The GAVI Alliance

Annual Progress Report 2013

Submitted by

the Government of

Mali

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **14/05/2014**

Deadline for submission: 22/05/2014

Please submit the 2013 Annual Progress Report using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance for this application 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 if it wishes to propose any change to the programme(s) description in this 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 this 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. Any funds repaid will be deposited into the account or accounts designated by the GAVI Alliance.

SUSPENSION/TERMINATION

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

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this 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 government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in this application.

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 will comply with its requirements.

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 this 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 this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this 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: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 3 dose schedule	Rotavirus, 3 dose schedule	2016
Routine New Vaccines Support	Yellow fever, 5 dose (s) per vial, LYOPHILISED	Yellow fever, 10 dose (s) per vial, LYOPHILISED	2015

DTP-HepB-Hib (pentavalent) vaccine: per your Country's current preferences, the vaccine is available as a liquid from UNICEF in 1- or 10-dose vials or as lyophilised/liquid vaccine in 2-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

1.2. Programme extension

No NVS eligible for extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	YES	next tranche: N/A	N/A
HSS	YES	next tranche of HSS grant: N/A	N/A

VIG: GAVI Vaccine Introduction Grant; COS: Operational support for campaign

1.4. Previous Monitoring IRC Report

The IRC Annual Progress Report (APR) for the year 2012 is available here. It is also available in French here.

2. Signatures

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

By signing this page, the Government of 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

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 & the Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mr. Ousmane KONE	**Name**	Mrs. BOUARE Fily SISSOKO
Date		**Date**	
Signature		**Signature**	

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

Full name	Title	Telephone	Email address
Moussa Bathily	Surveillance Focal Point	76326649	bathily.moussa@yahoo.fr
Seydou Kouyaté	Data Manager	76481440	sykouyaté2007@yahoo.fr
Mady Kamissoko	AFP Focal Point	66767042	kamissoko_mady11@yahoo.fr
Famoussa Konaté	Supplementary Immunization Activities Coordinator	76484158	famoussa10@ymail.com
Adama Diawara	GAVI Focal Point	66752688	diawarabint@yahoo.fr/ diawaraad@who.int
Youssouf Boré	Finances and MoH Supplies Department	76051432	eybore@yahoo.fr
Baba Tounkara	WHO EPI Focal Point	75246801	tounkaraba@who.int
Bani DIABY	Deputy GAVI Focal Point, Immunization Division	66855755	diabyseptembre@yahoo.fr
Diallo Alima Naco	GAVI Focal Point, Immunization Division	60413981	nalimata1960@yahoo.fr
Ahouanto Charles	WHO GAVI Manager	63620021	ahouantoc@who.int
Aguissa Maiga	Director, Immunization Division	76248904	amagaml@yahoo.fr
Sylvestre Tiendrebreogo	UNICEF EPI Focal Point	72913796	sytiendrebeogo@unicef.org
Diallo Djaba Aminata Traoré	Health Sector Planner, CPS	66728424	djabaaminatat@yahoo.fr
Alpha M Touré	GAVI HSS Focal Point, Ministry of Health	66627866	elphy2003@yahoo.fr

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 two copies of the attached documents section the signatures pages signed by committee members, one for HSCC signatures and one for ICC signatures.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country 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 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. Ousmane KONE, Minister	Ministry of Health		
Dr. Lamine Diarra, Technical Advisor on Public Health	Ministry of Health		
Mr. Souleymane Traoré, Director of Finance and Equipment	Ministry of Health		
Dr. Binta Keita, National Director of Health	Ministry of Health		
Dr. Ibrahima Socé FALL, Representative	World Health Organization		
Mr. George Ameh	UNICEF		
Diakaridia Dembélé, Budget Department	Ministry of the Economy and Finance		
Mahmoudou Karabenta	Groupe Pivot/ Santé		

The ICC may 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 this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Mali is not submitting a report on the use of CSO funds (Type A and B) in 2014.

3. TABLE OF CONTENTS

This APR reports on Mali's activities between January - December 2013 and specifies the requests for the period of January - December 2015.

Sections

1. Application Specification
   - 1.1. NVS & INS support
   - 1.2. Programme extension
   - 1.3. ISS, HSS, CSO support
   - 1.4. Previous Monitoring IRC Report

2. Signatures
   - 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
   - 2.2. ICC signatures page
     - 2.2.1. ICC report endorsement
   - 2.3. HSCC signatures page
   - 2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

3. Table of Contents

4. Baseline & annual targets

5. General Programme Management Component
   - 5.1. Updated baseline and annual targets
   - 5.2. Immunisation achievements in 2013
   - 5.3. Monitoring the Implementation of GAVI Gender Policy
   - 5.4. Data assessments
   - 5.5. Overall Expenditures and Financing for Immunisation
   - 5.6. Financial Management
   - 5.7. Interagency Coordinating Committee (ICC)
   - 5.8. Priority actions in 2014 to 2015
   - 5.9. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)
   - 6.1. Report on the use of ISS funds in 2013
   - 6.2. Detailed expenditure of ISS funds during the 2013 calendar year
   - 6.3. Request for ISS reward

7. New and Under-used Vaccines Support (NVS)
   - 7.1. Receipt of new & under-used vaccines for 2013 vaccine programme
   - 7.2. Introduction of a New Vaccine in 2013
   - 7.3. New Vaccine Introduction Grant lump sums 2013
     - 7.3.1. Financial Management Reporting
     - 7.3.2. Programmatic Reporting
   - 7.4. Report on country co-financing in 2013
   - 7.5. Vaccine Management (EVSM/VMA/EVM)
   - 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013
   - 7.7. Change of vaccine presentation
   - 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014
   - 7.9. Request for continued support for vaccines for 2015 vaccination programme
   - 7.10. Weighted average prices of supply and related freight cost

7.11. Calculation of requirements
8. Injection Safety Support (INS)
9. Health Systems Strengthening Support (HSS)
9.1. Report on the use of HSS funds in 2013 and request of a new tranche
9.2. Progress on HSS activities in the 2013 fiscal year
9.3. General overview of targets achieved
9.4. Programme implementation in 2013
9.5. Planned HSS activities for 2014
9.6. Planned HSS activities for 2015
9.7. Revised indicators in case of reprogramming
9.8. Other sources of funding for HSS
9.9. Reporting on the HSS grant
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
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP
11. Comments from ICC/HSCC Chairs
12. Annexes
12.1. Annex 1 – Terms of reference ISS
12.2. Annex 2 – Example income & expenditure ISS
12.3. Annex 3 – Terms of reference HSS
12.4. Annex 4 – Example income & expenditure HSS
12.5. Annex 5 – Terms of reference CSO
12.6. Annex 6 – Example income & expenditure CSO
13. Attachments

4. Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	745 223	745 222	768 118	767 511	795 771	795 141		823 767
Total infants' deaths	71 542	71 541	73 739	73 681	76 394	76 334		79 082
Total surviving infants	673681	673 681	694 379	693 830	719 377	718 807		744 685
Total pregnant women	840 350	840 350	866 951	866 265	899 816	897 451		929 759
Number of infants vaccinated (to be vaccinated) with BCG	707 962	746 135	752 756	736 811	787 813	787 190		815 529
BCG coverage	95 %	100 %	98 %	96 %	99 %	99 %		99 %
Number of infants vaccinated (to be vaccinated) with OPV3	606 313	620 249	666 604	575 879	704 989	625 362		707 451
OPV3 coverage	90 %	92 %	96 %	83 %	98 %	87 %		95 %
Number of infants vaccinated (to be vaccinated) with DTP1	626 523	723 087	680 491	680 231	712 183	729 301		806 494
Number of infants vaccinated (to be vaccinated) with DTP3	606 313	625 469	666 604	596 694	704 989	639 739		707 451
DTP3 coverage	90 %	93 %	96 %	86 %	98 %	89 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	5	10	5	5	5	5		5
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.05	1.11	1.05	1.05	1.05	1.05		1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	623 333	723 087	680 491	680 231	712 183	729 301		
Number of infants vaccinated (to be vaccinated) with 3 doses of DTP-HepB-Hib	623 333	625 469	680 491	596 694	704 989	639 739		
DTP-HepB-Hib coverage	93 %	93 %	98 %	86 %	98 %	89 %		0 %
Wastage rate *[1]* in base-year and planned thereafter (%) *[2]*	5	10	5	5	5	5		
Wastage factor *[1]* in base-year and planned thereafter (%)	1.05	1.11	1.05	1.05	1.05	1.05		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	522 795	600 737	659 660	562 002	690 602	603 798		
Yellow Fever coverage	78 %	89 %	95 %	81 %	96 %	84 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	15	15	15	15	15	15		

Wastage factor *[1]* in base-year and planned thereafter (%)	1.18	1.18	1.18	1.18	1.18	1.18		1
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40 %	40 %	40 %	40 %	40 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	623 333	720 872	680 491	680 231	712 183	729 301		
Number of infants vaccinated (to be vaccinated) with 3 doses of Pneumococcal (PCV13)	623 333	621 670	680 491	596 694	704 989	639 738		
Pneumococcal (PCV13) coverage	93 %	92 %	98 %	86 %	98 %	89 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5	5	5		
Wastage factor *[1]* in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05		1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus vaccine	100 537	0	277 752	118 667		327 776		806 494
Number of infants vaccinated (to be vaccinated) with 3 doses of Rotavirus vaccine	100 537	0	277 752	104 074		287 523		707 451
Rotavirus coverage	15 %	0 %	40 %	15 %		40 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	0	5	5		5		5
Wastage factor *[1]* in base-year and planned thereafter (%)	1.05	1	1.05	1.05		1.05		1.05
Maximum wastage rate value for Rotavirus vaccine, 3-dose schedule	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Measles	606 313	604 209	659 660	562 002	690 602	603 714		647 876
Measles coverage	90 %	90 %	95 %	81 %	96 %	84 %		87 %
Pregnant women vaccinated with TT+	694 565	626 190	745 578	744 998	799 363	798 731		827 486
TT+ coverage	83 %	75 %	86 %	86 %	89 %	89 %		89 %
Vit A supplement to mothers within 6 weeks from delivery	0	395 262	0	0	0	0		0
Vit A supplement to infants after 6 months	0	493 156	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	14 %	2 %	12 %	1 %	12 %		12 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 – 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  No changes in births.

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

  No changes in surviving infants.

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

  No changes in targets by vaccine.

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

  No changes in wastage by vaccine.

5.2. Immunisation achievements in 2013

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

The 2013 program was implemented against the backdrop of the liberation of the Mpoti, Timbuktu, and Gao regions, and part of Kidal, and the election and swearing in of a new president that marked the end of the institutional crisis. Despite a return to the normal constitutional process, the following difficulties were encountered:

• limited access to certain zones of insecurity in the Kidal, Gao, and Timbuktu regions;

• limited availability of working motorized equipment in the health districts;

• cold chain shortages following the looting and destruction of health centers; and

• personnel shortages in the northern regions.

The following steps were taken to address these challenges:

• Humanitarian missions (WHO, UNICEF, and Malian Board of Physicians) were organized in these regions;

• Human resources were reinforced through:

- the deployment of personnel specifically assigned to immunization activities during the humanitarian missions (14 agent per mission, total of 56);

- the systematic deployment of a monitor/supervisor per district during SIA campaigns;

- the deployment of 6 doctors, a STOP Team, and consultants to the 6 regions in the south, and 2 doctors

to Timbuktu and Goa to help with routine immunization, surveillance, and SIAs;

- the recruitment of 381 volunteers to assist with immunization;

- A cold chain replenishment plan was developed;

- Steps were taken with partners to implement the cold chain replenishment plan; and

Efforts were made to step up routine immunization by conducting one round of catch-up campaigns in 14 low-performing districts in the south and two rounds in Timbuktu, Gao, and Kidal, with support from WHO, UNICEF, and NGOs. These produced satisfactory results with coverage rates exceeding estimates for all vaccines except TT2+.

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

The TT2+ target was not reached due to under-reporting of women who had received more than one dose of TT.

This under-reporting resulted from a failure to inquire about immunization history in cases of new pregnancies.

Inadequate use of collection materials available at the health centers in cases of lost immunization cards, and difficulties involved in storing records in their current format at the immunization sites.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
EDSM-V [Demographic and Health Survey-5]	2012	63.3	62.8

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

The national demographic and health survey (EDS) was conducted in 2012 when the country was in crisis, so only the southern regions are included in the survey. The available report is a preliminary report.

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**

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

N/A

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)

Administrative sources indicate higher coverage levels than the surveys and estimates combined because:

- the target population was underestimated;

- the data collected was of inadequate quality;

- the demographic data (denominator) were taken from the revised 2009 Population and Housing Census;

- the last vaccine coverage survey was in January 2010.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **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 2011 to the present.

The following activities have been undertaken since 2011 to improve administrative data systems:

- Meetings have been held with partners and data managers from the EPI, Health Information System, laboratory, and Epidemiological Surveillance division to harmonize data at the central level (routine immunization and surveillance data);

- Meetings for EPI/Surveillance focal points have been held with EPI/Surveillance managers from the regional the central levels and from the districts in the region hosting the meeting;

- Regional EPI managers have been trained on use of the District Vaccine Management Tool (DVD-MT) and the Stock Management Tool (SMT);

- The DVD-MT and SMT are being used in the regions and districts;

- A monitoring tool is being used at priority sites;

- Tally sheets to record immunizations were developed and are being used at immunization sites;

- EPI supervision has been carried out.

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.

The following activities have been undertaken since 2011 to improve administrative data systems:

- Meetings have been held with partners and data managers from the EPI, Health Information System, laboratory, and Epidemiological Surveillance division to harmonize data at the central level (routine immunization and surveillance data);

- Meetings for EPI/Surveillance focal points have been held with EPI/Surveillance managers from the regional the central levels and from the districts in the region hosting the meeting;

- Regional EPI managers have been trained on use of the District Vaccine Management Tool (DVD-MT) and the Stock Management Tool (SMT);

- The DVD-MT and SMT are being used in the regions and districts;

- A monitoring tool is being used at priority sites;

- Tally sheets to record immunizations were developed and are being used at immunization sites;

- EPI supervision has been carried out.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 495.248	Only enter the exchange rate; do not list the name of the local currency

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

Expenditures by Category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	HKI	Local Community	Sabine Vaccine Institute/ATNPlus
Traditional Vaccines*	906 915	906 915	0	0	0	0	0	0
New and underused Vaccines**	12 473 905	1 118 435	11 355 470	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	625 192	376 965	147 407	100 820	0	0	0	0
Cold chain equipment	3 507 395	191 567	0	3 315 828	0	0	0	0
Personnel	3 176 936	3 008 693	0	0	0	0	168 243	0
Other routine recurrent costs	3 536 517	3 270 188	0	26 927	223 350	0	0	16 052
Other capital costs	0	0	0	0	0	0	0	0
Campaigns costs	14 826 697	0	0	7 279 599	7 358 102	152 455	36 541	0
APR		0	0	0	0	0	0	0
Total Expenditures for Immunisation	39 053 557							
Total Government Health		8 872 763	11 502 877	10 723 174	7 581 452	152 455	204 784	16 052

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

5.5.1. If there is no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

N/A

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Point on planning, budgeting, and coordination: the technical and oversight committees were unable to meet to endorse the PO 2012 – a recap of the activities to be financed with GAVI funds – due to the social-political turmoil in the country. Consequently, these two sessions were not held.	No
Open a new bank account at the BDM under the responsibility of the ACCT (task completed)	Yes
Ministry of Health and Ministry of Finance and Economy to draft a letter requesting preferential billing of exchange fees and commissions on GAVI/HSS and ISS accounts in order to reduce the high costs of banking operations (recommendation carried out)	Yes
Provide justification for any advances granted to units responsible for implementing	Yes

activities within a maximum of 6 months (recommendation applied)	
Monitor all regional departments of health (DRS) to ensure checkbooks are held by the Paymasters General and not by the accountants for the regions (recommendation carried out)	Yes
The point on reactivating the *cercles'* [districts] C accounts so as to reduce the amount of cash on hand (recommendation carried out)	Yes
Implement a procedure to manage and monitor inventories of fuel vouchers purchased by the DFM with GAVI funds (recommendation carried out)	Yes
Redefine the internal audit function and place this office under the cabinet so as to give it a certain autonomy (task completed)	Yes
External audit: provide certified copies of all external audit reports conducted as part of PRODESS management to the heads of partner agencies (task completed)	Yes
Implement a procedure to manage and monitor inventories of fuel vouchers purchased by the DFM with GAVI funds (recommendation carried out)	Yes
Redefine the internal audit function and place this office under the cabinet so as to give it a certain autonomy (task completed)	Yes
External audit: provide certified copies of all external audit reports conducted as part of PRODESS management to the heads of partner agencies (task completed)	Yes

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

The action plan from the September 21, 2012 Aide Memoire was only partially implemented since Mali's funding was suspended following the events of March 2012, as per written notice from GAVI to the Minister of Health and central accounting office at the Treasury. The country was severely penalized by this funding freeze because activities in the 2012 operational plan that were to be financed by external funds could not be conducted. Only activities covered by government funding were completed.

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

N/A

5.7. Interagency Coordinating Committee (ICC)

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

Please attach the minutes **(Document n°4)** from the ICC meeting held in 2014 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 organizations:
Groupe Pivot /Santé Population
Plan Mali
Rotary
Lion's club

5.8. Priority actions in 2014 to 2015

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

Objective 1: Mali will commit to making immunization a priority.

- lobby for a progressive increase in the immunization budget

- submit the immunization law to the National Assembly for approval

- establish an immunization advisory panel

- expand the ICC to include representatives from other sectors

- create an Immunization Office

Objective 2: Individuals and communities will understand the value of vaccines and demand vaccinations as both a right and a responsibility.

- develop a national advocacy plan that includes Malian civil society organizations

- lobby the heads of the ASACOs [community health associations] (FELACom regional assembly and the *cercle* council) to fulfill their commitments with regard to organizing immunization efforts in their health zones

- identify, train, and support civil society organizations in informing local communities, policy-makers, and local media about the importance of vaccines as part of the "Reach Every District" approach

Strategic Objective 3: The benefits of immunization will apply equally to all.

- recruit trained immunization agents in every single health zone

- vaccinate all target populations

- do a mapping of specific, at-risk population groups in each district

- organize mass immunization campaigns

- conduct a national survey on immunization coverage

Strategic Objective 4: Effective immunization systems will be an integral part of successful health care system.

- regularly monitor performance indicators through quarterly meetings with EPI focal points and surveillance focal points

- hold periodic meetings with partners, laboratory staff, and personnel from the immunization and epidemiological surveillance divisions to harmonize data

- conduct staff supervision

Strategic Objective 5: The Expanded Programme on Immunization in Mali will receive sustainable, predictable funding, quality supplies, and advanced technology.

- improve vaccine quality control by the ANR

- develop and implement a cold chain and motorized equipment maintenance plan

- ensure adequate stocks of vaccines and supplies at every level

- equip every level with adequate cold chain equipment (cold rooms, refrigerators, freezers) that complies with PQS (194) standards

Strategic Objective 6: Innovations resulting from research and development at the global, national, and regional levels will maximize the benefits of immunization.

- conduct an epidemiological survey on rubella/congenital rubella syndrome

- conduct a feasibility study on combining adolescent health services with administration of the HPV vaccine

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013

BCG	SAB 0.05 ml	State
Measles	SAB 0.5 ml	State
TT	SAB 0.5 ml	State
DTP-containing vaccine	SAB 0.5 ml	State/GAVI
PCV 13	SAB 0.5 ml	State/GAVI
YF	SAB 0.5 ml	State/GAVI

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

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

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

The following obstacles were encountered in implementing the injection safety policy:

- shortage of incinerators and dilapidated incinerators

- problems transporting safety boxes from immunization sites to the CSREF [reference health center]

- lack of collaboration between the Ministry of Health (MoH) and the Ministry of Environment on biomedical waste management

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

At the community health centers (CSCOM), sharps waste is burned in pits and the remnants are buried.

At the CSREFs, sharps waste is incinerated in functional incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	1 098 712	565 836 383
Total funds available in 2013 *(C=A+B)*	1 098 712	565 836 383
Total Expenditures in 2013 *(D)*	21	10 350
Balance carried over to 2014 *(E=C-D)*	1 098 691	565 826 033

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

After GAVI funding was suspended as a result of the political-security situation in Mali in 2012, the Ministry of Health requested that GAVI ISS funds be managed through WHO. Consequently, the government of Mali and WHO signed a memorandum of understanding (MOU) to implement an interim HSS and ISS program. This MOU sets the terms for the preparation, approval, implementation, monitoring, evaluation, and financial management of planned activities. WHO is the technical and financial implementing agency and monitors and evaluates activities, and the Ministry of Health, through the CPS [planning and statistics office] and the Immunization Division, mobilizes resources to implement activities. Financial reports are jointly prepared by WHO and the technical offices at the DNS [National Department of Health] that oversee program activity implementation, namely the Immunization Division and the CPS/Health Division. The ICC approves this joint financial report.

The following problems were encountered in using GAVI funds in 2013:

- The process of recruiting the GAVI management team at WHO was not completed until almost the end of December 2013;
- The change in fiscal year and biennium at the WHO during the planned period of activities (shifting funds to the new budget plan)

A government bank account is used to manage GAVI HSS funds.

Budget approval process: Operational plans (OP) outlining funding needs for HSS-related activities are developed at the health district level and approved by the various PRODESS oversight agencies (management councils at the district [*cercle*] level, CROCEPS at the regional level, National Evaluation and Programming Days at the central level, and technical committees and oversight committees at the national level).

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

A government account is used for immunization programs. In accordance with a written request from the Ministry of Health, WHO transfers the funds allocated to these activities to the bank accounts for the National Department of Health (DNS) and the regional departments of health.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

No activities were conducted in 2013. The difference between the 2012 balance and the 2013 balance is due to fees involved in transferring funds from the government account to the WHO account.

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

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (Document N°7) (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 Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your 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 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Mali is not applicable for 2013.

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

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

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level during 2013?**
DTP-HepB-Hib	1 165 500	1 807 500	0	No
Pneumococcal (PCV 13)	1 089 000	1 204 200	615 600	No
Rotavirus vaccine	396 000	374 400	0	No
Yellow Fever	628 000	628 000	0	No

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

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

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

  There was a surplus of Penta and PCV13 doses in 2013 because the doses left over from the 2012 request were also shipped (642,000 doses of Penta and 730,800 of PCV13).

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

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

  A vaccine supply forecasting plan was developed with UNICEF support. Under this plan, two orders are placed per year for all antigens, taking into account the available stocks remaining at the end of each period. The central level was equipped with a $180m^3$ cold room and the regions were equipped with solar-powered freezers and refrigerators, resulting in increased storage capacity. Given the introduction of new viruses that increasingly take up more space in the cold chain (Rotateq), Mali would prefer to receive vaccines in 10-dose vials.

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

Mali did not experience any vaccine stock-outs in 2013.

7.2. Introduction of a New Vaccine in 2013

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

Yellow fever, 5 dose (s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	Introduced in 2001

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	Introduced in 2011

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	Yes	1/14/2014
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	Introduction was scheduled for 2013, but was postponed to January 2014, primarily due to the delay in signing the WHO-Ministry of Health MOU on managing GAVI funds following the funding freeze.

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	Introduced in 2005

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2016**

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

The following recommendations were implemented:

- personnel trained in EPI management;

- cold chain storage capacity increased;

- EPI management tools used more effectively to facilitate data storage

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address potential vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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

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

In conducting bacterial disease surveillance for cases of meningitis, 283 CSF samples were analyzed in 2013, of which 25 tested positive.

- pneumococcal:15 cases

- W135: 7 cases

- Hib: 2 cases

- Group B streptococcus: 1 case

,

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	593 500	298 601 127
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	593 500	298 601 127
Total Expenditures in 2013 (D)	85 225	42 207 635
Balance carried over to 2014 (E=C-D)	508 275	256 393 492

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10, 11). 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.

The following major activities were conducted to introduce the rotavirus vaccine:

- training for national trainers (57 participants)

- immunization program established in the Bamako district

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

The problems encountered in implementing the planned activities were due to the change in fiscal year and biennium at the WHO, which meant that ISS and HSS funds had to be shifted to the new plan before implementing the activities.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Training for EPI managers in the following regions: Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, Gao, and Kidal.

- Training for health center technical directors in the following regions: Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, Gao, and Kidal;

- Training for vaccinators in the following regions: Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, Gao, and Kidal;

- Communication and social mobilization

- Supervision introduction in the following regions: Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, Gao, and Kidal;

- Supply vaccines to the following regions: Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, Gao, and Kidal.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded vaccine #1: Yellow fever, 5 dose(s) per vial, LYOPHILISED	110 075	129 500
Awarded vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	201 960	59 400
Awarded vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	130 305	109 500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	577500	
Donor	0	
Other	0	

	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded vaccine #1: Yellow fever, 5 dose(s) per vial, LYOPHILISED	0	0
Awarded vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded vaccine #1: Yellow fever, 5 dose(s) per vial, LYOPHILISED	March	Government
Awarded vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Government
Awarded vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	March	Government
Awarded vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing.	
	N/A	

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

The government was always honored its commitment with respect to co-financing vaccines.

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, 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 the EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

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

Please attach:

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

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

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

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

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

If yes, provide details.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Mali is not reporting on an 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 switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

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

For vaccines other than PCV, if you would prefer, during 2012, 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, etc.), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of the 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. Country will be notified about the ability to meet the requirement, including timelines for supply availability, if applicable. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year. Countries should provide information about the time required to undertake activities needed in order to switch presentation, as well as supply availability.

You have requested a change in 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 applicable) meeting (Document No **27**) that has endorsed the requested change.

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

Mali is not eligible for renewal of multi-year support in 2014.

7.9. Request for continued support for vaccines for 2015 vaccination programme

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

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

If you do not confirm, please explain.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	Vaccine Types	No Threshold	200,000$		250,000$	
			<=	>	<=	>
Yellow fever	YF	7.80 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Measles, 2nd dose	MEASLES	14.00 %				
DTP-HepB	HEPBHIB	2.00 %				
Bivalent HPV	HPV2	3.50 %				
Quadrivalent HPV	HPV4	3.50 %				
MR	MR	13.20 %				

Vaccine Antigens	Vaccine Types	500,000$		2,000,000$	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles, 2nd dose	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
Bivalent HPV	HPV2				
Quadrivalent HPV	HPV4				
MR	MR				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	673 681	694 379	718 807	2 086 867
	Number of children to be vaccinated with the first dose	Table 4	#	623 333	680 491	729 301	2 033 125
	Number of children to be vaccinated with the third dose	Table 4	#	623 333	680 491	639 739	1 943 563
	Immunisation coverage with	Table 4	%	92.53 %	98.00 %	89.00 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	918 720			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	918 720			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

no difference

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

Not defined

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	1 995 600	1 107 400
Number of AD syringes	#	2 319 900	1 234 400

Number of reconstitution syringes	#	0	0
Number of safety boxes	#	25 525	13 600
Total value to be co-financed by GAVI	$	4 192 000	2 352 000

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

		2014	2015
Number of vaccine doses	#	216 000	118 200
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country <i>[1]</i>	$	442 500	245 500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-financing**	*V*	0.00 %	9.76 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	623 333	680 491	66 448	614 043
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	623 333	680 491	66 448	614 043
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1 869 999	2 041 474	199 344	1 842 130
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		2 143 548	209 311	1 934 237
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		67 519	6 594	60 925
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*				
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*				
H2	**Stock on 1 January**	*Table 7.11.1*	0	918 720		
H3	**Shipment plan**	*UNICEF shipment report*		2 804 900		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2 211 500	215 946	1 995 554
J	**Number of doses per vial**	*Vaccine parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		2 319 893	0	2 319 893
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		25 519	0	25 519
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		4 257 138	415 696	3 841 442
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		104 396	0	104 396
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)*		128	0	128
R	**Freight cost for vaccines needed**	*N x freight cost as % of vaccines value (fv)*		272 457	26 605	245 852
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4 634 119	442 300	4 191 819
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		442 300		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.76 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-financing**	*V*	9.64 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	729 301	70 337	658 964
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	639 739	61 700	578 039
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2 061 621	198 832	1 862 789
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	2 164 703	208 774	1 955 929
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	7 933	766	7 167
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*	947 425	91 374	856 051
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*	1 704 569	164 396	1 540 173
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipment plan**	*UNICEF shipment report*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1 225 500	118 193	1 107 307
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1 234 342	0	1 234 342
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	13 578	0	13 578
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2 388 500	230 358	2 158 142
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	55 546	0	55 546
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)*	68	0	68
R	**Freight cost for vaccines needed**	*N x freight cost as % of vaccines value (fv)*	152 864	14 743	138 121
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2 596 978	245 100	2 351 878
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	245 100		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	9.64 %		

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

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	673 681	694 379	718 807	2 086 867
	Number of children to be vaccinated with the first dose	Table 4	#	623 333	680 491	729 301	2 033 125
	Number of children to be vaccinated with the third dose	Table 4	#	623 333	680 491	639 738	1 943 562
	Immunisation coverage with the third dose	Table 4	%	92.53 %	98.00 %	89.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013* (see explanation footnote)		#	692 804			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	692 804			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	$		0,0450	0,0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

no difference

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	1 412 600	2 057 800
Number of AD syringes	#	1 533 100	2 276 400
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	16 875	25 050
Total value to be co-financed by GAVI	$	5 147 000	7 453 500

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

		2014	2015
Number of vaccine doses	#	83 300	122 100
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country <i>[1]</i>	$	299 500	436 000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.56 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	623 333	680 491	37 864	642 627
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	1 869 999	2 041 473	113 590	1 927 883
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		2 143 547	119 270	2 024 277
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		45 012	2 505	42 507
H	**Stock to be deducted**	*H2 of previous year – 0.25 x F of previous year*				
H2	**Stock on 1 January**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1 495 800	83 229	1 412 571
J	**Number of doses per vial**	*Vaccine parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		1 533 050	0	1 533 050
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		16 864	0	16 864
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5 072 258	282 227	4 790 031
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		68 988	0	68 988
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)*		85	0	85
R	**Freight cost for vaccines needed**	*N x freight cost as % of vaccines value (fv)*		304 336	16 934	287 402
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		5 445 667	299 160	5 146 507
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		299 160		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.56 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	5.60 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	729 301	40 833	688 468
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	2 187 903	122 497	2 065 406
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	2 297 299	128 621	2 168 678
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	38 438	2 153	36 285
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*	156 917	8 786	148 131
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2 179 800	122 043	2 057 757
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	2 276 366	0	2 276 366
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	25 041	0	25 041
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	7 345 926	411 283	6 934 643
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	102 437	0	102 437
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)*	126	0	126
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	440 756	24 678	416 078
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	7 889 245	435 960	7 453 285
U	Total country co-financing	*I x country co-financing per dose (cc)*	435 960		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.60 %		

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	673 681	694 379	718 807	744 685	2 831 552
	Number of children to be vaccinated with the first dose	Table 4	#	100 537	277 752	327 776	806 494	1 512 559
	Number of children to be vaccinated with the third dose	Table 4	#	100 537	277 752	287 523	707 451	1 373 263
	Immunisation coverage with the third dose	Table 4	%	14.92 %	40.00 %	40.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1,05	1,05	1,05	1,05	
	Vaccine stock on 31st December 2013* (see explanation footnote)		#	374 400				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	374 400				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
cc	Country co-financing per dose	Co-financing table	$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	500 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No change

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

Co-financing group	Low

	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Estimated GAVI support and country co-financing (GAVI support)

		2014	2015	2016
Number of vaccine doses	#	605 600	866 800	2 618 400
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by GAVI	$	2 225 500	3 185 500	8 020 000

Estimated GAVI support and country co-financing (Country support)

		2014	2015	2016
Number of vaccine doses	#	34 900	49 900	183 000
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country <i>[1]</i>	$	128 500	183 500	560 500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	100 537	277 752	15 116	262 636
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	301 611	833 256	45 348	787 908
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		874 919	47 615	827 304
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		139 557	7 595	131 962
H	**Stock to be deducted**	*H2 of previous year – 0.25 x F of previous year*				
H2	**Stock on 1 January**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		640 350	34 849	605 501
J	**Number of doses per vial**	*Vaccine parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*I / 100 x 1.11*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		2 241 225	121 972	2 119 253
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as % of vaccines value (fv)*		112 062	6 099	105 963
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		2 353 287	128 070	2 225 217
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		128 070		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.44 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-financing	*V*	5.44 %			6.53 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	327 776	17 839	309 937	806 494	52 663	753 831
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B x C*	983 328	53 515	929 813	2 419 482	157 989	2 261 493
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1 032 495	56 191	976 304	2 540 457	165 889	2 374 568
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	39 394	2 144	37 250	376 991	24 618	352 373
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*	155 670	8 472	147 198	116 276	7 593	108 683
H2	Stock on 1 January	*Table 7.11.1*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	916 650	49 886	866 764	2 801 250	182 918	2 618 332
J	Number of doses per vial	*Vaccine parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*I / 100 x 1.11*	0	0	0	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	3 208 275	174 600	3 033 675	8 171 247	533 572	7 637 675
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	160 414	8 731	151 683	408 563	26 679	381 884
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	3 368 689	183 330	3 185 359	8 579 810	560 250	8 019 560
U	Total country co-financing	*I x country co-financing per dose (cc)*	183 330			560 250		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.44 %			6.53 %		

Table 7.11.1: Specifications for Yellow Fever, 10 dose(s) par flacon, LYOPHILISED

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	673 681	694 379	718 807	2 086 867
	Number of children to be vaccinated with the first dose	Table 4	#	522 795	659 660	603 798	1 786 253
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.18	
	Vaccine stock on 31st December 2013* (see explanation footnote)		#	380 825			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	380 825			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0050	0.0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		7.80 %	7.80 %	
fd	Freight cost as % of devices' value	Parameter	%		10.00 %	10.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Co-financing tables for Yellow Fever, 10 dose(s) par flacon, LYOPHILISED

Co-financing group	Low

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

Estimated GAVI support and country co-financing (GAVI support)

		2014	2015
Number of vaccine doses	#	363 800	419 600
Number of AD syringes	#	351 200	444 000
Number of reconstitution syringes	#	48 200	56 400
Number of safety boxes	#	4 400	5 525
Total value to be co-financed by GAVI	$	447 000	486 000

Estimated GAVI support and country co-financing (Country support)

2014	2015

Number of vaccine doses	#	74 300	92 800
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country <i>[1]</i>	$	88 000	102 500

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

		Formula	2013	2014		
				TOTAL	Government	GAVI
A	Country co-finance	*V*	0.00 %	16.96 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	522 795	659 660	111 870	547 790
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	522 795	659 660	111 870	547 790
E	Estimated vaccine wastage factor	*Table 4*	1.18	1.18		
F	Number of doses needed including wastage	*D X E*		778 399	132 007	646 392
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		40 376	6 848	33 528
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		438 000	74 280	363 720
J	Number of doses per vial	*Vaccine parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		351 133	0	351 133
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		48 181	0	48 181
M	Total of safety boxes (+ 10% of extra need) needed	*I / 100 × 1.11*		4 393	0	4 393
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		479 173	81 262	397 911
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		15 801	0	15 801
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		193	0	193
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		22	0	22
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*		37 376	6 339	31 037
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		1 602	0	1 602
T	Total fund needed	*(N+O+P+Q+R+S)*		534 167	87 600	446 567
U	Total country co-financing	*I x country co-financing per dose (cc)*		87 600		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		16.96 %		

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

		Formula	2015		
			TOTAL	Government	GAVI
A	Country co-finance	V	18.10 %		
B	Number of children to be vaccinated with the first dose	Table 4	603 798	109 290	494 508
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	B x C	603 798	109 290	494 508
E	Estimated vaccine wastage factor	Table 4	1.18		
F	Number of doses needed including wastage	D X E	712 482	128 962	583 520
G	Vaccines buffer stock	((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)	- 13 965	- 2 527	- 11 438
H	Stock to be deducted	H2 of previous year – 0.25 x F of previous year	186 225	33 708	152 517
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	Round up((F + G - H) / vaccine package size) x vaccine package size	512 300	92 728	419 572
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) x 1.10	443 968	0	443 968
L	Reconstitution syringes (+ 10% wastage) needed	(I / J) x 1.10	56 354	0	56 354
M	Total of safety boxes (+ 10% of extra need) needed	I / 100 x 1.11	5 504	0	5 504
N	Cost of vaccines needed	I x vaccine price per dose (g)	525 108	95 047	430 061
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)	19 979	0	19 979
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	226	0	226
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	28	0	28
R	Freight cost for vaccines needed	N x freight cost as % of vaccines value (fv)	40 959	7 414	33 545
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	2 024	0	2 024
T	Total fund needed	(N+O+P+Q+R+S)	588 324	102 460	485 864
U	Total country co-financing	I x country co-financing per dose (cc)	102 460		
V	Country co-financing % of GAVI supported proportion	U / (N + R)	18.10 %		

8. Injection Safety Support (INS)

This window of support is no longer available.

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

    a. Progress achieved in 2013

    b. HSS implementation during January - April 2014 (interim reporting)

    c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

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

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

    a. Minutes of all the HSCC meetings held in 2013

    b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

    c. The latest Health Sector Review Report

    d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have already received final payment of all GAVI funds approved for HSS and are not requesting any other funding: Is HSS grant implementation complete? YES/NO **No**

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

December 2014

Please attach any studies or assessments related to the GAVI HSS grant or funded by it.

Whenever possible, please provide data disaggregated by sex, rural/urban areas, and by district/country, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS grant was used to target specific populations and/or geographic areas in the country.

If CSOs were involved in HSS grant implementation, please attach a list of the organizations involved in implementation, the amount of funding each CSO received under the HSS grant, and the activities they conducted. If CSO involvement was included in the initial proposal approved by GAVI but no CSOs received funding, please explain. Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework.

CSOs are normally involved in implementing activities. However, no HSS activities were conducted in 2013, in keeping with the MOU that the Ministry of Health had to sign with WHO to establish a new framework for managing GAVI funds in Mali.

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

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

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

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

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

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (per the originally approved HSS proposal)	1372900		1545810	1846340		
Revised annual budgets (if revised by previous Annual Progress Reviews)						

Total funds received from GAVI during the calendar year (*A*)	1373000		1544988			1846340
Remaining funds (carry over) from previous year (B)		1373000	210685	1676939	1372565	1334523
Total Funds available during the calendar year (*C=A+B*)	1373000	1373000	1755253	1676939	1372565	3180863
Total expenditure during the calendar year (*D*)		1020129	80787	274419	38042	
Balance carried forward to next calendar year (*E=C-D*)	1373000	352871	1677808	1367254	1334523	3180863
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1372900		1545810	1846340		

	2014	2015	2016	2017
Original annual budgets (per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (B)	3180863			
Total Funds available during the calendar year (*C=A+B*)	3180863			
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (per the originally approved HSS proposal)	675466800		775996620	930555360		
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (*A*)	598628000		775583976			929009234
Remaining funds (carry over) from previous year (B)		598628000	105553231	845177022	7068870084	687278239
Total Funds available during the calendar year (*C=A+B*)	598628000	598628000	881137207	845177022	706870084	1616287473
Total expenditure during the calendar year (*D*)		501903314	40555187	138306938	19591845	
Balance carried forward to next calendar year (*E=C-D*)	598628000	96724686	840582020	70680084	687278239	1616287473
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	675466800		775996620	930555360		

	2014	2015	2016	2017
Original annual budgets (per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (B)	1616287473			
Total Funds available during the calendar year (*C=A+B*)	1616287473			
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	492	0	502	504	515	494
Closing on 31 December	0	0	501	517	515	475

Detailed expenditure of HSS funds during the 2013 calendar year

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

If any expenditures for the January- April 2012 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

The budget approval process and financial management arrangements for GAVI funds are as follows:

All budgets are first approved by the central agency (CPS or CNI) and then sent, along with funding requests

for each budget, to the Ministry of Health and Public Hygiene (MSHP) for analysis. The ministry then sends a request to the WHO representative, pursuant to the management and funding procedures pre-established by the WHO and MSHP. The file is assigned to the GAVI manager who checks it for compliance and then send an intra-office memorandum (IOM) asking the WHO representative to authorize the establishment of operational plans (OPs) to cover the request with all the backgrounds.

After obtaining approval from the WHO representative, the process is entered into WHO’s ERP (GSM) system to generate POs (DFC, GES, EImprest, etc.).

The documents produced are signed and sent to the WHO Global Service Center (GSC) for payment either directly from WHO headquarters to the national and regional agencies' accounts, or from the WHO office in Mali.

After completing an activity, the CPS or relevant agency completes the funding justification form in Annex 3 of the DFC and attaches a technical report. The WHO office checks these forms and may send them back if they do not meet requirements or if there are other issues.

For POs (GES, EImprest, etc.), supporting documents are sent directly to WHO after funds are disbursed.

Inclusion of HSS funds in national health sector plans and budget: GAVI HSS funds cover certain activities outlined in Mali’s health policy paper, but they are not included in the health sector budget.

The following problems were encountered in using GAVI funds in 2013:

- Coordination on setting up budget sections in the WHO financial system (national office – regional headquarters).

- The process of recruiting the GAVI management team at WHO was not completed until almost the end of December 2013;

- The change in fiscal year and biennium at the WHO during the planned period of activities (shifting funds to the new budget plan).

A government bank account is used to manage GAVI HSS funds.

Budget approval process: Operational plans (OP) outlining the funding needs for HSS-related activities are developed at the health district level and approved by the various PRODESS oversight agencies (management councils at the district [*cercle*] level, CROCEPS at the regional level, National Evaluation and Programming Days at the central level, and technical committees and oversight committees at the national level).

After obtaining approval from the WHO representative, the process is entered into WHO’s ERP (GSM) system to generate POs (DFC, GES, EImprest, etc.).

The documents produced are signed and sent to the WHO Global Service Center (GSC) for payment either directly from WHO headquarters to the national and regional agencies' accounts, or from the WHO office in Mali.

Financial reporting arrangements at the sub-national and national levels: After completing an activity, the CPS or relevant agency completes the funding justification form in Annex 3 of the DFC and attaches a technical report. The WHO office checks these forms and may send them back if they do not meet requirements or if there are other issues.

For POs (GES, EImprest, etc.), supporting documents are sent directly to WHO after funds are disbursed.

In Mali, the steering committee is the monitoring and oversight authority for GAVI-funded HSS programs and has the same prerogatives as an HSCC in other countries.

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen 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 decision 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 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1: Ensure adequate staffing levels in 80% of the CSCOMs and the six "poverty zone 1" health districts by 2011			
Activity 1.1: Pay additional bonuses to 110 staff/month (40 nurses and 70 midwives) working in the disadvantaged areas of poverty zone 1	Provide additional bonuses to 110 staff/month (40 nurses and 70 midwives) working in the disadvantaged areas of poverty zone 1	0	
Objective 2: Improve the quality of health care services nationwide in at least 60% of the CSCOMs and 65% of the CSREFs by 2011			
Activity 2.3: Check for rational prescription of drugs and monitor prescription drug costs during internal medical audits	Check for rational prescription of drugs and monitor prescription drug costs during internal medical audits	0	
Activity 2.4: Recruit 75 doctors/year for the first-contact health care facilities in rural areas	Recruit 75 doctors/year for the first-contact health care facilities in rural areas	0	
Activity 2.6: Establish an accreditation system for high-performing districts using a patient-centered approach	Establish an accreditation system for high-performing districts using a patient-centered approach	0	
Objective 3: Strengthen local government by the end of 2011, so that of the local agencies to which the Min. of Health delegated a portion of its technical and financial authority, pursuant to decree 02-314, 80% are playing a role in the administrative bodies overseeing health care facilities			
Activity 3.1: Implement performance-based contracting between the public and private sectors at	Implement performance-based contracting between the public and private sectors at the district level	0	

the district level			
Activity 3.3: Train members of the FELASCOMs to support the ASACOs.	Train members of the FELASCOMs to support the ASACOs.	0	
OPERATING COSTS			
	1) Contribute to the cost of benefits for a contract accounting manager recruited for the program	0	
	2) Ensure the program coordination team is conducting monitoring missions at every level	0	
	3) Contribute to the cost of purchasing a 4-wheel drive vehicle for program monitoring missions	0	
	Contribute to the cost of purchasing computer equipment (as needed), office equipment and miscellaneous supplies	0	
M&E Support Costs			
	Ensure program monitoring	0	

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**
Objective 1: Ensure adequate staffing levels	none
Activity 1.1: Pay additional bonuses	none
Objective 2: Improve the quality… in at least 60%	none
Activity 2.3: Check for rational prescription of drugs	
Activity 2.4: Recruit 75 doctors/year	none
Activity 2.6: Establish an accreditation system	none
Objective 3: Strengthen local government	none
Activity 3.1: Implement performance-based contracting	none
Activity 3.3: Train members of the FELASCOMs	
OPERATING COSTS	none
1) Contribute to the cost of benefits	none
2) Ensure the program coordination team is conducting monitoring missions	none
3) Contribute to the cost of purchasing a 4-wheel drive vehicle	none
4) Contribute to the cost of purchasing computer equipment	none
M&E Support Costs	none
Ensure program monitoring	none

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

Activities could not be implemented because funding was suspended as a result of the social, political, security, and institutional crisis in Mali from March 2012-July 2013.

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

The funds allocated for health personnel incentives were not used in 2013. It is important to note that most of the personnel working in poverty zone 1 who were receiving incentive pay out of HSS funds left their positions during the funding freeze period (August 2010-July 2013).

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 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Objective 1: Ensure adequate staffing levels in 80% of the CSCOMs and the six "poverty zone 1" health districts by 2011											
Indicator: number of CSCOMs with staffing levels consistent with standards	18% (117/662 CSCOMs)	SLIS Activity reports	80%, i.e. 530 CSCOMs	80%					20%	Mission Report	In the 40 priority, limited-access CSCOMs in the 6 health districts in poverty zone 1, only 20% of personnel receiving GAVI-funded incentive pay stayed in their jobs after the funding freeze. Salaries for the agents who stayed were covered by some communities, local governments, or other partners. The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional

											headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity 1.1: Pay additional bonuses to 110 staff/month (40 nurses and 70 midwives) working in the disadvantaged areas of poverty zone 1											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity 1.1 indicator: % of technical staff working in the disadvantaged areas of poverty zone 1 who are receiving the bonus				80%					0%		In the 40 priority, limited-access CSCOMs in the 6 health districts in poverty zone 1, only 20% of personnel receiving GAVI-funded incentive pay stayed in their jobs after the funding freeze. Salaries for the agents who stayed

											were covered by some communities, local governments, or other partners. The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Objective 2: Improve the quality of health care services nationwide in at least 60% of the CSCOMs and 65% of the CSREFs by 2011											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at

											WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Objective 2 indicator: % of CSCOMs and CSREFs equipped with an adequate technical support center (earning a grade of "acceptable" on service quality criteria during the integrated supervision and accreditation processes)			less than 60% of CSCOMs and 65% of CSREFs								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity: Management and leadership training for the executive teams in the 59 health districts											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until

											almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity indicator: % of executive teams trained in management	0%	Activity reports	59								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity 2.3: Check for rational prescription of drugs and monitor prescription drug costs during internal medical audits											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the

											GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity indicator: Average number of drug prescriptions ; average prescription cost	3.2; 1,876 F CFA	Activity reports	3; less than 2,000 FCFA								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity 2.4: Recruit 75 doctors/year for the first-contact health care facilities in rural areas											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system

											(national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity indicator: % of CSCOMs providing medical care	15% (115/785)	PRODESS monitoring tools; Activity reports	225 doctors								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity: Establish an accreditation system for high-performing districts using a patient-centered approach											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors:

											- Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity indicator: % of accredited districts	0%	Activity reports	80%								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Objective 3: Strengthen local government by the end of 2011, so that of the local agencies to which the MoH delegated a portion of its											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013

technical and financial authority, pursuant to decree 02-314, at least 80% are playing a role in the administrative bodies overseeing health care facilities											activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Objective 3 indicator: Rate of local gvt agency participation in administrative bodies overseeing health care facilities, at the various levels, and looking at these facilities' operations progress reports	100%	Local authority reports	100%								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity: Implement performance-based											The funding freeze from Aug 2010 to July 2013 prevented

contracting between the public and private sectors at the district level											implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity indicator: % of contracts signed and executed at the district level	0%	Activity reports	50%								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).

Activity: Train members of the FELASCOMs to support the ASACOs.											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Activity indicator: % of FELASCOMs that receive capacity-building	27% (15 / 56)	FELASCOM Activity reports	100%								The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted

											to the new plan (Shifting funds to the new budget plan).
Program management costs											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Contribute to cost of program operations											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the

											planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Contribute to cost of paying bonuses to program coordination team members for the additional workload											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
M&E Support Costs											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end

											of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).
Contribute to cost of purchasing computer equipment, office equipment and miscellaneous supplies											The funding freeze from Aug 2010 to July 2013 prevented implementation of activities to reach the target objectives. After July 2013, activity implementation was hindered by the following factors: - Coordination on setting up budget sections in the WHO financial system (national office-regional headquarters); - The process of recruiting the GAVI management team at WHO was not completed until almost the end of December; - The change in fiscal year and biennium at WHO during the planned period of activities required that ISS and HSS funds be shifted to the new plan (Shifting funds to the new budget plan).

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Despite the fact that Mali's experience in health system strengthening is recent, and in spite of the funding freeze, significant strides are being made thanks to GAVI support. The program is making steady progress and has achieved some major accomplishments (see below).

Beyond the significant strides made from 2009 to the beginning of 2010, there were no major accomplishments in 2013, other than the changes that are continuing to take place in the CSCOMs, which are now staffed with doctors and obstetrics nurses/midwives paid through GAVI HSS funds.

Staffing part of the CSCOMs with medical personnel and granting incentive / hardship pay to midwives/obstetrics nurses working in poverty zone 1 regions have produced positive results, not only in terms of increased demand for health services by local populations in general, but especially, an increase in the numbers of mothers and children receiving health care services and a steady rise in the Penta3 coverage rate and the percentage of health districts with Penta3 coverage rates at 80% or more. The results of the detailed trend analysis have already been sent to GAVI in response to a request from the IRC during its June-July 2011 session for short-term clarifications on the 2010 APR. This information will be corroborated as soon as possible by other in-country program monitoring and evaluation missions.

Budget implementation:

Total GAVI HSS funds in the account at beginning of 2013 (687,278,239 CFA francs)

Total expenditure in 2013 = 0 CFA francs

Closing balance as of 31 December 2013 = 1,616,280,856 CFA francs

Total GAVI HSS funds in the account at beginning of 2014 = 1,616,280,856 CFA francs

Total expenditure from 1 January 2014 to 31 March 2014: 2,250,057 CFA francs (travel expenses for mission to report on incentive pay implementation)

The changes underway have not yet produced the full expected impact on the population, given the funding freeze from August 2010 to July 2013, but they offer hope that the GAVI Alliance will contribute significantly to a rapid improvement of the situation in years to come, and that these improvements will translate into indicators. This goal can only be fulfilled through ongoing, increased efforts over a longer period of time, with a continued commitment to increase government funding, in order to create a Mali truly fit for its children.

Given the reality on the ground, the year+ funding freeze kept Mali from implementing most activities, and new needs have arisen in the area of district-level HSS. One option for the 2014-2015 period would be for GAVI HSS funds to focus more on:

The process of equipping CSCOMs with medical personnel, rather than technical assistance and other activities that could not be implemented in the initial program;

Recruiting obstetrics nurses for the CSCOMs instead of midwives who are difficult to mobilize, and other activities that could not be implemented in the initial program;

Strengthening the various immunization strategies (outreach strategies, simplified mobile strategies, fixed-site centers, etc.) by funding performance-based contracts between the MoH and the private sector in districts with low vaccine coverage rates;

Continuing monitoring and evaluation activities;

Pursuing operational research.

Also, the staffing the CSCOMs with medical personnel is more likely to improve the quality of services than with technical assistants, who because they are based at the regional health offices and have limited resources at their disposal, cannot achieve the desired level of performance in the lower-performing health districts they might be overseeing. Moreover, even though the presence of a doctor encourages

people to frequent the health center, a doctor alone cannot improve facility performance without the combined efforts of other members of the medical team he or she leads (obstetrics nurses, head nurses, and even birth attendants).

Moreover, the presence of doctors and obstetrics nurses/midwives and registered nurses at the CSCOMs would contribute significantly to:

increased use of child and maternal health services, which are currently underutilized, and general health services;

and help improve:

the effectiveness of immunization strategies (e.g. outreach strategies, simplified mobile teams, and fixed-site health centers);

supply availability;

community management of CSCOMs and the way services are organized;

community involvement;

ongoing monitoring of activities;

report analysis and the monitoring-evaluation system in the health zones.

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

HSS implementation encountered enormous difficulties in 2013, including:

1) The suspension of Mali's GAVI funds from 2010 to July 2013 following the Financial Management Assessment (FMA). The funding freeze was temporarily lifted from November 2011 to the beginning of March 2012, and was then reinstated from March 2012 to July 2013;

2) Factors that prevented implementing agencies from completing program activities on schedule, such as:

- Coordination on setting up budget sections in the WHO financial system (national office – regional headquarters),
- The fact that the process of recruiting the GAVI management team at WHO was not completed until almost the end of December 2013,
- The change in fiscal year and biennium at the WHO during the planned period of activities (Shifting funds to the new budget plan).

3) Lack of trained medical personnel at target CSCOMs, particularly midwives, for the incentive pay program;

4) Failure by certain implementing agencies/organizations to take ownership of the program;

5) The current social-political situation in Mali, with armed groups in the north continuing to cause unrest, and the subsequent policy changes.

Proposed solutions:

1) Transfer GAVI funds approved for HSS activities in a timely manner, i.e. at the beginning of each quarter;

2) Ensure closer monitoring of the various funding requests and disbursements at each level by the agencies overseeing activity implementation and the WHO;

3) Conduct information/awareness campaigns on GAVI HSS support for regional health authorities and health districts in order to increase vaccine coverage and improve immunization services in general;

4) Increase the number of program implementation monitoring missions;

5) Insofar as possible, shorten the time for processing and submitting requests from the WHO country office to the WHO regional headquarters in Kuala Lampur, and the time needed for WHO to transfer funds to the

regions' B accounts, while keeping the relevant implementation agencies informed;

6) Fund performance-based contracts at the CSCOMs. This financial incentive strategy would inevitably help attract trained medical professionals, particularly midwives and obstetrics nurses, and increase demand for such personnel at the CSCOMs.

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

GAVI funded HSS activities are part of the Health and Social Development Program (PRODESS). The provisions outlined in this context (oversight bodies) are the only monitoring and evaluation mechanisms in place for HSS activities at all levels. These arrangements have been reinforced by additional measures recommended in the FMA report.

For example, the stakeholders reached an agreement through the PRODESS monitoring/evaluation bodies to form small working groups under the Technical Committee for each major theme. These working groups can monitor the issues closely and address them more thoroughly. One group specifically covers HSS issues. This helps ensure that activities are consistent, complementary and funded. Thus, several thematic working groups were set up under the PRODESS steering committee, including an HSS support group which has taken over the activities that were being temporarily managed by the Select Technical Committee for monitoring implementation of GAVI-funded HSS activities.

The following bodies and entities were established to provide guidance, coordination, and M&E:

PRODESS Monitoring Committee. This committee is co-chaired by the Minister of Health (MoH), Minister of Social Development, Solidarity and the Elderly (MDSSPA), and the Minister for the Promotion of Women, Children, and Families (MPFEF). It includes representatives from departments under the administrative superstructure, from central government agencies, affiliated agencies, and customized units, and high-level representatives from other departments, local government, and technical and financial partners (TFP). This committee meets once per year and as needed. It is the PRODESS oversight body.

PRODESS Technical Committee. This committee is co-chaired by the Secretaries-General of the MoH, MDSSPA, and the MPFEF. It includes representatives from all central government agencies and PRODESS technical and financial partners. This committee meets once every six months. It is the technical coordination arm of the sectorial program.

PRODESS Steering Committee. This committee is co-chaired by the Secretaries-General of the MoH, MDSSPA, and the MPFEF. It brings together the central technical services of the three departments and those of the TFPs, as well as civil society representatives. This committee meets every two months to monitor program implementation, and thereby systematically address any bottlenecks, constraints, or obstacles.

PRODESS Regional Committee on Policy, Coordination, and Evaluation (CROCEP) is chaired by the regional governor. This committee is primarily tasked with examining and validating regional health development plans and programs and monitoring implementation thereof. It comprises regional political and administrative authorities, FTPs, and other stakeholders involved in implementing PRODESS.

The Executive Management Board oversees the adoption and validation of development plans and operational plans for the health districts at the *cercle* level. It is chaired by the *Cercle* Council chair and includes local political and administrative authorities, senior physicians, civil society representatives, local TFPs, and other PRODESS stakeholders. The board meets twice a year.

Evaluation and Planning Days, chaired by the Minister of Health, bring together representatives from departments under the administrative superstructure, from central government agencies, affiliated agencies, and customized units. These are held once a year before the second biannual meeting of

the Technical Committee.

Joint Monitoring Mission. The Steering Committee will organize one mission per year, if needed, to evaluate and analyze program implementation at the different levels and report back to the Technical Committee.

Mid-Term and Final Review. PRODESS will undergo two external reviews: a mid-term review and a final review upon completion of the Ten-Year Health and Social Development Plan (PDDSS). The MoH, MDSSPA, MPFEF and TFPs will jointly define the terms of reference and themes covered and select experts to conduct the review.

PRODESS audits. Internal audits by the Ministry of Health are conducted regularly and there is an annual external technical and financial audit of PRODESS implementation.

The monthly TFP consultation meetings (which MoH representatives are invited to attend) are not an integral part of the PRODESS institutional framework. However, they do play an important role in monitoring specific issues.

Program implementation is monitored with the help of planning and M&E tools including assessments, activity reports, reports from missions jointly conducted with partners, internal and external audits, and operational plans. Planning starts at the operational level and progresses to the central level.

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 harmonized with existing reporting systems in your country. This could include using the relevant indicators adopted in the sector-wide approach in place of GAVI indicators.

M&E for GAVI HSS activities is integrated with country systems, as described in Section 9.4.3 above.

This effective integration ensures that M&E reports do not discuss the specifics of any funding.

Reporting can only be harmonized when the conditions for transferring GAVI funds to Mali are in line with the country's planning cycles in general, and those of the Ministry of Health in particular.

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

Organization:

Member of the HSCC: Yes/No

Partner organization roles and responsibilities in HSS proposal implementation:

Mali’s Ministry of Health

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

Contracting with national and international consultants.

Mali’s Ministry of Economy and Finance

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

Mali's Ministry of Economy, Industry, and Commerce

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

WHO

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

Contracting with national and international consultants.

UNICEF

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

World Bank

Yes

Consultation and technical support;

Contracting with international advisors (to be determined);

Quarterly monitoring of activities and budget;

ACDI [*sic*] (Spanish Agency for International Cooperation)

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

BTC (Belgian Development Agency)

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

UNFPA:

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

Groupe Pivot/Santé-Population (GPSP)

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

FENASCOM

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities and budget;

Malian National Board of Pharmacists

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities

Malian National Board of Physicians

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities

Malian National Board of Midwives

Yes

Consultation and technical support;

Participation in on-site monitoring/oversight missions;

Quarterly monitoring of activities

Thanks to the establishment of the partnership described above, along with consultation and better coordination among the various stakeholders from the government, civil society, local communities, and TFPs, the HSS program in Mali is achieving better outcomes. This, along with commitment and

will on the part of GAVI and the Malian government, will lead to improved monitoring of progress in health system strengthening in general, and immunization services in particular and thereby enable Mali to achieve its MDGs for health more quickly.

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

Both CSOs and local communities participate actively in HSS implementation at every level.

At the national (central) level:

CSOs actively participate in the proposal development process, ICC meetings, and PRODESS Steering Committee meetings through the National Federation of Community Health Associations (FENASCOM) and the Groupe Pivot/Santé-Population (consortium of NGOs).

At the local/district level:

CSOs are part of the local frameworks for dialogue on health development in the districts.

They help increase demand for services through social mobilization and advocacy.

They contribute to getting services and information to hard-to-reach populations.

Working closely with health officials in health districts and zones, they are involved in the implementation of concerted actions to strengthen local and district health systems (staffing CSCOMs with skilled human resources and providing incentive pay, monitoring of CSCOMs, development of micro-plans for health zones, etc.).

They provide immunization services, child health care services, and technical assistance.

They contribute to recurring costs, especially those related to immunization (purchase of oil and gas, paying vaccinator salaries, etc.)

Given the major role that CSOs play, support from both GAVI HSS funds and from FENASCOM will help improve their implementation capacities in various ways.

In terms of coordination, this support will help:

improve CSO coordination; and

facilitate the development of effective partnerships between CSOs, the authorities, and technical and financial partners.

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

- Has the management of HSS funds has been effective?
- List 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

GAVI HSS funds have not been managed as efficiently as hoped. Consequently, Mali is making enormous efforts to rectify these shortcomings.

Constraints to internal funding disbursement must also be addressed, in particular the cumbersome drafting/preparation and approval/signature process for requests. These are factors that prevent implementing agencies from completing program activities on schedule.

To improve management, the country's existing management procedures will be strictly applied and the recommendations from the FMA report and the GAVI fund accounting and financial management audit report will be used to reinforce these procedures.

The management process was changed following the signing of an MOU between the Malian government and WHO in July 2013 and WHO has been managing the program since then.

9.5 Planned HSS activities for 2012

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

Table 9.4: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Objective 1: Ensure adequate staffing levels in 80% of the CSCOMs and the six "poverty zone 1" health districts by 2011						
Activity 1.1: Pay additional bonuses to 110 staff/month (40 nurses and 70 midwives) working in the disadvantaged areas of poverty zone 1	- Provide incentive/hardship pay for 110 new staff/month for one (1) year (70 new obstetrics nurses/midwives and 40 new chief registered nurses) for new health zones in remote access and impoverished regions of the country	93000000				
Objective 2: Improve the quality of health care services nationwide in at least 60% of the CSCOMs and 65% of the CSREFs by 2011						
Activity 2.4: Recruit 75 doctors/year for the first-contact health care facilities in rural areas	Pay salaries and benefits for one year for 86 new doctors recruited for health zones in remote access and impoverished regions of the country	309028530				
	2.4.2. Fund the doctor recruitment process	2000000	1981500			
Activity 2.6: Establish an accreditation system for high-performing districts using a patient-centered approach	- Establish an accreditation process for CSREFs in the Kayes region	12000000				
	Train two (2) DNS pharmacists in EPI logistics	11058618			The initial budget did not cover training for two people. It is possible that at the time, the immunization division underestimated the budget. It has therefore been revised to include this activity.	23000000
Objective 3: Strengthen local government by the end of 2011, so that of						

the local agencies to which the Min. of Health delegated a portion of its technical and financial authority, pursuant to decree 02-314, 80% are playing a role in the administrative bodies overseeing health care facilities						
Activity 3.1: Implement performance-based contracting between the public and private sectors at the district level	Strengthen the various immunization strategies (outreach vaccinators for populations living more than 5km from a fixed-site center; simplified/multifaceted mobile strategies for populations not served by outreach or fixed strategies, fixed-site centers), by funding performance-based contracts between the MoH and the private sector at the district level in areas of the country with low vaccine coverage rates.	80278558				
Activity 3.2: Equip the 150 low-performing CSCOMs with motorcycles for outreach vaccination activities	Equip the 150 low-performing CSCOMs with motorcycles for outreach vaccination activities			Equip the 150 low-performing CSCOMs with motorcycles for outreach vaccination activities	Activity intended to provide urgent support for immunization services in a post-crisis context that has resulted in destroyed logistics	225000000
Activity 3.3: Equip 15 health districts with 4-wheel drive vehicles to conduct mobile strategies and supervision	Equip 15 health districts with 4-wheel drive vehicles to conduct mobile strategies and supervision			Equip 15 health districts with 4-wheel drive vehicles to conduct mobile strategies and supervision	Activity intended to provide urgent support for immunization services in a post-crisis context that has resulted in destroyed logistics	225000000
Activity 3.4: Equip 150 CSCOMs with solar-powered refrigerators	Equip 150 CSCOMs with solar-powered refrigerators			Equip 150 CSCOMs with solar-powered refrigerators	Activity intended to provide urgent support for immunization services in a post-crisis context that has resulted in destroyed logistics	468000000
Operating expenses for the MoH focal point team						
Personnel costs	Benefits for the program management focal team	2400000				
	Travel allowance for program manager	8448000				
	Allowance for program driver during field missions	1500000				
	Miscellaneous personnel costs	2448000				
Administrative support services	Paper supplies	450000				
	Printer and photocopier ink	1920000				
	Postage fees for mailings to GAVI	1800000				

	Miscellaneous supplies (pens, stapler & staples, paper clips, folders, note pads)	200000				
Transportation	Purchase a 4-wheel drive vehicle for M&E missions	30000000				
	Gas for vehicle	85139600				
	Vehicle maintenance/repair	3150000				
	Vehicle insurance	370000				
IT/telecommunications equipment	Landline telephone	60000				
	Cell phone	400000				
	Telecommunication fees	2385000				
	Internet connection	50000				
Computer equipment and accessories	Computer system (software) installation and maintenance/repair	1050000				
M&E support costs	Conduct program M&E	13027740				
Computer equipment and accessories	Purchase computer equipment and accessories	2000000				
	Purchase an all-in-one desktop	1625000				
		665789046	1981500			941000000

9.6. Planned HSS activities for 2015

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

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

Table 9.6: Planned HSS activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Objective 1: Ensure adequate staffing levels in 80% of the CSCOMs and the six "poverty zone 1" health districts by 2011					
Activity 1.1	Provide additional bonuses to 110 staff/month (40 nurses and 70 midwives) working in the disadvantaged areas of poverty zone 1	0	Provide incentive/hardship pay for 110 new staff/month for one (1) year (70 new obstetrics nurses/midwives and 40 new chief registered nurses) for	Hardship/incentive pay will be given to 166 agents (midwives, obstetrics nurses and chief nurses) at CSCOMs covered by GAVI HSS funds in 2014, and payment of bonuses for 110 new agents is planned for 2015	

			new health zones in remote access and impoverished regions of the country		
Objective 2: Improve the quality of health care services nationwide in at least 60% of the CSCOMs and 65% of the CSREFs by 2011					
Activity 2.4: Recruit 75 doctors/year for the first-contact health care facilities in rural areas	Pay salaries and benefits for one year for 86 new doctors recruited for health zones in remote access and impoverished regions of the country	0	Pay salaries and benefits for one year for 86 new doctors recruited for health zones in remote access and impoverished regions of the country	Salaries and benefits will be paid for 172 doctors (recruited in 2014), and for 86 additional doctors to be recruited in 2015	
	Fund the doctor recruitment process	0	Fund the doctor recruitment process	The recruitment process must continue in order to ensure that all CSCOMs are equipped with medical personnel	
Activity 2.6: Establish an accreditation system for high-performing districts using a patient-centered approach	Establish an accreditation process for CSREFs in the Kayes region	0	Establish an accreditation process for CSREFs in the Kayes region	Postponed to 2015 due to the funding freeze and the socio-political and security situation in the country	
	Train two (2) DNS pharmacists in EPI logistics	0	Train two (2) DNS pharmacists in EPI logistics	Given that some activities had to be reprogrammed as a result of the funding freeze and the socio-political/security situation, two (2) EPI logisticians are urgently needed to help improve the quality of immunization services This activity could not be carried out in 2014.	
Objective 3: Strengthen local government by the end of 2011, so that of the local agencies to which the Min. of Health delegated a portion of its technical and financial authority, pursuant to decree 02-314, 80% are playing a role in the administrative bodies overseeing health care facilities					
Activity 3.1: Implement performance-based contracting between the public and private sectors at the	Strengthen the various immunization strategies (outreach vaccinators for populations living more than 5km from a fixed-site center; simplified/multifaceted mobile strategies for		Strengthen the various immunization strategies (outreach vaccinators for populations living more than 5km from a fixed-site center; simplified/multifaceted mobile strategies for	This activity could not be continued in 2013 due to the funding freeze and the socio-political/security situation in the country	

district level	populations not served by outreach or fixed strategies, fixed-site centers), by funding performance-based contracts between the MoH and the private sector at the district level in areas of the country with low vaccine coverage rates.		populations not served by outreach or fixed strategies, fixed-site centers), by funding performance-based contracts between the MoH and the private sector at the district level in areas of the country with low vaccine coverage rates.		
Operating expenses for the MoH focal point team					
Activity: Operating expenses for the MoH focal point team	Contribute to the cost of allowances for the program manager and assistant manager; 2) conduct monitoring missions by the program coordination team at every level; 3) contribute to the cost of fuel and maintenance for a 4-wheel vehicle for monitoring missions; 4) contribute to the cost of computer equipment maintenance and upkeep (as needed), and the purchase of office equipment and supplies		Contribute to the cost of allowances for the program manager and assistant manager; 2) conduct monitoring missions by the program coordination team at every level; 3) contribute to the cost of fuel and maintenance for a 4-wheel vehicle for monitoring missions; 4) contribute to the cost of computer equipment maintenance and upkeep (as needed), and the purchase of office equipment and supplies		
Activity: M&E support costs	Conduct program M&E		Conduct program M&E		
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8 Sources of HSS funds in your country

Donor	Amount US$	Duration of support	Type of activities funded
UNICEF			

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

9.9. Reporting on the HSS grant

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

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

Table 9.9 Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Inter-Agency Coordination Committee (ICC)	Joint meeting with PRODESS Steering Committee	- Difficulties related to organizing meetings
PRODESS Steering Committee	PRODESS Steering Committee meeting	Difficulties related to organizing meetings
National Health Information System (NHIS)	National validation workshop organized at the central level by the DNS	- Difficulties related to organizing meetings

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.

The report drafting team encountered a number of difficulties:

- Lack of stable Internet connection at the CPS,
- The drafting schedule coincided with a power outage,
- Given the time allotted before the peer meeting, new GAVI HSS agents had difficulty understanding the reporting tool.

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

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

Mali **did NOT receive GAVI Type A CSO support for 2013.**
Mali is not submitting a report on GAVI Type A CSO support for 2013.

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

Mali is not submitting a report on GAVI Type A CSO support for 2013.

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. ATTACHMENTS

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not 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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	**Value in $USD***
Balance brought forward from 2012 (balance as of *31December 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 US$**	**Actual spending in CFA**	**Actual spending in $US**	**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 expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 - Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not 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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure - GAVI HSS		
	Local Currency (CFA)	**Value in $USD***
Balance brought forward from 2012 (balance as of *31December 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 US$**	**Actual spending in CFA**	**Actual spending in $US**	**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 expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 - Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these 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 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not 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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 - Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure - GAVI CSO		
	Local Currency (CFA)	**Value in $USD***
Balance brought forward from 2012 (balance as of *31December 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**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 expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✔	Page signature RSA 2013.pdf **File desc:** **Date/time:** 14/05/2014 08:11:26 **Size:** 392 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✔	Page signature RSA 2013.pdf **File desc:** **Date/time:** 14/05/2014 08:12:33 **Size:** 392 KB
3	Signatures of members of ICC	2.2	✔	Liste présence réunion RSA GAVI.pdf **File desc:** The APR was endorsed at a joint meeting of the ICC and the Health Sector Steering Committee (CP/PRODESS) **Date/time:** 12/05/2014 07:25:41 **Size:** 762 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✔	Compte rendu réunion PRODESS CCIA sur RSA _29 04 14_.pdf **File desc:** The APR was endorsed at a joint meeting of the ICC and the Health Sector Steering Committee (CP/PRODESS) **Date/time:** 12/05/2014 07:30:31 **Size:** 1 MB
5	Signatures of members of HSCC	2.3	✔	Liste présence réunion RSA GAVI.pdf **File desc:** The APR was endorsed at a joint meeting of the ICC and the Health Sector Steering Committee (CP/PRODESS) **Date/time:** 12/05/2014 08:02:28 **Size:** 762 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✔	Compte rendu réunion PRODESS CCIA sur RSA _29 04 14_.pdf **File desc:** **Date/time:** 12/05/2014 08:12:45 **Size:** 1 MB

7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✔	Analyse détaillée dépenses SSV GAVI _107 635 000 F_.pdf **File desc:** **Date/time:** 12/05/2014 08:23:29 **Size:** 256 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✔	Documents obligatoires RSA 2014.doc **File desc:** No audit in 2013 **Date/time:** 14/05/2014 01:31:58 **Size:** 54 KB
9	Post Introduction Evaluation Report	7.2.2	✔	Rapport_EPI_PCV-13_Mali.doc **File desc:** Post Introduction Evaluation Report for PCV-13 **Date/time:** 12/05/2014 08:16:50 **Size:** 1 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✔	Report intro vaccin GAVI 31 12 12 _260 925 202 F_.pdf **File desc:** **Date/time:** 12/05/2014 09:04:21 **Size:** 235 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✔	Documents obligatoires RSA 2014.doc **File desc:** , **Date/time:** 14/05/2014 01:34:01 **Size:** 54 KB
12	Latest EVSM/VMA/EVM report	7.5	✔	Mali_Rapport GEV Mali DV corrigé 08_10_11.doc **File desc:** **Date/time:** 12/05/2014 08:21:30 **Size:** 3 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✔	Mali_Rapport GEV Mali DV corrigé 08_10_11.doc **File desc:** **Date/time:** 12/05/2014 08:28:39 **Size:** 3 MB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✔	Rapport mise en oeuvre Plan d'amélioration Mali avril 2014.doc **File desc:** **Date/time:** 14/05/2014 09:08:09 **Size:** 9 MB

16	Valid cMYP if requesting extension of support	7.8	☒	PPAC Mali 2012_2016 révisé.doc **File desc:** **Date/time:** 12/05/2014 08:36:55 **Size:** 4 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	☒	cMYP_Costing_Tool_Vs.2.5_FR 20_12_ 2013 Version CNI MAJ VF.xls **File desc:** **Date/time:** 12/05/2014 08:51:33 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	☒	No file uploaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Tab récap Recettes dépenses RSS GAVI _1 616 380 573 F_.pdf **File desc:** **Date/time:** 14/05/2014 08:25:24 **Size:** 231 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Analyse détaillée dépenses RSS GAVI _112 827 304 F_.pdf **File desc:** **Date/time:** 14/05/2014 01:25:53 **Size:** 265 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Documents obligatoires RSA 2014.doc **File desc:** **Date/time:** 14/05/2014 01:36:12 **Size:** 54 KB
22	HSS Health Sector review report	9.9.3	✓	Rapport Evaluation PRODESS 2011(2) Copy.pdf **File desc:** **Date/time:** 12/05/2014 09:42:44 **Size:** 1 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	☒	No file uploaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	☒	No file uploaded

25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	☒	No file uploaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	☑	Documents obligatoires RSA 2014.doc **File desc:** **Date/time:** 14/05/2014 01:37:32 **Size:** 54 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	☒	No file uploaded
	Other		☒	No file uploaded