APR 2011	7.5	<input checked="" type="checkbox"/>	Mali_Rapport GEV Mali DV corrigé 08_10_11.doc File desc: Description du fichier... Date/time: 5/10/2012 6:38:08 PM Size: 3291648
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	<input checked="" type="checkbox"/>	Plan d'améliorationGEV_2011.doc File desc: Description du fichier... Date/time: 5/10/2012 6:39:34 PM Size: 271872
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	<input checked="" type="checkbox"/>	Situation_Plan d'améliorationGEV_2011.doc File desc: Description du fichier... Date/time: 5/10/2012 6:40:12 PM Size: 279040
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	<input type="checkbox"/>	Rapport d'opinion AUDIT PRODESS EX 2010.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:39:01 AM Size: 940870
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20	Post-Introduction Evaluation Report	7.2.2	<input checked="" type="checkbox"/>	File desc: Description du fichier... Date/time: 5/18/2012 8:13:16 AM Size: 896900
21	Minutes ICC meeting endorsing the extension of vaccine support	7.8	<input checked="" type="checkbox"/>	CR_CCIA[2].pdf File desc: Description du fichier... Date/time: 5/16/2012 10:12:31 AM Size: 796225
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	<input type="checkbox"/>	Rapport d'opinion AUDIT PRODESS EX 2010.pdf File desc: Description du fichier... Date/time: 5/18/2012 6:39:41 AM Size: 940870
23	HSS Health Sector review report	9.9.3	<input type="checkbox"/>	PRODESS Report FINAL 08-8-2011 For A4 Printing (3).pdf File desc: Description du fichier... Date/time: 5/18/2012 6:37:53 AM Size: 2245862