



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Mauritania

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 5:00:38 PM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: 2012

Requesting for support year: 2014

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **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	AHMEDOU OULD HADEMINE OULD JELVOUNE	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	Coordonnateur National du PEV	00 222 46 45 97 87	mbarekohoumeid@yahoo.fr
DR ANDRE YAMEOGO	PO/SMI/UNICEF	00 222 22 33 05 74	ayameogo@unicef.org
DR EL KHALEF ISHAGH	NPO/PEV/OMS	00 222 22 30 59 48	Khalefi@mr.afro.who.int
Med Mahmoud Khatry	Chef service Programmation et Etudes au MS	00222 22 24 38 44	med.khatry@yahoo.fr

2.2. ICC signatures page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload 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
M. AHMEDOU OULD HADEMINE OULD JELVOUNE	Ministre de la santé		

M. Moussa Ould Ahmednah	SG/ Ministère de la santé		
Dr Abdarraahmane Ould Jiddou	Directeur des services de santé de base et de la nutrition		
Dr Mbarek Ould Houmeid	Coordonnateur national du PEV		
Dr Jean Pierre Baptiste	Représentant de l'OMS		
Mme Lucia Elmi	Représentante de l'UNICEF		
M. Isselmou Ould Hanefi	Président ONG nationale		
Mme kadiata Sarr	Présidente ONG Nationale		
fatimetou Mint Bebana dite Siham	Rotary international		
Dr Diagana Salif	Counterpart International		

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), **CONAP/ Comité national de pilotage du Secteur de la santé**, 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
Ahmedou Ould Hademine Ould Jelvouné/Ministre de la santé	Ministère de la Santé,		
Isselmou Ould Mahjoub/Directeur de la Programmation	Ministère de la Santé		
Abderramane Ould Jiddou/Directeur de santé de base	Ministère de la Santé		
Dr Jean Pierre Baptiste	Le Représentat de l'OMS à NKTT		
Mme Lucia Elmi	La Représentate d'UNICEF		
Dr Ly Ciré/ Président	ONG/ Santé sans frontières		
Dr Moustapha Ould Atigh	Représentant de l'UNFPA		

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 2013

3. Table of Contents

This APR reports on *Mauritania's* activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Immunisation achievements in 2012](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial Management](#)

[5.7. Interagency Coordinating Committee \(ICC\)](#)

[5.8. Priority actions in 2013 to 2014](#)

[5.9. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2012](#)

[6.2. Detailed expenditure of ISS funds during the 2012 calendar year](#)

[6.3. Request for ISS reward](#)

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

[7.1. Receipt of new & under-used vaccines for 2012 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2012](#)

[7.3. New Vaccine Introduction Grant lump sums 2012](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2012](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2012](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013](#)

[7.9. Request for continued support for vaccines for 2014 vaccination programme](#)

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
 - [9.1. Report on the use of HSS funds in 2012 and request of a new tranche](#)
 - [9.2. Progress on HSS activities in the 2012 fiscal year](#)
 - [9.3. General overview of targets achieved](#)
 - [9.4. Programme implementation in 2012](#)
 - [9.5. Planned HSS activities for 2013](#)
 - [9.6. Planned HSS activities for 2014](#)
 - [9.7. Revised indicators in case of reprogramming](#)
 - [9.8. Other sources of funding for HSS](#)
 - [9.9. Reporting on the HSS grant](#)
- [10. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)
 - [10.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
 - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1 – Terms of reference ISS](#)
 - [12.2. Annex 2 – Example income & expenditure ISS](#)
 - [12.3. Annex 3 – Terms of reference HSS](#)
 - [12.4. Annex 4 – Example income & expenditure HSS](#)
 - [12.5. Annex 5 – Terms of reference CSO](#)
 - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	146,692	146,692	150,213	150,213	153,818	153,818	157,510	157,510
Total infants' deaths	11,295	11,295	11,566	11,566	11,844	11,844	12,128	12,128
Total surviving infants	135397	135,397	138,647	138,647	141,974	141,974	145,382	145,382
Total pregnant women	146,692	146,692	150,213	150,213	153,818	153,818	157,510	157,510
Number of infants vaccinated (to be vaccinated) with BCG	136,424	126,970	145,706	145,706	150,742	150,742	155,935	155,935
BCG coverage	93 %	87 %	97 %	97 %	98 %	98 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	101,548	105,207	110,917	110,917	119,258	119,258	129,389	129,389
OPV3 coverage	75 %	78 %	80 %	80 %	84 %	84 %	89 %	89 %
Number of infants vaccinated (to be vaccinated) with DTP1	113,733	127,636	123,118	123,118	129,991	129,991	137,153	137,153
Number of infants vaccinated (to be vaccinated) with DTP3	101,548	106,181	110,917	110,917	119,258	119,258	129,389	129,389
DTP3 coverage	75 %	78 %	80 %	80 %	84 %	84 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	4	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.04	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	118,737	127,636	123,118	123,118	129,991	129,991	137,153	137,153
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	118,737	106,181	123,118	123,118	119,258	119,258	129,389	129,389
DTP-HepB-Hib coverage	75 %	78 %	80 %	89 %	84 %	84 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%)	0	4	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	101,548	94,300	110,917	110,917	119,258	119,258	129,389	129,389
Measles coverage	75 %	70 %	80 %	80 %	84 %	84 %	89 %	89 %
Pregnant women vaccinated with TT+	54,276	52,249	60,085	60,085	64,604	64,604	70,879	70,879

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	37 %	36 %	40 %	40 %	42 %	42 %	45 %	45 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	541,978	0	554,985	554,985	568,305	568,305	581,944	581,944
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	11 %	17 %	10 %	10 %	8 %	8 %	6 %	6 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

Pas de changement apporté aux naissances vivantes. tout est conforme aux données fournies dans les documents de références transmis aux partenaires

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

IDEM: Pas de changement apporté aux nourrissons survivants. Tout est conforme aux données fournies dans les documents de références transmis aux partenaires

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

RAS

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

Pas de changement apporté au taux de perte

5.2. Immunisation achievements in 2012

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

L'objectif du PEV était d'atteindre une couverture de 75% en Penta3 au 31 Décembre 2012 selon le PPAC. Cet objectif a été atteint un an avant. Ainsi, le programme a pu enregistrer un taux de couverture de 78,4% en penta3 au 31 Décembre 2012 grâce à la mise en place des stratégies de réduction des enfants non vaccinés

- Désignation par note de service des 53 points focaux (PF) PEV au niveau de districts
 - Renforcement des capacités des Points focaux (régionaux et districts) -
 - Elaboration, multiplication et diffusion d'un guide de vaccination au niveau national (Traduit en arabe et français en 500 exemplaires chacune).
 - Renforcement de capacité des infirmiers chefs de poste au niveau national (407/ ICP)
 - Intégration routine sur AVS polio/rougeole -
 - Renforcement de la capacité de stockage (16 chaînes de froid))
- Renforcement du système de gestion des données à tous les niveaux grâce à une auto évaluation interne
 - Multiplication des outils de gestion du programme
 - Mise en route de plusieurs missions de supervision sur le terrain
 - Analyse systématique des données par des réunions mensuelles et feedback aux directions régionales
 - Mise en place dans les districts d'un processus de monitoring des enfants non vaccinés et actions
 - Appui des partenaires à l'organisation des activités mobiles dans 50% des districts
 - Célébration de la semaine africaine de vaccination 2012 au niveau d'un district (M'BOUT) qui avait une CV inférieure à 50% en 2011
 -

Parmi les obstacles on peut noter:

- la perception de la distance entre domicile et les unités fixe de vaccination, faibles communication en faveur de la vaccination, / la faible coordination structures privées-publiques.
- L'insuffisance des moyens logistiques roulantes pour la distribution des vaccins et la réalisation des activités mobiles /La faiblesse de l'implication des spécialistes de santé dans la vaccination (pédiatres)
- La faiblesse de la maintenance des appareils de chaîne de froid au tous les niveaux.
- La faiblesse de la promptitude/complétude
- L'insuffisance des ressources humaines.

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

- Les objectifs fixés en 2012 n'ont pas été atteints pour le BCG, VAR et Tétanos. En ce qui concerne le BCG, il y a eu des ruptures dues à l'arrivée tardive du vaccin. La livraison était prévue en janvier 2012 et les vaccins ne sont arrivés qu'en Mars 2012
- En ce qui concerne le VAT l'objectif fixé était de 37% et le pays a atteint une couverture de 36%. En dépit de cela, un problème d'enregistrement a été identifié lors de la mission de pré-validation du tétanos
- Pour le VAR la couverture atteinte a été de 70% par rapport à l'objectif qui était de 75%. ceci est lié essentiellement à une faible communication pour le PEV de routine.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

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

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

- L'enquête de couverture vaccinale relèvera les obstacles sexo-spécifiques si elles existent et des solutions appropriées seront dégagées

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)

- Les seules données disponibles sont celles des données administratives du programme
- Durant la réunion des directeurs du PEV de 2013, la Mauritanie a été l'un des rares pays où les données administratives et les estimations OMS/UNICEF de 2011 étaient concordantes.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

NA

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

Les mesures entreprises pour l'amélioration des données administratives concernent essentiellement:

- l'instauration des réunions mensuelles d'analyses des couvertures vaccinales regroupant les principaux acteurs
- Un feedback systématique à toutes les directions régionales
- L'institutionnalisation de regroupements semestriels des points focaux régionaux et annuels pour les points focaux du District
- La mise en place des tuteurs des régions pour le suivi au niveau du PEV
- Les rappels par message électronique et RAC pour l'envoi des rapports manquants
- Profiter des campagnes de vaccination de masse pour faire remonter tous les rapports manquants.

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.

La poursuite en 2012 du renforcement du système de gestion des données à travers

- La mise à disposition des outils de gestion du programme (registres, cartes, rapports, outils informatiques...) avec l'appui technique et financier de l'OMS, l'UNICEF et de Counterpart International,
- La mise en route de plusieurs missions de supervision sur le terrain, la conduite de plusieurs missions d'analyse de situation externe (OMS et UNICEF)
- La désignation et la formation de points focaux de districts
- l'analyse systématique des données mensuelles et feed-back aux différentes directions régionales.
- L'introduction de l'outil DQS
- L'achat des unités informatiques portables pour les points focaux régionaux et leur formation sur le logiciel DVD-MT en 2013
- L'achat des GFI pour les points focaux district pour une meilleure coordination avec les chefs de poste en 2013
- Une stratégie de coordination au niveau régional est programmée en 2013 entre PFR, PED et Médecins-chefs par des réunions mensuelles ou trimestrielles.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 294	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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	100,136	96,230	0	3,906	0	0	0	0
New and underused Vaccines**	1,002,250	93,750	886,250	22,250	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	15,936	0	15,936	0	0	0	0	0
Cold Chain equipment	833,300	30,000	0	803,300	0	0	0	0
Personnel	737,963	737,963	0	0	0	0	0	0
Other routine recurrent costs	320,364	92,228	28,000	94,279	105,857	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	37,107,544	36,000,000	0	206,725	900,819	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	40,117,493							
Total Government Health		37,050,171	930,186	1,130,460	1,006,676	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.

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

- Les Vaccins traditionnels sont supportés par le gouvernement ainsi qu'une quote-part pour les nouveaux vaccins<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **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?
Mise en place du comité de pilotage avec l'implication des médecins chef des Moughataas et l'élaboration et validation d'un plan opérationnel annuel	Yes
L'usage du manuel de procédures des programmes sur financements extérieurs gérés par la DAF sera étendu aux fonds GAVI avec les adaptations nécessaires et la liste des pièces justificatives	Yes
Un compte bancaire géré conjointement par SG et le DAF sera dédié aux opérations GAVI	Yes
La procédure actuellement utilisée pour les fonds sur financement externe sera utilisée. Un compte des médecins chef de moughataa MCM dédié aux opérations GAVI sera ouvert pour les dépenses payées par les circonscriptions sanitaires	Yes
Des PAO trimestriels par structures opérationnelle et pour l'ensemble des actions avec les montants des crédits affectés seront élaborés sur la base d'un modèle type à concevoir	Yes
L'Ordonnancement des dépenses sera assuré par le Secrétaire général du Ministère de la santé au niveau central	Yes
Les responsabilités de comptable seront confiées au DAF et précisées dans le manuel de procédures (Notamment les cas de refus de payer pour insuffisance de justifications). Au niveau décentralisé de la CSM, le paiement se fera par le MCM selon les règles d'une régie d'avances	Yes
Un registre de tous les actifs acquis sur fonds GAVI sera tenu par la DAF et le PEV. Des informations complètes sur chaque actif doivent figurer dans le registre, à savoir le nom de l'actif, la date d'achat, le numéro de série de l'actif, les coordonnées du fournisseur, le prix d'achat, le lieu d'emplacement de l'actif et le gestionnaire de l'actif	No
La réconciliation du registre des actifs avec les actifs matériels doit être effectuée à intervalles réguliers	No
Le numéro de chaque actif figurant dans le registre susmentionné doit être inscrit de manière visible sur l'actif GAVI auquel il correspond.	No
La gestion des pièces justificatives de tous les virements devra suivre les procédures qui seront déterminées par le manuel de procédures, leur archivage doit être assuré par la DAF	Yes
Les subventions aux CSM en 4 tranches annuelles pour assurer la gratuité des soins aux plus pauvres se feront selon des critères d'octroi précis et leur emploi sera contrôlé par des enquêtes périodiques auprès des bénéficiaires de soins	No
Après la mise en œuvre du nouveau code des marchés publics, un agent du service de passation des marchés sera chargé de superviser également au même titre que les marchés des autres bailleurs de fonds, les marchés exécutés sur fonds GAVI	Yes
Les ONG conventionnées pour les activités de vaccination seront choisies par l'administration sur une courte liste établie par le consultant qu'il est prévu de recruter selon des critères fixés par l'administration	No
Une comptabilité de base (Excel, Journal) sera tenue au niveau des moughataa.	No
Des rapports semestriels et trimestriels sur l'exécution du programme seront préparés et présentés au comité de pilotage pour information et approbation et transmis au comité de pilotage pour information. Le canevas des rapports sera spécifié dans le manuel de procédures.	Yes
Des missions d'audit interne devront être réalisées chaque année par l'inspection du Ministère. L'IGE l'IGF pourront également réaliser des missions de contrôle, les rapports de toutes ces missions devront être transmis à GAVI	No
Un cabinet indépendant sera chargé d'auditer annuellement les comptes.	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

- En général, la plupart des procédures relatives à la gestion financière du RSS et qui sont mentionnées dans l'aide memoire ont été mises en place. Il s'agit de :<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- L'élaboration d'un manuel des procédures spécifique au GAVI
- L'ouverture du compte manipilé par le SG et le DAF
- les méciinsmes d'archivage des pièces justificatives au niveau de la DAF
- l'élaboration des rapports du suivi
- le recrutement d'un bureau d'audit externe pour examiner l'exercice de 2012 (son rapport est en cours de réalisation)

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

5.7. Interagency Coordinating Committee (ICC)

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

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

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

- Validation du document(RSA) <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Avoir le GAP en équipement de la chaine de froid
- l'amélioration de la couverture vaccinale de routine au premier trimestre 2013
- La semaine Africaine de vaccination 2013
- les fonds destinés au RSS
- La préparation de la campagne polio prévue le 23 Mai 2013
- La création d'un comité scientifique /PEV

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

If **Yes**, which ones?

List CSO member organisations:
ONG nationale ABBERE
ONG nationale ADFFE
Rotary international
Counterpart International

5.8. Priority actions in 2013 to 2014

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

- Poursuivre le redéploiement des chaînes de froid à tous les niveaux
- Introduction du nouveau vaccin PCV-13 en octobre 2013
- la soumission pour les vaccins contre Rotavirus 2013, HPV , FJ en 2014 et la Méningite en 2015
- Décentralisation de la gestion des vaccins par l'installation de 3 chambres froides au niveau des régions(PEV, Délégation de Nouakchott et KiFFA)
- Mise en place une stratégie de maintenance adaptée au niveau national
- Renforcement de capacités du personnel sur la gestion du PEV à tous les niveaux
- Renforcement du système de gestion des données de qualité
- Généralisation de la vaccination au niveau des structures hospitalières
- Elaboration et Diffusion du plan de communication pour le PEV de routine à tous les niveaux
- Continuer les AVS pour l'éradication de la polio et l'élimination de la rougeole
- Elimination du TMN en 2013
- Elaborer un plan d'action visant les nomades en étroite collaboration avec le Ministère de l'élevage et de l'hydraulique
- Une meilleure intégration des autres activités de santé avec les activités de vaccination
- Revue externe du PEV
- Renforcer la vaccination dans le camp des réfugiés.
- Développer une stratégie de recherche des perdus de vue utilisant le téléphone dans une zone pilote (Adrar et Inchiri)
- Evaluation de la Gestion efficace des vaccins

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	SAB	Gouvernement
Measles	SAB	Gouvernement
TT	SAB	Gouvernement
DTP-containing vaccine	SAB	Gouvernement

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

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

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

- **Le passage à l'utilisation des seringues autobloquantes s'est fait en 2001 à l'échelle nationale. Le matériel de sécurité des injections est payé par l'état (seringue autobloquante, réceptacles....etc.)**

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

- La Mauritanie a adopté l'utilisation à large échelle des seringues autobloquantes, des boîtes de sécurité (réceptacles) et l'incinération des déchets depuis 2001. Dans les zones où un incinérateur est disponible, les déchets vaccinaux sont collectés stockés et éliminés par incinération. En l'absence d'incinérateur les autres formes d'élimination sont encore utilisées (Enfouissement et brûlage).
- Lors des campagnes de vaccination de masse pourvoyeuses de grandes quantités de déchets, le plan prévoit la collecte, le stockage, le transport vers les chefs-lieux de districts disposant d'incinérateurs et afin l'incinération exclusive.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	28,000	8,234,489
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	28,000	8,234,489
Total Expenditures in 2012 (D)	27,016	8,104,670
Balance carried over to 2013 (E=C-D)	984	129,819

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.

• N.B. Le taux de change: 1US\$ = 300 en Monnaie locale.

N.B. Il faut noter que le pays a reçu un montant de 28000 USD concernant les fonds de récompenses obtenus en 2012 pour les performances réalisées en 2011.

Une réunion a été tenue avec le staff du PEV pour les informer, ainsi que les partenaires.

□ L'utilisation des fonds a été validée par le CCIA dans l'une des réunions de 2012, ensuite par le Secrétaire Général sur une proposition d'un plan d'utilisation. Ce plan a visé principalement les activités non financées dans le budget état et les partenaires citées dans le document. □ Il y a eu un léger retard

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

• Des achats ont été faits sur des devis et une requête pour les activités de terrain, la principale activité d'auto-évaluation a vu l'implication des DRAS, médecin-chefs et points focaux régionaux et points focaux districts, les fonds ont été perçus par les derniers sous-forme de per diem directement;

• Le CCIA a joué un rôle très important par l'approbation du plan d'utilisation après discussion avec tous les participants sur les outils de gestion à acheter, les équipements, le guide de vaccination et l'activité d'auto-évaluation.

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

N.B. les activités ci-dessous ont été réalisées sur les fonds de récompenses obtenus en 2012 pour les performances réalisées en 2011 (28000USD)

• Les principales activités sont:

• La Multiplication des outils de gestion du PEV (cartes femmes et enfants)

• Achat d'équipements (Bureaux et chaises)

• La multiplication du nouveau guide de vaccination du PEV

• L'activité d'auto-évaluation au niveau national

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

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

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

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

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

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	374,022	392,000	0	No

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

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

- What are the main problems encountered? (Lower vaccine 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? ...)

• Du fait du dépassement en 2011 de l'objectif initialement fixé pour 2012, les quantités en vaccin ont été révisées à la hausse. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

• 37500 doses cofinancement Gouvernement (28500 cofinancement + 9000 doses)

• 345600 doses reçues de la part de GAVI

• 8900 doses reçues de la part de l'UNICEF au profit des réfugiés.

• Aucun problème n'a été enregistré au niveau de stock du vaccin

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

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

- Il y eu un suivi des améliorations de la GEV (élaboration d'un plan de mise en oeuvre des recommandations) avec l'appui du bureau régional UNICEF)<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Formation des points focaux régionaux avec les médecin chefs de District de Nouakchott (Capitale) sur la GEV et la chaîne de froid

Regroupement et formation des points focaux des Moughataas et des Wilayas

réajustement des dates des livraisons des vaccins avec l' UNICEF au cours de l'année selon le niveau de stock et la capacité de stockage disponible.

La mise en place des fridge-tags au niveau des structures périphériques

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

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **April 2014**

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

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

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

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

NA

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

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

Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

Introduction prévue en octobre 2013

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

Introduction prévue en octobre 2013

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

Introduction prévue en octobre 2013

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	75,000	28,500
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	75000	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	4,605	70,395
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	Gouvernement

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	La Mauritanie dispose d'un fond dans le compte UNICEF régulièrement approvisionné dans le cadre de l'initiative pour l'indépendance vaccinale.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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 support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

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

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

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

If yes, provide details

Certaines recommandations ont été modifiées lors des missions de suivi de mise en oeuvre de ces recommandations

- La recommandation relative à la réhabilitation du bâtiment central de la logistique: l'valuation du bâtiment a montré la nécessité de construction d'un nouveau bâtiment vu l'état vétuste et exegu du bâtiment
- Celle relative à l'achat de deux camions frigorifiques: l'acquisition de deux camions non frigorifiques a été jugée plus bénéfique, compte tenu l'absence d'un système de maintenance fiable et la faible densité de la population par région.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

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

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

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

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

If you don't confirm, please explain

NA

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	135,397	138,647	141,974	145,382	561,400
	Number of children to be vaccinated with the first dose	Table 4	#	127,636	123,118	129,991	137,153	517,898
	Number of children to be vaccinated with the third dose	Table 4	#	106,181	123,118	119,258	129,389	477,946
	Immunisation coverage with the third dose	Table 4	%	78.42 %	88.80 %	84.00 %	89.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	153,800				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	153,800				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.23	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

Pas de différence entre les stocks du 31 décembre 2012 et le 1er janvier 2013.

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

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

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

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

		2013	2014	2015
Number of vaccine doses	#	346,700	365,200	375,600
Number of AD syringes	#	410,000	438,900	463,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	4,575	4,875	5,150
Total value to be co-financed by GAVI	\$	773,000	814,500	818,500

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

		2013	2014	2015
Number of vaccine doses	#	41,200	49,900	62,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	89,500	108,000	131,500

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	10.62 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	127,636	123,118	13,072	110,046
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3	3		
D	Number of doses needed	$B \times C$	382,908	369,354	39,216	330,138
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.04	1.05		
F	Number of doses needed including wastage	$D \times E$	398,225	387,822	41,176	346,646
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
H	Stock on 1 January 2013	<i>Table 7.11.1</i>	153,800			
I	Total vaccine doses needed	$F + G - H$		387,872	41,182	346,690
J	Number of doses per vial	<i>Vaccine Parameter</i>		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		409,983	0	409,983
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		4,551	0	4,551
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		789,708	83,845	705,863
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		19,065	0	19,065
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		2,640	0	2,640
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		50,542	5,367	45,175
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		861,955	89,211	772,744
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		89,211		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		10.62 %		

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

	Formula	2014			2015		
		Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	12.00 %			14.20 %	
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	129,991	15,602	114,389	137,153	19,472
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3	
D	Number of doses needed	$B \times C$	389,973	46,805	343,168	411,459	58,416
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05	
F	Number of doses needed including wastage	$D \times E$	409,472	49,146	360,326	432,032	61,337
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	5,413	650	4,763	5,640	801
H	Stock on 1 January 2013	<i>Table 7.11.1</i>					
I	Total vaccine doses needed	$F + G - H$	414,935	49,801	365,134	437,722	62,145
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	438,879	0	438,879	462,980	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	4,872	0	4,872	5,140	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	844,808	101,395	743,413	869,316	123,419
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	844,808	0	20,408	869,316	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	2,826	0	2,826	2,982	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	54,068	6,490	47,578	55,637	7,899
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	922,110	107,884	814,226	949,464	131,317
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	107,884			131,317	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.00 %			14.20 %	

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

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 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

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

5. 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 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in 2012

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 **Yes**

If yes, please indicate the amount of funding requested: **386623** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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 (as per the originally approved HSS proposal)				377563	386623	395903
Revised annual budgets (if revised by previous Annual Progress Reviews)				0	377563	386623
Total funds received from GAVI during the calendar year (A)					377563	
Remaining funds (carry over) from previous year (B)						377563
Total Funds available during the calendar year (C=A+B)						377563
Total expenditure during the calendar year (D)						60199
Balance carried forward to next calendar year (E=C-D)						295660
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	405405	415135	425098	
Revised annual budgets (if revised by previous Annual Progress Reviews)	395903	405405	415135	425098
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]	386623	405405	415135	425098

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)				106472766	111502037	119372671
Revised annual budgets (if revised by previous Annual Progress Reviews)					106472766	111502037
Total funds received from GAVI during the calendar year (A)					106472766	
Remaining funds (carry over) from previous year (B)						106472766
Total Funds available during the calendar year (C=A+B)						106472766
Total expenditure during the calendar year (D)						18151296
Balance carried forward to next calendar year (E=C-D)						89147511
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	122237316	125171505	128175549	
Revised annual budgets (if revised by previous Annual Progress Reviews)	119372671	122237316	125171505	128175549
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]	116574567	122237316	125171505	128175549

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		251	261.5	261.99	282.01	288.51
Closing on 31 December		261.5	261.99	282	288.4	301.52

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 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: 20)**

Financial management of HSS funds

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

Le financement a été approuvé par GAVI en novembre 2010 pour une somme de \$US 2 407 000 dont \$US 377 000 ont été décaissés pour la première année de la mise en œuvre. Le pays a reçu cette allocation seulement en octobre 2011, en raison de retards dans le processus d'approbation. Les fonds ont été reportés sur 2012, qui constitue la première année de mise en œuvre du RSS.<?xml:namespace prefix = o />

Partant de la complémentarité des efforts et en vue de garantir au projet les conditions requises pour atteindre ses objectifs escomptés, le Gouvernement Mauritanien a mobilisé une ligne budgétaire à partir de 2012. A ce titre, le projet a bénéficié d'un montant de 15 000 000 MRO en 2012 et 75000 000 en 2013. Ce montant mobilisé sur le Budget de l'Etat est destiné à prendre en charge les frais de fonctionnement des structures de mise en oeuvre et la prise en charge de certaines activités indispensables pour une mise en oeuvre efficace des actions du projet (le renouvellement des chaines de froid, l'achat des boudils de gaz, la réhabilitation des structures de santé...).

Conformément aux recommandations du Plan National de Développement Sanitaire (PNDS) consistant à confier le rôle de coordination des actions sectorielles à un seul comité de pilotage, la gestion du projet est pilotée par le Comité National du pilotage CONAP. Pour assurer un suivi technique régulier de ses activités, le Département a aussi mis en place un comité technique. Un compte bancaire manipulé conjointement par le SG et le DAF a été ouvert dans une Banque commerciale. Un manuel des procédures du GAVI RSS a été élaboré et validé par le CONAP dans sa réunion tenue le jeudi 14 juin 2012. L'intervention de GAVI/RSS fait partie du plan d'action annuel du Secteur. Son financement représente en 2013 40,8% par rapport aux activités du plan d'action dans les ZCI et 1% par rapport au financement global du système de santé.

La gestion du projet est soumise aux procédures nationales utilisées pour les financement extérieurs. A ce titre, l'exécution des activités prévues dans le plan d'action est initiée par la structure responsable (TDR, requêtes), autorisée par le SG et traitée (paiement) par les services de la DAF qui conservent les pièces justificatives.

Les activités concernant le niveau décentralisé sont programmées pour l'année 2013 après avoir rempli les conditions nécessaires (Ouverture des comptes aux noms des circonscriptions concernées, mise en place des outils de gestion,...)

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

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: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
---	---------------------------	--	--

Mettre en place une pratique de délégation des tâches au profit des personnels médicaux et des agents communautaires	Elaborer une politique de délégation des tâches	100	Rapport d'exécution annuel 2012
Soutenir le processus de contractualisation en vue de la mise en oeuvre rapide de la PNS	Elaborer une base des données sur l'identité et l'activité des ONG actives dans la santé	80	Rapport d'exécution annuel 2012
Accroître, dans les zones ciblées, l'utilisation des services de vaccination par les mères, les enfants de 0 à 5 ans et les femmes enceintes à travers un mécanisme innovant	Compléter l'équipement des Postes de santé	25	Rapport d'exécution annuel 2012
	Encourager la pratique de la maintenance préventive au niveau des ZCI	25	Rapport d'exécution annuel 2012
	Rendre disponible les ME au niveau des formations sanitaires du niveau opérationnel	25	Rapport d'exécution annuel 2012
	Améliorer les procédures et mécanismes d'acquisition des biens et services	0	Rapport d'exécution annuel 2012
Mise en place de 27 USB opérationnelles dans les communes ZCI	Faire une étude de faisabilité sur la mise en place d'USB opérationnelles dans les ZCI	100	Rapport d'exécution annuel 2012
Améliorer la planification régionale pour une meilleure prise en compte des besoins réels du niveau opérationnel	Deux activités initialement prévues en 2014 ont été reprogrammées pour 2012. Cette reprogrammation est jugée indispensable pour avoir une bonne visibilité et une bonne prise en compte des besoins réels des bénéficiaires, il s'agit de: - Formation des responsables des ZCI en gestion axée sur les résultats - Elaboration des plans de développement des ZCI	100	Rapport d'exécution annuel 2012
Mécanismes de gestion, du S&E	Elaboration des rapports trimestriels et annuels d'exécution	100	Rapports d'exécution 2012
	Réalisation d'un audit externe	90	Rapports d'exécution 2012

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
Mettre en place une pratique de délégation des tâc	La politique nationale de la délégation des tâches a été élaborée et validée . Sa validation a fait l'objet d'une large concertation entres les principaux intervenants lors d'un atelier national organisé à cette fin
Elaborer une base des données sur l'identité et l'	La BDD a été élaborée en suivant le processus décrit dans la programmation initiale. Le retard observé au niveau de son alimentation est dû au retard dans le remplissage du questionnaire fourni aux ONG
Compléter l'équipement des Postes de santé	Une évaluation de la situation des plateaux techniques de l'ensemble des structures dans les ZCI a permis d'identifier 28PS et 5CS à appuyer en équipement médical dont 7 PS sur le fonds GAVI/ RSS et le reste sur le budget de l'Etat 2013. Les TDR, les spécifications techniques des équipements à acquérir et l'identification des structures bénéficiaires sont déjà réalisées. Le lancement du marché de ces équipements a connu un retard en raison de la mise en place des nouvelles structures chargées des marchés publics conformément au nouveau code des marchés publics en Mauritanie. Cette activité est en cours de réalisation
Encourager la pratique de la maintenance préventiv	Les termes de référence ont été élaborés en 2012 et la réalisation a été reprogrammée en 2013 Les critères d'attribution du prix annuel de maintenace ont été élaborés
Rendre disponible les ME au niveau des formations	Une évaluation détaillée des besoins en médicaments des structures de ZCI a été réalisée lors de l'analyse de situation au niveau des districts concernés. Un plan du financement de ces besoins a été établi avec 42% de contribution GAVI et 58% la part du gouvernement. La convention avec la CAMEC pour la mise à disposition des structures de médicaments sur financement du RSS est en cours. le retard connu dans la réalisation de cette activité est dû aux exigences du nouveau code des marchés publics .
Améliorer les procédures et mécanismes d'acquisiti	La formation de 3 personnes du niveau central en procédure d'acquisition des biens et services a été reprogrammée pour 2013 (il s'agit des formation à l'exterieur).
Faire une étude de faisabilité sur la mise en plac	La réalisation de cette étude a été accomplie avec l'identification des sites d'implantation des USB
Elaboration des rapports trimestriels et annuels d	des rapports d'exécution semestriel et annuel ont été élaborés.
Réalisation d'un audit externe	Un bureau d'audit a été recruté et son rapport final est prévu mai 2013

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

Soucieux de l'importance de l'atteinte des résultats assignés au projet, le Ministère de la santé a voulu mettre le paquet en 2012 sur la réalisation des activités préparatoires nécessaires à une mise en œuvre efficace du projet. C'est dans ce sens que cette année a vu la réalisation du (i) renforcement de capacités des responsables des structures dans les ZCI en matière de gestion axée sur les résultats ; (ii) analyse de situation au niveau de chaque moughataa(district) plus particulièrement sur les aspects liés à la disponibilité des intrants (RH, médicaments, vaccins et consommables, infrastructures et équipements) et à la couverture des interventions prioritaires (Couverture vaccinale, accouchement assisté, CPN et prise en charge des MAS, ...). Cette analyse de situation a permis de dégager les principaux goulots d'étranglement par rapport aux interventions clés. L'élaboration des plans de développement a été conduite en se référant à ce diagnostic en vue de formuler les activités pertinentes pour atteindre les objectifs fixés au niveau de chaque moughataa (district).

Les activités relatives à l'acquisition des biens (médicaments, équipements,) ont été lancées mais leur achèvement prend du temps à raisons de la mise en place des nouvelles structures chargées de la paasation des marchés conformément au nouveau code des marchés publics.

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?

Les actions relatives au renforcement de la disponibilité des Ressources humaines (Contrats avec les retraités et les contrats de délégation des tâches) seront réalisées en 2013 après avoir accompli les formalités requises.

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 2011 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	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Connaissances du personnel de santé sur les tâches déléguées	OScore moyen du personnel au test de connaissances sur les tâches déléguées avant l'introduction de la politique de délégation de tâches	Soumission initiale/2010	Score moyen du personnel > 80%	Pas de changement							L'année 2012 a été consacrée à l'élaboration et la validation de la stratégie nationale de délégation des tâches.
Taux disponibilité de ME	ND	Soumission initiale/2010	100%	71%							
Pourcentage d'USB opérationnelles offrant un PMA et ayant reçu des visites de supervision	0%	Plan de développement des ZCI/2012	100%	0%							

Pourcentage de femmes et enfants de 0 à 5 ans ayant bénéficiés des soins gratuits	0%	Plan de développement des ZCI/2012	100%	0%							
Couverture dans les ZCI de PENTA3 (%)	51,6%	Pev de routine/ 2011	75%	52,3%							
Nombre / % des districts atteignant ≥ 80 % de couverture PENTA3	0	Pev de routine/ 2011	100%	11%							
Pourcentage de structures sanitaires effectuant la délégation des tâches médecin / paramédical / agents de santé communautaire	0	ND	100%	Pas de changement							
Pourcentage de comités fonctionnels	0%	Plan de développement des ZCI/2012	100%	15%							

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Les principales réalisations au cours de l'année 2012 se résument dans les points suivants:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

A- Realisations achevées

Elaboration et validation d'un manuel des procédures pour le projet

Formation des responsables des districts, des membres des comités de gestion et des prestataires sur la gestion axée sur les résultats (formation tenue du 2 au 14 août 2012)

Elaboration des plans de développement des moughataas (District) pour la période 2012-2017 basés sur une analyse de situation détaillée au niveau de chaque moughataa (processus mené du 31 août au 9 octobre 2012)

Elaboration et validation de la stratégie nationale de délégation des tâches

Elaboration et validation d'une étude de faisabilité sur la mise en place des USB dans les ZCI

Elaboration d'une BDD des ONG intervenant dans le Secteur

B- activités en cours de réalisation

Marché relatif à l'équipement de 7 postes de santé

Acquisition d'un lot d'équipements spécifiques à la vaccination : chaînes de froid (58 RCW50/ EG, 7 MK 304, 5TF W1990) et 226 bouteilles de GAZ butane (sur la contribution du Budget de l'Etat)

Dotation de 51 PS et 9 CS des zones ciblées d'un fonds de roulement en médicament

Acquisition des unités d'informatiques pour renforcer la capacité managériale des districts sanitaires

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

La mise en oeuvre du projet fait intervenir plusieurs acteurs : Services du MS (au niveau central, régional et départemental), ONG et retraités qui ont besoins de préparation afin d'éviter toute sorte de dérapage.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Cette préparation qui a pris du temps et la nature des activités qui sont interdépendantes se sont reprocués sur le retard de la mise en oeuvre du projet. A ce point s'ajoute les situations liées au contexte des ZCI qui se résument:

Insuffisance des ressources humaines dans les districts concernés (5 /9 moughatas sont gérées par des paramédicaux faute d'avoir des médecins disponibles et 7/9 n'ont pas de sage femme).

Dispersion de la population des ZCI ce qui engendre des couts supplémentaires en terme du temps et du moyens (Les 9 moughataa concernées comptent 524 villages non dotés de structures de santé dont 81% ont une population de moins de 300 habitants. Parmi cette proportion, 54 % ont une population de moins de 100 habitants).

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

La mise en œuvre des activités RSS dans les moughataas cibles bénéficiera d'un suivi régulier à tous les niveaux. Pour ce faire plusieurs mécanismes sont envisagés :<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

La Supervision

Il est prévu que les moughataa assurent la réalisation d'une supervision chaque deux mois dans l'ensemble des structures relevant de leurs compétences territoriales (CS, PS et USB). Cette supervision a pour objectif de:

•□□□□

S'assurer de la fonctionnalité et de la capacité opérationnelle de chaque structure à offrir le paquet minimum d'activité ;

- Echanger avec les ICP et les membres des CG sur la tendance locale des principaux indicateurs
- Examiner la tendance de l'exécution financière et la situation de recette générée par le SRC.

Cette supervision doit être sanctionnée par un rapport qui sera archivé en deux copies au niveau de la moughataa et de la DRAS. Les différentes moughataas seront aussi supervisées chaque trimestre par le comité du suivi du projet installé au niveau central et l'équipe cadre de la région. Cette supervision vise à:

- Collecter les données relatives aux indicateurs visés par le projet ;
- Echanger avec l'équipe cadre de la moughataa sur les composantes du système de santé locale (disponibilité des intrants, participation communautaire, ...)
- Elaboration du rapport d'exécution trimestrielle
- Un rapport trimestriel détaillant l'état de mise en œuvre du plan est élaboré régulièrement et présenté au comité technique du PNDS.
- Missions d'inspection et d'audit
- Des missions d'audit interne seront effectuées à la fin de chaque année par l'inspection générale du Ministère de la santé. Un cabinet indépendant sera aussi chargé d'auditer les comptes du projet.

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.

- L'intégration des mécanismes du suivi et évaluation des activités du RSS dans les mécanismes nationaux du suivi du système de santé sont assurés à travers: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Le Comité national du pilotage de la mise en oeuvre du PNDS est le seul organe pilotant toute action sanitaire y compris les activités du RSS et l'examen des rapports d'exécution trimestriels

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

- Trois niveaux de la participation des acteurs clés à la mise en oeuvre des activités du RSS:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Comité de pilotage qui est présidé par le Ministre regroupant les chefs d'agences du Système des Nations Unies, Coordinateur de la Coopération Espagnole, Directeur de l'AFD NKTT, Directeurs centraux du MS, Directeur Général du Budget de l'Etat, Directeur des stratégies et développement au Ministère des affaires économiques, représentant du Ministère chargé de l'éducation, représentant du Ministère des affaires sociales, représentant du Ministère de l'hydraulique et président de l'association Mauritanienne de Santé Publique.
- Comité technique: qui reflète la composition technique du Comité de pilotage.
- Unité du suivi regroupant les Directions chargées de la programmation, de la santé de base et de la nutrition et des affaires financières.

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.

- On peut noter la participation active des représentants de la population au processus d'élaboration de plan des développements des moughataa à travers les membres des comités de gestion des structures de santé; <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Le renseignement en cours de la BDD va permettre d'identifier les ONG susceptible de conclure un contrat avec le Ministère pour participer à la mise en oeuvre des activités au niveau opérationnel

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

- Les Fonds RSS sont co-gérés par le Secrétaire Général et le DAF du Ministère de la santé. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
---	---------------------------	---	--	--------------------------------	--	---------------------------------------

	Validation de l'état de lieu sur la situation des USB dans les ZCI (atelier national)	1200000	1200000			
Revitaliser les Unités de Santé de Base (USB)	Validation de l'état de lieu sur la situation des USB dans les ZCI (atelier national)	1200000	1200000			
	Missions d'identification , formatin des ASC	2341500	0			
	Approvisionnement / équipement des USB (Acquisition des kits communautaires)	3240000	0			
	Confection des outils de collecte	360000	0			
	Edition et diffusion des rapports trimestriels	420000	0			
Redynamiser les Comités de santé	Missions de formation et du suivi des CG	4320000	0			
	Former les conseils municipaux et les Maires à la fonction de relais communautaires.	2160000	0			
	Création d'un réseau des Maires dans les zones ciblées pour promouvoir la vaccination et la santé de la mère et de l'enfant et élaboration de son plan d'action (Mission de sensibilisation et atelier de 5 jours pour validation du PA RELZCI)	5826000	0			

	Former 3 personnes de la DAF sur les procédures d'acquisition des biens et services	6003000	1889794			
	Organiser 3 missions de formation (1 mission / axe) sur les procédures d'exécution budgétaire au profit du personnel gestionnaire	1975500	0			
Accroître, dans les zones ciblées, l'utilisation des services de vaccination par les mères (enfants de 0 à 5 ans) et les femmes enceintes à travers un mécanisme innovant.	Acquisition d'équipements médicaux pour 28 PS et 5CS	40800000	0			
	Organiser une mission de sensibilisation et de formation en maintenance préventive au profit du personnel des structures sanitaires des ZCI	2005500	0			
	Verser une prime annuelle d'entretien de 2000 USD au profit de la ZCI ayant assuré un meilleur entretien de ses équipements et infrastructures au cours de l'année.	600000	0			
	Organisation d'une session de formation pour les responsables des dépôts répartiteurs en gestion des stocks	3360500	3360000			
	Doter 51 PS et 9 CS des zones ciblées d'un fonds de roulement en médicaments	10800000	0			

	Réviser les guides thérapeutiques (Consultation + validation+ diffusion)	2508600	0			
	Organisation d'un atelier de 3 jours pour la formation des formateurs (MCM) sur le GT	1246500	0			
	Organisation d'un atelier de 3 jours par Moughataa à l'intention des ICP et des infirmiers retraités qui se chargeront de la formation du reste du personnel sur le GT	3870000	0			
Mettre en place une pratique de délégation des tâches au profit des personnels paramédicaux, des agents communautaires et associatifs.	Validation du draft de la SNTD (Atelier national)	1200000	1200000			
	Formation de 9 Organisation d'un atelier de diffusion et dissémination de la SNTD dans chacune des ZCI	4630000	0			
	Formation de 9 formateurs pour 2 semaines à l'ESP sur les tâches déléguées	2160000	0			
	Formation du personnel concerné (IMS, AA, AN, ASC) dans leurs PS respectifs	996000	0			
	Attribuer à chaque RHS exerçant des tâches déléguées, une prime équivalente à 50 % de PZT de l'IMS	14665500	0			

	Validation de la base des données renseignée sur les ONG (Atelier d'une journée)	450000	0			
	Former 9 ONGs locales pour les activités de contractualisation prévues dans les ZCI	2160000				
	Etablir un contrat semestriel pour chaque retraité et versé l'indemnité d'un montant 100 000 UM par mois nécessaire à l'appui pour dispensation des services de santé de la mère et de l'enfant dans les ZCI	6480000	0			
	Verser une indemnité mensuelle de déplacement de 22500 UM pour chaque retraité	1458000	0			
	Alimenter le compte de chaque CSM en quatre tranches annuelles d'un montant correspondant au coût de fonctionnement engendré par la fréquentation effective des formations sanitaires concernées, dans la limite d'un montant équivalent à 1 contact/an/ de toute la population ciblée par CSM	38766600	0			

	Etablir un contrat semestriel avec un RHS qualifié pour dispenser des soins saisonniers de proximité aux populations dans chacune des ZCI (pour des honoraires d'un montant de 100 000 UM)	6480000				
	Verser une indemnité mensuelle de déplacement de 22500 UM pour chaque RHS	1458000				
	Frais de la tenue des comptes	84000				
	Production et publication des DAO et Appels à la concurrence publique	768000				
	Supervisions trimestrielles et annuelles et édition des rapports technico-financiers trimestriels	11502000	2150000			
	Réaliser un audit annuel	916800				
		188412000	10999794			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
---	---------------------------	---	--------------------------------	--	---------------------------------------

Renforcer les compétences des personnels de santé impliqués dans la délégation de tâches (on estime que 60% au moins des activités dans les FSP relèvent, de facto, à de l'approche dite de « délégation de tâches »).	Formation du personnel concerné (IMS, AA, AN, ASC) dans leurs PS respectifs	800			
	attribuer à chaque RHS exerçant des tâches déléguées, une prime équivalente à 50 % de PZT de l'IMS	53176			
Renforcer les capacités d'une ONG/association/OSC locale par ZCI pour fournir des services contractualisés de qualité	établir un contrat pour chaque ONG et versé la subvention nécessaire à la mise en œuvre des activités liées notamment à la vaccination et à la SMI	32400			
Contractualiser les retraités civils et militaires pour renforcer la dispensation (y compris l'encadrement) des services de la santé de la mère et de l'enfant dans les zones ciblées	établir un contrat semestriel pour chaque retraité et versé l'indemnité d'un montant 100 000 UM par mois nécessaire à l'appui pour dispensation des services de santé de la mère et de l'enfant dans les ZCI	21600			
	verser une indemnité mensuelle de déplacement de 22500 UM pour chaque retraité	4860			

Assurer la gratuité des soins pour les femmes enceintes et pour les mères d'enfants de 0 à 5ans dans les zones ciblées	Alimenter le compte de chaque CSM en quatre tranches annuelles d'un montant correspondant au coût de fonctionnement engendré par la fréquentation effective des formations sanitaires concernées, dans la limite d'un montant équivalent à 1 contact/an/ de toute la population ciblée par CSM	129222			
Fournir des prestations de soins adaptées aux communautés isolées	établir un contrat semestriel avec un RHS qualifié pour dispenser des soins saisonniers de proximité aux populations dans chacune des ZCI (pour des honoraires d'un montant de 100 000 UM)	21600			
	verser une indemnité mensuelle de déplacement de 22500 UM pour chaque RHS	4860			
Encourager la pratique de la maintenance préventive au niveau des ZCI	Verser une prime annuelle d'entretien de 2000 USD au profit de la ZCI ayant assuré un meilleur entretien de ses équipements et infrastructures au cours de l'année.	2000			
Rendre disponible les ME au niveau des formations sanitaires du niveau opérationnel	Doter les Formations sanitaires des zones ciblées d'un fonds de roulement adéquat	9000			
Revitaliser les Unités de Santé de Base (USB)	Supervision par les MCM au niveau des ZCI	10800			

	Publication / Diffusion d'un document d'analyse de la Performance du système USB	1400			
Développer le partenariat pour la Santé au niveau des communes et le leadership des élus locaux	Financer le Plan d'action du Réseau.	6000			
Coûts de gestion	Frais de la tenue des comptes	280			
	Production et publication des DAO et Appels à la concurrence publique	2560			
Coûts de soutien pour le S&E	Elaboration et edition des rapports du suivi	38340			
		338898			

9.7. Revised indicators in case of reprogramming

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

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
Budget de l'Etat	90000000	Durant toute la durée du projet	<ul style="list-style-type: none"> - Construction et Réhabilitation des structures de santé - Acquisition des équipements médicaux et des chaines de froid au profit des structures dans les ZCI - Approvisionnement en gaz pour les CDF - Motivation du personnel impliqué dans la gestion du projet

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
Plan de developpement des ZCI 2012-2017	La source a été validé par le comité de pilotage du Secteur	
Données PEV de routine	Document officiel	
Plan d'action annuel 2013	Validé par le comité de pilotage	
Rapport des missions sur le terrain 2013	Validé par le comité de pilotage	
Rapports d'exécution semestriel et annuel 2012	Validé par le comité de pilotage	
Rapports du SNIS 2011 et 2012	Document officiel du Secteur	
Site de la Banque Centrale de la Mauritanie	Site officiel du Gouvernement	
Soumission initiale au RSS	Validé par le secteur	

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 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

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

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

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

Le Comité de Coordination Inter agences du CCIA/PEV suggère une révision de la soumission RSS GAVI initiale pour prendre en compte de nouveaux districts pouvant avoir un impact meilleur sur l'amélioration de la couverture vaccinale nationale. Le comité considère que les 9 districts choisis pour cible RSS sont les districts les moins peuplés du pays hormis 02 (keur Macène et Rkiz de la région du Trarza) et une amélioration même très importante, dans ces districts n'apportera que très peu sur la couverture nationale; l'objectif visé ne sera donc que partiellement atteint. Le comité CCIA propose donc une révision du document RSS/GAVI par une équipe technique à laquelle les responsables nationaux PEV devront être associés pour le choix des critères de sélection des nouveaux districts.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure







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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signatures Ministres santé et finances.pdf File desc: Date/time: 5/15/2013 11:55:44 AM Size: 950445
2	Signature of Minister of Finance (or delegated authority)	2.1		Signatures Ministres santé et finances.pdf File desc: Date/time: 5/15/2013 11:56:20 AM Size: 950445
3	Signatures of members of ICC	2.2		Signatures membres CCIA.pdf File desc: Date/time: 5/15/2013 11:54:42 AM Size: 978330
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		CCIA 08 mai 13 validation RSA 12.pdf File desc: Date/time: 5/15/2013 4:29:27 AM Size: 2777833
5	Signatures of members of HSCC	2.3		Signatures membres comité pilotage RSS.pdf File desc: Date/time: 5/15/2013 11:57:25 AM Size: 1688328
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		proces verbal CONAP réunion 14 05 2013.docx File desc: Date/time: 5/15/2013 10:10:55 AM Size: 23405
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 1:24:59 PM Size: 181903
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 1:25:20 PM Size: 181903
9	Post Introduction Evaluation Report	7.2.2		Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 1:25:36 PM Size: 181903

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 1:25:59 PM Size: 181903
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 1:26:16 PM Size: 181903
12	Latest EVSM/VMA/EVM report	7.5		EVM report Mauritanie_110.doc File desc: Date/time: 5/15/2013 4:34:49 AM Size: 10569216
13	Latest EVSM/VMA/EVM improvement plan	7.5		Rapport_Mission CdF Mauritanie_9 - 14 Juillet 2012.docx File desc: Date/time: 5/15/2013 4:40:55 AM Size: 1132743
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Rapport_Mission CdF Mauritanie_3 - 16 Dec.12_22 02 2013.docx File desc: Date/time: 5/15/2013 4:43:22 AM Size: 42735
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		Campagnes.pdf File desc: Date/time: 5/15/2013 1:33:23 PM Size: 183665
17	Valid cMYP if requesting extension of support	7.8		PPaC_Mauritanie_15112011.doc File desc: Date/time: 5/15/2013 12:10:33 PM Size: 1832448
18	Valid cMYP costing tool if requesting extension of support	7.8		Costing tool Mauritanie15112011.xls File desc: Date/time: 5/15/2013 12:12:33 PM Size: 3484672
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Situation des depenses corrigée - RSS.docx File desc:

				Date/time: 7/18/2013 11:12:36 AM Size: 568184
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	SITUATION FINANCIERE de 2012 et de 2013.docx File desc: Date/time: 5/15/2013 2:11:02 PM Size: 956758
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	Note sur l'audit 2012 du GAVI RSS.docx File desc: Date/time: 5/15/2013 2:19:12 PM Size: 516945
22	HSS Health Sector review report	9.9.3	X	Plan d'action triennal du Ministère de la santé 2013- 2015.Version finale revisee.pdf File desc: Date/time: 5/13/2013 9:21:39 AM Size: 3334473
23	Report for Mapping Exercise CSO Type A	10.1.1	X	Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 2:06:11 PM Size: 181903
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 2:06:11 PM Size: 181903
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	Justification pour les fichiers non attachés.pdf File desc: Date/time: 5/15/2013 2:06:11 PM Size: 181903
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	releve compte GAVI.docx File desc: Date/time: 5/13/2013 1:53:04 PM Size: 1129857