



GAVI Alliance

Annual Progress Report **2011**

Submitted by

The Government of *Mauritania*

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/15/2012

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2012

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2013	2015

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **Mauritania** 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 **Mauritania**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Bâ Housseynou Hamady	Name	Thiam Diombar
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr. Mbarek Ould Houmeid	National Co-ordinator of EPI	00 222 46 45 97 87	mbarekohoumeid@yahoo.fr
Dr. André Yaméogo	PO/SMI/UNICEF	00 222 22 33 05 74	ayameogo@unicef.org
Dr. Ishagh El Khalef	NPO/EPI/WHO	00 222 22 30 59 48	khalefi@mr.afro.who.int

2.2. ICC signatures page

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

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

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance

monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Mr. Ba Al Housseynou Hamady / Health Minister	Ministry of Health		
Mr. Sidi Aly Ould Sidi Boubacar /SG/MS	SG/Ministry of Health		
Dr. Abdarrahmane Ould Jiddou / Director of Healthcare and Nutrition	Director of Basic Health Services and Nutrition		
Dr. Mbarek Ould Houmeid / National EPI Coordinator	National Co-ordinator of EPI		
Dr. Jean Pierre Baptiste /WR/WHO	WHO Representative		
Mrs. Lucia Elmi /Representative of UNICEF	UNICEF Representative		
Mr. Isselmou Ould Hanefi /President NGO ABBERE	National NGO President ABBERE		
Mrs. Kadiata Sarr /National NGO President ADFFE	National NGO President ADFFE		
Dr. Doudou Sall /Rotary International	Rotary International		

Dr. Diagana Salif / Counterpart	Counterpart International		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of 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)

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

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	142,743	143,254	146,169	146,692	149,677	150,213	153,269	153,818	156,948	157,510
Total infants' deaths	6,326	11,031	6,478	11,295	6,633	11,566	6,792	11,844	6,955	12,128
Total surviving infants	136,417	132,223	139,691	135,397	143,044	138,647	146,477	141,974	149,993	145,382
Total pregnant women	154,649	143,254	158,361	146,692	162,162	150,213	166,054	153,818	170,039	157,510
Number of infants vaccinated (to be vaccinated) with BCG	128,469	122,487	135,938	136,424	145,187	145,706	150,204	150,742	155,378	155,935
BCG coverage	90 %	86 %	93 %	93 %	97 %	97 %	98 %	98 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	95,492	96,761	104,768	101,548	114,435	110,917	123,040	119,258	133,493	129,389
OPV3 coverage	70 %	73 %	75 %	75 %	80 %	80 %	84 %	84 %	89 %	89 %
Number of infants vaccinated (to be vaccinated) with DTP1	109,134	120,421	118,737	113,733	128,739	123,118	134,759	129,991	142,193	137,153
Number of infants vaccinated (to be vaccinated) with DTP3	95,492	99,730	104,768	101,548	114,435	110,917	123,040	119,258	133,493	129,389
DTP3 coverage	78 %	75 %	67 %	75 %	80 %	80 %	84 %	84 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	128,467	120,421	118,737	113,733	128,739	123,118	134,759	129,991	142,193	137,153
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	107,056	99,730	94,256	101,548	114,435	110,917	123,040	119,258	133,493	129,389

DTP-HepB-Hib coverage	78 %	75 %	67 %	75 %	80 %	80 %	84 %	84 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	95,492	85,227	104,768	101,548	114,435	110,917	123,040	119,258	133,493	129,389
Measles coverage	70 %	64 %	75 %	75 %	80 %	80 %	84 %	84 %	89 %	89 %
Pregnant women vaccinated with TT+	54,127	46,119	58,594	54,276	64,865	60,085	69,743	64,604	76,518	70,879
TT+ coverage	35 %	32 %	37 %	37 %	40 %	40 %	42 %	42 %	45 %	45 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	495,264	N/A	541,978	N/A	554,985	N/A	568,305	N/A	581,944
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	13 %	17 %	12 %	11 %	11 %	10 %	9 %	8 %	6 %	6 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2012 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**

APR

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

APR

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

APR

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

APR

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The coverage objective for the year 2011 was to increase the vaccine coverage from 64% in 2010 to 70%. This objective was largely achieved, and the programme could register a coverage rate of 75% at the end of the year. <?xml:namespace prefix = o />

The improvement of the vaccine coverage was obtained through the implementation of a revitalization approach for the routine EPI, whose indicators have seen a steady decline in the recent years until it reached 64% in 2009 and 2010. Hence, a revitalization plan was prepared based on the following three areas: strengthening of the logistics and cold chain, improvement of the data management system, epidemiological monitoring and communication. This revitalisation plan was strengthened by conducting an inventory of the cold chain and an evaluation of the management of vaccines conducted in late 2010, which helped to highlight the needs and evaluate the GAPS. To overcome the deficit in the cold chain at the regional level and in the Moughatas, a significant number of conservation devices have been purchased and delivered through UNICEF as per the distribution plan: 50 refrigerators in 2010 from UNICEF funds and 94 delivered in 2011 through UNICEF based on funds from JICA, totalling 114 new refrigerators that were acquired and installed. With these new acquisitions, the already operational older devices and those which have just been repaired, according to the rehabilitation and maintenance plan, must be taken into consideration. In addition, 100 refrigerators were ordered through the Central

Investment Budget 2011 (MK304, HBC-340 and RCW50 devices).

The major difficulty that the programme faced soon after the launch of the EPI revitalization approach in 2010 was the lack of financial partners; thus a joint mission of WHO/UNICEF/GAVI was held in Mauritania in October 2010 and helped raise awareness to the government and other partners on the vaccination issue, the risk of low coverage and on the cost-effective nature of the investment in this domain. This grievance has been successful and has helped with the planning of an additional budget for EPI in 2011 for the purchase of cold chain and its maintenance.

On the other hand, the lack of qualified human resources was a real obstacle to the momentum of EPI and faced innumerable challenges. In this case, the traditional WHO and UNICEF partners provided technical support through specific missions conducted by advisors or consultants who came to assist the country in its revitalization efforts for its EPI programme.

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

APR

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate
N/A	N/A	N/A

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

N/A

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? **No**

What action have you taken to achieve this goal?

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)

In 2011, the only source used is the administrative data management system of the EPI.

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

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

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

N/A

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

No proper assessment has been conducted since 2009; however, a series of missions were conducted by the regional WHO or UNICEF advisors who have visited the country between 2010 and 2011 and were able to provide a detailed analysis of the data management system and make recommendations. These recommendations, in general, followed the rules.

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 strengthening of the data management system was one of these components that received specific attention in 2011 through i) the provision of programme management tools (registers, cards, reports, software tools...) with the technical and financial support from WHO, UNICEF and Counterpart International, ii) the initiation of several supervision missions, the conduct of several external situation analysis (WHO and UNICEF) iii), the designation and training of district focal points (innovative approach) and iii) the systematic analysis of monthly data and feedback to various regional directorates.

The issue will be to strengthen this momentum and to specifically ensure the introduction of the data analysis tool in the districts (DQS) and set up an efficient document archival system. These two points were raised recurrently, like a weakness requiring further attention.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 289
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Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year	Source of funding
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	2011							
		Country	GAVI	UNICEF	WHO			
Traditional Vaccines*	111,955	111,955	0	0	0	0	0	0
New and underused Vaccines**	978,395	70,395	908,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	40,086	40,086	0	0	0	0	0	0
Cold Chain equipment	252,538	0	0	252,538	0	0	0	0
Personnel	1,055,982	1,055,982	0	0	0	0	0	0
Other routine recurrent costs	166,173	27,682	0	51,986	86,505	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be filled by the country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	2,605,129							
Total Government Health		1,306,100	908,000	304,524	86,505	0	0	0

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

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

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

A costing action plan was prepared on the basis of cMYP. The funding of this plan was too far from the required budget.

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

The expenditure items that were not funded in 2011 were mainly the following items: the rehabilitation of the national EPI, mobile logistics (a refrigerated vehicle and a connecting vehicle), operational activities: mainly the supervision which could be funded only once despite 4 requests; the funding for the implementation of the RED approach, a vaccine coverage survey, the funding of a workshop on the preventive maintenance of cold chain equipment,...

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

Mauritania has a budget line under the finance bill allocated for the purchase of traditional vaccines and a proportion for new vaccines.

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	204,150	204,150
New and underused Vaccines**	983,000	983,000
Injection supplies (both AD syringes and syringes other than ADs)	14,122	14,122
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	190,311	190,311
Personnel	1,154,059	1,239,487
Other routine recurrent costs	656,026	744,940
Supplemental Immunisation Activities	1,597,078	1,654,625
Total Expenditures for Immunisation	4,798,746	5,030,635

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

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

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

On the day of preparation of this annual progress report, some expenditure items included in the 2012 plan remain unfunded despite the willingness of the State and partners. It can include refrigerated vehicles, mobile logistics for transportation and supervision, the workshop for training maintenance technicians, an EPI review, and the implementation of the RED approach in certain districts.

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

The situation currently experienced by the country with regard to the two nutritional crises and Malian refugees in the South East area of the country may affect the routine immunization activities as most of the partners and funding are targeted towards the management of emergencies.

All opportunities will be utilized to educate the partners on the issue of routine immunization such as African Immunization Week, the inclusion of immunization activities in the appeal and humanitarian documents (CERF and CAP), the integration of routine EPI activities with other interventions like campaigns for Vitamin A supplementation, and the education of the authorities on the need to improve the EPI performances.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully 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?
The Ministry of Health will take a note regarding organising the steering committee for GAVI funds and its operation.	Yes
The use of the programs procedures manual on the external funding managed by DAF will be extended to GAVI funds with the necessary modifications and will specify the list of supporting documents and archival rules.	Yes
A bank account jointly managed by SG and DAF will be dedicated to GAVI operations.	Yes
The procedure currently used for the funds on external funding will be used. An MCM account dedicated to GAVI operations will be opened for the expenses paid by the health units of Moughatas.	No
Quarterly PAOs by operational structures and for all actions with the allocated credit amount will be prepared on the basis of a typical model to be designed. These PAOs will be validated by the CP and will be considered as expense authorisations after their validations.	No
Authorisation of expenses will be provided by SG of MS in NC	Yes
The accounting responsibilities will be undertaken by DAF and specified in the procedures manual At the decentralised level of CSM, the payment will be made by MCM as per the rules of an imprested account.	Yes
Internal control for expense, procurement, internal and external audit.	No

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

The following are the main achievements compared to the checklist signed on 31 July 2011:

- Establishment of bodies responsible for steering and monitoring the HSS/GAVI implementation through memos to the Steering Committee. Added to this is the development of the TOR of activities listed under the year 2012, the training modules on the management of medicine stocks and tender folders for the activities requiring procurement.
- Development of a procedures note for GAVI funding.
- Opening of bank account Number MR 13 0000 8000 0100 1733 1000 913 / SWIFT COLIMRMR Bank for Trade and Industry.
- Identification of communities offering constructed houses for the head nurses of the health care centres (ICP).
- Meetings were organised for medical officers of the concerned districts.

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

As the expenses began only in 2012, the details of HSS achievements are included in the 2012 annual progress report (APR).

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

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

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

Various meetings of the Inter-agency Coordination Committee, which were held in 2011, emphasized the efforts made by the programme in improving performance. This is how in most of the cases the meetings included as points in the agenda, the level achieved by the vaccine coverage, the executions and the difficulties encountered. Among the points raised, the inadequacy of funding and the difficulty to reach all targeted children in all areas of the country as well as the efforts for coordination between the various participants and other government sectors were included.

Among the recommendations that were frequently made was the need to have a cost plan estimating the requirements; a breakdown of the activities by funding source was included on priority.

Other technical recommendations often brought out, for instance, the need to coordinate the activities between all participants and provide feedback to all regional and district heads.

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

If **Yes**, which ones?

List CSO member organisations:
NGO ABBERE
NGO ADFFE
Rotary International

5.8. Priority actions in 2012 to 2013

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

The coverage target that was assigned to increase the vaccine coverage from 64% in 2010 to 70% was achieved in 2011 (75% for Penta 3). Hence, the target for 2012 and 2013 will be to maintain this performance up to at least 80% of the Pentavalent third dose, complying with the 2012-2015 cMYP. In terms of the introduction of new vaccines, the programme plans to continue the efforts to effectively introduce the anti-pneumococcal vaccine and present the proposal for submission to GAVI for the introduction of the vaccine against rotavirus. In terms of disease control as part of global initiatives, the EPI intends to validate the elimination of maternal and neonatal Tetanus in all high risk Moughatas to prevent the reintroduction of the wild polio virus and to control measles. With respect to EPI funding, efforts will be made to increase the budget line for the purchase of vaccines and consumables and consider the co-funding for new vaccines.

Implementation of the Reach Every District (RED) approach will be a priority for the EPI 2012-2013 biennium.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringes	State budget, Finance Bill , 2011 fiscal year
Measles	AD syringes	State budget, Finance Bill , 2011 fiscal year
TT	AD syringes	State budget, Finance Bill , 2011 fiscal year
DTP-containing vaccine	AD syringes	State budget, Finance Bill , 2011 fiscal year

Does the country have an injection safety policy/plan? **No**

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

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

As mentioned in APR 2008, <? xml: namespace prefix = st1 /> Mauritania adopted the use of AD syringes, safety boxes (containers,) and the incineration of waste material for over 10 years (2001) on a large scale.

<?xml:namespace prefix = o />

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

In areas where an incinerator is available, the vaccine waste is collected, stored, and disposed by incineration. In the absence of an incinerator, other forms of disposal are still used (burial and burning).<?xml:namespace prefix = o />

During mass immunization campaigns generating large quantities of waste, the plan provides for collection, storage, transport to the main towns of districts with incinerators and finally an exclusive incineration.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Total Expenditures in 2012 (D) | 0 | 0 |

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.

Mauritania has not benefitted from ISS funds since 2006. However, a compensation of US\$ 28,000 has been marked for 2011, but its disbursement by GAVI has not been made to date.

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.

NA

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

NA

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

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (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).

6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year’s achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

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

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

Table 6.3: Calculation of expected ISS reward

| | | | Base Year** | 2011 |
|---|--|--|-------------|---------|
| | | | A | B*** |
| 1 | Number of infants vaccinated with DTP3* (from JRF) specify | | 85,687 | 99,730 |
| 2 | Number of additional infants that are reported to be vaccinated with DTP3 | | | 14,043 |
| 3 | Calculating | \$20 per additional child vaccinated with DTP3 | | 280,860 |
| 4 | Rounded-up estimate of expected reward | | | 281,000 |

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

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

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

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

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

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

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

| | [A] | [B] | |
|--------------|---|--|---|
| Vaccine type | Total doses for 2011 in Decision Letter | Total doses received by 31 December 2011 | Total doses of postponed deliveries in 2012 |
| DTP-HepB-Hib | | 355,200 | 0 |

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

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

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

N/A

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

-Training of focal points at various Moughatas (districts).

-Organisation of bi-annual meetings for regional focal points.

- Training of 25 chief medical officers and focal points of Moughatas and certain regional focal points on software tools for program management (DVD-MT and SMT).

- Implementation and distribution of 143 cold chain devices at different levels

- Organisation of field missions for maintenance of cold chain.

- Preparation of a guide on immunization for the various participants in the programme at all levels.

- Organization of two supervision missions in various Moughatas (districts).

- Organisation of a DQS mission for certain Wilayas.

- Revision of programme management tools to respond to normative needs.

- Other activities were pushed over to 2012, for example:
- Cascade training of staff involved in immunization across the country.
- Training of 13 regional cold chain technicians.
- Rehabilitation of the central warehouse site of the programme.
- Purchase of two refrigerated vehicles to ensure the regular supply of vaccines to Wilayas (regions).

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

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

N/A

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

N/A

7.2. Introduction of a New Vaccine in 2011

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

| | | |
|--|-----|------------|
| Vaccine introduced | N/A | |
| Phased introduction | No | 01/01/2014 |
| Nationwide introduction | Yes | 01/02/2014 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | N/A |

7.2.2. When is the Post introduction evaluation (PIE) planned? **March 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 N° 20)

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Balance carried over to 2012 (E=C-D) | 0 | 0 |

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annex 1** Financial statements should be signed by the Finance Manager of the EPI Program and 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.

N/A

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

N/A

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

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2011? | | |
|---|--|--|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 70,395 | 28,500 |
| | | |
| Q.2: Which were the sources of funding for co-financing in reporting year 2011? | | |
| Government | State budget, Finance bill, 2011 fiscal year | |
| Donor | | |
| Other | | |
| | | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | | |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 4,605 | |
| | | |
| Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2013 | Source of funding |
| | | |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | May | State budget, Finance bill, 2012 fiscal year |

| | |
|--|--|
| | |
| | Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing. |
| | |

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/>

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **November 2010**

Please attach:

(a) EVM assessment (**Document No. 15**)

(b) Improvement plan after EVM (**Document No. 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No. 17**)

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

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

| Deficiency noted in EVM assessment | Action recommended in the Improvement plan | Implementation status and reasons for delay, if any |
|------------------------------------|--|---|
|------------------------------------|--|---|

| | | |
|--|----------------|------------------------|
| EVM carried out in 2010; report sent in APR 2010 | Training | In progress in 2012 |
| EVM Report | Rehabilitation | Delay in State funding |
| EVM Report | Equipment | Delay in State funding |

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

If yes, provide details

The improvement plan and the EVM recommendations are in general properly followed but sometimes with delays.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Mauritania does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

If 2012 is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2013 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2015

The country hereby request for an extension of GAVI support for

*** DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccines: for the years 2013 to 2015. At the same time it commits itself to co-finance the procurement of

*** DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

*** DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2013 to 2015, which is attached to this APR (Document N°21). The new costing tool is also attached. (Document N°)

The country ICC has endorsed this request for extended support of

*** DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°)

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

In order to request NVS support for 2013 vaccination do the following

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

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table

7.10.1:

Commodities Cost

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

| Vaccine | Presentation | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|--------------|------|-------|-------|-------|-------|
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | | | | | |
| DTP-HepB, 2 dose(s) per vial, LIQUID | 2 | | | | | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-Hib, 10 dose(s) per vial, LIQUID | 10 | | | | | |
| HepB monoval, 1 dose(s) per vial, LIQUID | 1 | | | | | |
| HepB monoval, 2 dose(s) per vial, LIQUID | 2 | | | | | |
| Hib monoval, 1 dose(s) per vial, LYOPHILISED | 1 | | | | | |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | | 0.219 | 0.219 | 0.219 | 0.219 |
| Meningococcal, 10 dose(s) per vial, LIQUID | 10 | | 0.520 | 0.520 | 0.520 | 0.520 |
| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2 | | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 1 | | 3.500 | 3.500 | 3.500 | 3.500 |

| | | | | | | |
|---|----|--|-------|-------|-------|-------|
| Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 10 | | 0.900 | 0.900 | 0.900 | 0.900 |
| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 5 | | 0.900 | 0.900 | 0.900 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | | 2.550 | 2.550 | 2.550 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | | 5.000 | 3.500 | 3.500 | 3.500 |
| AD-SYRINGE | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | | 0.004 | 0.004 | 0.004 | 0.004 |
| SAFETY-BOX | 0 | | 0.006 | 0.006 | 0.006 | 0.006 |

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

Table 7.10.1: Commodities Cost

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

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

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

lyophilised)

Table 7.10.2: Freight Cost

| Vaccine Antigens | Vaccine Types | No Threshold | 200,000\$ | | 250,000\$ | | 2,000,000\$ | |
|----------------------|-----------------|--------------|-----------|---|-----------|--------|-------------|--------|
| | | | <= | > | <= | > | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | | | | | |
| DTP-HepB-Hib | HEPBHIB | | | | 15.00 % | 3.50 % | | |
| Measles | MEASLES | 10.00 % | | | | | | |
| Meningococcal | MENINACONJUGATE | 9.99 % | | | | | | |
| Pneumococcal (PCV10) | PNEUMO | 1.00 % | | | | | | |
| Pneumococcal (PCV13) | PNEUMO | 5.00 % | | | | | | |
| Rotavirus | ROTA | 5.00 % | | | | | | |
| Yellow Fever | YF | | 20.00 % | | | | 10.00 % | 5.00 % |

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

| ID | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|--|-----------|---|---------|---------|---------|---------|---------|---------|
| Number of surviving infants | Table 4 | # | 132,223 | 135,397 | 138,647 | 141,974 | 145,382 | 693,623 |
| Number of children to be vaccinated with the first dose | Table 4 | # | 120,421 | 113,733 | 123,118 | 129,991 | 137,153 | 624,416 |
| Number of children to be vaccinated with the third dose | Table 4 | # | 99,730 | 101,548 | 110,917 | 119,258 | 129,389 | 560,842 |
| Immunisation coverage with the third dose | Table 4 | % | 75.43 % | 75.00 % | 80.00 % | 84.00 % | 89.00 % | |
| Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |

| | | | | | | | | |
|----|--|--------------------|----|--------|---------|---------|---------|---------|
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| | Vaccine stock on 1 January 2012 | | # | 70,400 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.47 | 2.32 | 2.03 | 1.85 |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.23 | 0.26 | 0.30 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 3.50 % | 3.50 % | 3.50 % | 3.50 % |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % |

Co-financing tables for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.23 | 0.26 | 0.30 |
| Recommended co-financing as per APR 2010 | | | | | |
| Your co-financing | 0.20 | 0.20 | 0.23 | 0.26 | 0.30 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--------------------------------|---|---------|---------|---------|---------|
| Number of vaccine doses | # | 266,000 | 358,200 | 364,900 | 371,000 |
| Number of AD syringes | # | 349,900 | 379,100 | 386,000 | 392,500 |

| | | | | | |
|------------------------------------|----|---------|---------|---------|---------|
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 3,900 | 4,225 | 4,300 | 4,375 |
| Total value to be co-financed | \$ | 698,000 | 880,000 | 786,500 | 730,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|--------|--------|---------|---------|
| Number of vaccine doses | # | 22,000 | 37,100 | 50,100 | 66,700 |
| Number of AD syringes | # | 28,900 | 39,200 | 53,000 | 70,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 325 | 450 | 600 | 800 |
| Total value to be co-financed by country | \$ | 58,000 | 91,000 | 108,000 | 131,500 |

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

| | Formula | 2011 | 2012 | | |
|--|---|---------|---------|------------|---------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 7.62 % | | |
| B Number of children to be vaccinated with the first dose | <i>Table 5.2.1</i> | 120,421 | 113,733 | 8,670 | 105,063 |
| C Number of doses per child | <i>Vaccine parameter (schedule)</i> | 3 | 3 | | |
| D Number of doses needed | $B \times C$ | 361,263 | 341,199 | 26,008 | 315,191 |
| E Estimated vaccine wastage factor | <i>Table 4</i> | 1 | 1 | | |
| F Number of doses needed including wastage | $D \times E$ | 379,327 | 358,259 | 27,309 | 330,950 |
| G Vaccines buffer stock | $(F - F \text{ of previous year}) * 0.25$ | | 0 | 0 | 0 |
| H Stock on 1 January 2012 | <i>Table 7.11.1</i> | 70,400 | | | |
| I Total vaccine doses needed | $F + G - H$ | | 287,859 | 21,942 | 265,917 |
| J Number of doses per vial | <i>Vaccine Parameter</i> | | 1 | | |

| | | | | | | |
|---|---|--|--|---------|--------|---------|
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) * 1.11$ | | 378,731 | 28,869 | 349,862 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J * 1.11$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 * 1.11$ | | 4,204 | 321 | 3,883 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 711,012 | 54,197 | 656,815 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 17,611 | 1,343 | 16,268 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 25 | 2 | 23 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | | 24,886 | 1,897 | 22,989 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 1,764 | 135 | 1,629 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 755,298 | 57,572 | 697,726 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 57,572 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 7.62 % | | |

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

| | Formula | 2013 | | | 2014 | | | |
|---|---|-------------------------------|------------|--------|---------|------------|--------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 9.37 % | | 12.06 % | | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 123,118 | 11,533 | 111,585 | 129,991 | 15,682 | 114,309 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 369,354 | 34,598 | 334,756 | 389,973 | 47,046 | 342,927 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 387,822 | 36,328 | 351,494 | 409,472 | 49,398 | 360,074 |
| G | Vaccines buffer stock | $(F - F \text{ of previous})$ | 7,391 | 693 | 6,698 | 5,413 | 654 | 4,759 |

| | | | | | | | | |
|---|---|--|---------|--------|---------|---------|---------|---------|
| | | <i>year) * 0.25</i> | | | | | | |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 395,213 | 37,020 | 358,193 | 414,885 | 50,051 | 364,834 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) * 1.11$ | 418,187 | 39,172 | 379,015 | 438,879 | 52,946 | 385,933 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J * 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 * 1.11$ | 4,642 | 435 | 4,207 | 4,872 | 588 | 4,284 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 916,895 | 85,887 | 831,008 | 842,217 | 101,603 | 740,614 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 916,895 | 1,822 | 17,624 | 842,217 | 2,462 | 17,946 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 27 | 3 | 24 | 29 | 4 | 25 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 32,092 | 3,007 | 29,085 | 29,478 | 3,557 | 25,921 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 1,948 | 183 | 1,765 | 2,044 | 247 | 1,797 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 970,408 | 90,899 | 879,509 | 894,176 | 107,871 | 786,305 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 90,899 | | | 107,871 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 9.37 % | | | 12.06 % | | |

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

| | Formula | 2015 | | |
|---|---|------------------------------|------------|--------|
| | | Total | Government | GAVI |
| A | Country co-finance | V | 15.24 % | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 137,153 | 20,898 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | |

| | | | | | |
|---|---|--|---------|---------|---------|
| D | Number of doses needed | $B \times C$ | 411,459 | 62,693 | 348,766 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 432,032 | 65,828 | 366,204 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 5,640 | 860 | 4,780 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 437,672 | 66,687 | 370,985 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 462,980 | 70,543 | 392,437 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 5,140 | 784 | 4,356 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 809,694 | 123,371 | 686,323 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 21,529 | 3,281 | 18,248 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 30 | 5 | 25 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 28,340 | 4,319 | 24,021 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 2,156 | 329 | 1,827 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 861,749 | 131,302 | 730,447 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 131,302 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 15.24 % | | |

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in **2011**

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

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

of Table 9.1.3.a and 9.1.3.b.

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

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

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

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

Table 9.1.3a (US)\$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|---------|
| Original annual budgets (<i>as per the originally approved HSS proposal</i>) | | | | | | 367,793 |
| Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total 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)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|-------------|
| Original annual budgets (<i>as per the originally approved HSS proposal</i>) | | | | | | 106,292,177 |
| Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total 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 the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|------------------------|------|------|------|------|------|------|
| Opening on 1 January | | | | | | 289 |
| Closing on 31 December | | | | | | |

Detailed expenditure of HSS funds during the 2011 calendar year

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

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

Financial management of HSS funds

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

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

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

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2011 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|---------------------------|--|--|
|---|---------------------------|--|--|

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

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

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

All the activities on HSS implementation for the first year of implementation were planned for 2012;

Since the transfer of funds for the implementation of activities in the first year of HSS support: A number of measures were taken to prepare the execution of the planned activities:

- Establishment of bodies responsible for monitoring activities;
- Preparation and validation of an action plan for the first year 2012;
- Preparation of TORs for all the studies and planned activities;
- Identification of localities with medical equipment and constructed houses for the head nurses of health care centres (ICP);
- Establishment of essential bodies for the distribution of funds meant for the purchase of medicines by the health centres, taking into consideration the complementarities between various interveners in the matter;
- Launching the process for the preparation of tenders for constructions and acquisitions.

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

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

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

9.4. Programme implementation in 2011

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

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

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

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

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

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

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

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

9.5. Planned HSS activities for 2012

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

Table 9.5: Planned activities for 2012

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2012 | Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2012 actual expenditure (as at April 2012) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2012 (if relevant) |
|---|---|---|--|--------------------------------|--|---------------------------------------|
| Activité 1.1 :
Introduce a delegation practice | Prepare a policy for "delegation of tasks" | 14,086 | | | | |
| Activity 1.2 :
Construct and equip the houses | 1.2.1 :
Construct 9 houses for the ICPs in the most remote places | 144,000 | | | | |
| Activity 1.3 :
Support the contractual process | 1.3.1: Prepare a database on the identity and activities of active NGOs in health care. | 6620 | | | | |
| Activity 2.3 :
Complete the equipping the health centres | Provide standard equipment in 17 health centres of ZCI | 56,000 | | | | |
| Activity 2.4 :
Encourage the | Organise an awareness | 6,585 | | | | |

| | | | | | | |
|--|---|---------|---|--|--|---|
| maintenance practice | mission and training in preventive maintenance to benefit the staff of the ZCI health centres | | | | | |
| Activity 2.5 : Provide ME s at each level | 2.5.1 : Equip health units of the target areas with adequate rolling funds | 36,000 | | | | |
| Activity 2.7 : Improve regional plans | 2.7.1 : Train and mentor staff of the health centres at all levels, with result-based, decentralised planning | 30,155 | | | | |
| Activity 3.1 : Revitalise the Health Units | 3.1.1: Make a feasibility study on the implementation of operational USBs in the target areas. | 10,724 | | | | |
| | | 345,975 | 0 | | | 0 |

9.6. Planned HSS activities for 2013

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

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

Table 9.6: Planned HSS Activities for 2013

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2013 | Original budget for 2013
(as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2013 (if relevant) |
|--|---|--|--------------------------------|--|---------------------------------------|
| Activity 1.1 : Introduce a delegation practice | Organisation of a workshop to distribute and spread in each of ZCIs | 15,435 | | | |

| | | | | | |
|--|--|---------|--|--|--|
| Activity 1.2 :
Construct
and equip the
houses | 1.2.2: Equip the 9 houses with solar panels, refrigerators, stove, lounge, satellite dish, TV, bed... | 4,400 | | | |
| Activity 1.3 :
Support the
contractual
process | 1.3.2 :
Strengthen the capabilities of an NGO/association /local CSO by ZCI to provide quality contractualised services | 23400 | | | |
| Activity 2.1 :
Increase, in
the target
zones, | Activity 2.1.1:
Provide free health care for pregnant women and mothers of children aged 0 to 5 years in the target zones. | 129,222 | | | |
| Activity 2.2 :
Provide
health care
services | Establish a bi-annual contract with qualified RHS to provide seasonal health care to the majority of population in ZCI (for a fee of UM 100,000) | 21,600 | | | |
| Activity 2.4 :
Encourage
the
maintenance
practice | Pay an annual maintenance premium of USD 2,000 to ZCI providing better maintenance of its equipment and infrastructure during the year | 2,000 | | | |
| Activity 2.6 :
Rationalise
the
recommendat
ions from ME | 2.6.1 : Revise the therapeutic guides | 8,362 | | | |
| Activity 2.8 :
Improve
procedures
and
mechanisms | 2 8.1 : Train the trainers amongst the staff responsible for the acquisition of goods and services | 13,340 | | | |
| Activity 3.1 :
Revitalise the
Health Units | 3.1.5 :
Monitor/evaluati
on by MCM at
ZCI level | 10,800 | | | |

| | | | | | |
|---|---|---------|--|--|--|
| 3.3.1 : Train the municipal councils and Mayors | 3.3.1 : Train the municipal councils and Mayors in the function of community volunteers | 21,600 | | | |
| Activity 3.3 : Develop the partner | 3.3.2 : Create a network of Mayors in the target zones to promote immunization and the health of the mother and child in the target zones | 19,420 | | | |
| | | 333,774 | | | |

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

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

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

9.7. Revised indicators in case of reprogramming

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

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

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

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

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US\$ | Duration of support | Type of activities funded |
|--------------|----------------|-----------------------|---------------------------------------|
| State Budget | 20,7266 | Entire project period | Curative, preventive, and promotional |

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 |
|----------------------------------|-------------------------------|------------------------------|
| | | |

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.



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

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 23**)
2. The latest Health Sector Review report (**Document Number:**)

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

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

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

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

Mauritania is not reporting on GAVI TYPE B CSO support for 2012.

11. Comments from ICC/HSCC Chairs

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

APR

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual 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 2011 (referred to as the "variance").

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|---------------|---------------|---------------|---------------|-----------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |

| | | | | | | |
|---------------------------|------------|--------|------------|--------|------------|--------|
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Expenditure categories are indicative and only included for demonstration 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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual 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 2011 (referred to as the "variance").

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

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

12.4. Annex 4 – Example income & 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 2010 (balance as of 31 December 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|---------------|---------------|---------------|---------------|-----------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |

| | | | | | | |
|---------------------------|------------|--------|------------|--------|------------|--------|
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Expenditure categories are indicative and only included for demonstration 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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual 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 2011 (referred to as the "variance").

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|---------------|---------------|---------------|---------------|-----------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |

| | | | | | | |
|---------------------------|------------|--------|------------|--------|------------|--------|
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Expenditure categories are indicative and only included for demonstration 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 | <input checked="" type="checkbox"/> | HM and FM Signatures.pdf
File desc: Description du fichier...
Date/time: 5/19/2012 1:49:08 PM
Size: 1004724 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | <input checked="" type="checkbox"/> | HM and FM Signatures.pdf
File desc: Description du fichier...
Date/time: 5/19/2012 1:49:42 PM
Size: 1004724 |
| 3 | Signatures of members of ICC | 2.2 | <input checked="" type="checkbox"/> | ICC members Signature.pdf
File desc: File description... Scanned file with ICC member signatures
Date/time: 5/19/2012 1:51:00 PM
Size: 1141080 |
| 4 | Signatures of members of HSCC | 2.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: File description...
Date/time: 5/22/2012 9:44:42 AM
Size: 18668 |
| 5 | Minutes of ICC meetings in 2011 | 2.2 | <input checked="" type="checkbox"/> | ICC PV 09. may 2012.pdf
File desc: File description...
Date/time: 5/19/2012 1:52:29 PM
Size: 1933532 |
| | | | | ICC PV 09. may 2012.pdf |

| | | | | |
|----|--|-------|-------------------------------------|---|
| 6 | Minutes of ICC meeting in 2012 endorsing APR 2011 | 2.2 | <input checked="" type="checkbox"/> | File desc: File description...
Date/time: 5/19/2012 1:54:13 PM
Size: 1933532 |
| 7 | Minutes of HSCC meetings in 2011 | 2.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: File description...
Date/time: 5/22/2012 9:45:11 AM
Size: 18668 |
| 8 | Minutes of HSCC meeting in 2012 endorsing APR 2011 | 9.9.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: File description...
Date/time: 5/22/2012 9:45:33 AM
Size: 18668 |
| 9 | Financial Statement for HSS grant APR 2011 | 9.1.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: File description...
Date/time: 5/22/2012 9:45:53 AM
Size: 18668 |
| 10 | new cMYP APR 2011 | 7.7 | <input checked="" type="checkbox"/> | PPaC_Mauritanie_15112011.doc
File desc: File description... cMYP 2012-2015 Word doc
Date/time: 5/20/2012 12:23:44 PM
Size: 1830912 |
| 11 | new cMYP costing tool APR 2011 | 7.8 | <input checked="" type="checkbox"/> | Costing tool Mauritanie15112011.xls
File desc: Description du fichier...
Date/time: 5/20/2012 12:25:59 PM
Size: 3484672 |

| | | | | |
|----|---|--------|-------------------------------------|--|
| 12 | Financial Statement for CSO Type B grant APR 2011 | 10.2.4 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 13 | Financial Statement for ISS grant APR 2011 | 6.2.1 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 14 | Financial Statement for NVS introduction grant in 2011 APR 2011 | 7.3.1 | <input checked="" type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 15 | EVSM/VMA/EVM report APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 16 | EVSM/VMA/EVM improvement plan APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 17 | EVSM/VMA/EVM improvement implementation status APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier... |

| | | | | |
|----|--|-------|-------------------------------------|--|
| | | | | Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 19 | External Audit Report (Fiscal Year 2011) for ISS grant | 6.2.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 20 | Post Introduction Evaluation Report | 7.2.2 | <input checked="" type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 21 | Minutes ICC meeting endorsing extension of vaccine support | 7.8 | <input checked="" type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 22 | External Audit Report (Fiscal Year 2011) for HSS grant | 9.1.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| 23 | HSS Health Sector review report | 9.9.3 | <input type="checkbox"/> | Few items to be considered for APR 2011.docx
File desc: Description du fichier...
Date/time: 5/22/2012 9:47:16 AM
Size: 18668 |
| | | | | Few items to be considered for APR 2011.docx |

| | | | | |
|----|---|--------|-------------------------------------|---|
| 24 | Report for Mapping Exercise CSO Type A | 10.1.1 | <input checked="" type="checkbox"/> | <p>File desc: Description du fichier...</p> <p>Date/time: 5/22/2012 9:47:37 AM</p> <p>Size: 18668</p> |
| 25 | External Audit Report (Fiscal Year 2011) for CSO Type B | 10.2.4 | <input checked="" type="checkbox"/> | <p>Few items to be considered for APR 2011.docx</p> <p>File desc: Description du fichier...</p> <p>Date/time: 5/22/2012 9:47:54 AM</p> <p>Size: 18668</p> |