



The GAVI Alliance

Annual Progress Report **2013**

Submitted by:

the Government of
Mauritania

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **5/14/2014**

Deadline for submission: 5/15/2014

Please submit the **2013** APR 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 previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

Use of commercial bank accounts

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

ARBITRATION

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

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

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

By filling this APR the Country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. 1. Application Specification

Reporting on year: 2013

Requesting for support year: 2015

1.1. NVS & Injection Supplies 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
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2015

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

1.2. 1.2. Programme extension

No NVS eligible for extension this year.

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of ISS grant: Yes	N/A
VIG	Yes	N/A	N/A
CSO	No	N/A	N/A

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 2011 is available [here](#). It is also available in French [here](#).

2. Signatures

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

By signing this page, the Government of **Guinea-Bissau** 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 & the Minister Finance or their delegated authority.

Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual (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	Title	Telephone	Email address
DR MBAREK OULD HOUMEID	National EPI Coordinator	[00,222 46 45 97 87]	mbarekohoumeid@yahoo.fr
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Dr CHERIF TAHER OULD MED MAHMOUD	SC/DPCIS/MS	00222 22 26 04 06	cheriftaher@yahoo.fr

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload two copies of the attached documents section the signatures pages signed by committee members, one for HSCC signatures and one for ICC signatures.

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

2.2.1. ICC Report Endorsement

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

Name/Title	Agency/Organization	Signature	Date
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M. AHMEDOU OULD HADEMINE OULD JELVOUNE	Minister of Health		
Dr El Moctar HENDE	Ministry of Health SG		
Dr Abdarraahmane Ould JIDDOU	Director of basic health care and nutrition		
Dr Mbarek Ould HOUMEID	National EPI Coordinator		
Dr Jean Pierre BAPTISTE	WHO Representative		
Lucia Elmu	Representative of UNICEF		
M. Isselmou Ould HANEFI	President, network of national NGOs (VACNET)		
Ms. kadiata SARR	National NGO President		
Vatimetou Mint BABANA	Rotary International		
Med ABDERAHMANE	President, Association of journalists supporting vaccination (REJAV)		

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

All comments will be treated confidentially

Comments from Partners:

N/A

Comments from the Regional Working Group:

N/A

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
Ahmedou Ould Hademine Ould Jelvoune/Ministre de la santé*	The Ministry of Health		
Dr Moctar Ahmed N'Doubnane/SG par INTERIM	The Ministry of Health		
Isselmou Ould Mahjoub/Directeur de la Programmation	The Ministry of Health		
Dr Abderrahmane Ould Jiddou Directeur de santé de base	The Ministry of Health		
Abdellahi Ould Lehbib/Direction d'hygiène publique	The Ministry of Health		
Mohamed Lemine Ould Ahmedou Directeur des Ressources Humaines.	The Ministry of Health		
Francisco Sancho Lopez	General Coordination/Spanish Development Agency		
Mme Lucia Elmi	UNICEF Representative		
Robert Hynderik	EU Delegation		
Dr Jean Pierre Baptiste	WHO Representative in NKTT		
Dr Abdallahi Ould.El Vally/ Director of Social Affairs	Ministry of Social Affairs, Children and Families		

Hassen Mohamed Mahmoud	NGO/AMSP		
Mohamed Yahya Ould Moustapha/DESI/Trésor.	Ministry of Finance		
Ely O. Oudeika/ Assistant Director, DPH	MAED		

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

All comments will be treated confidentially

Comments from Partners:

N/A

Comments from the Regional Working Group:

N/A

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

Mauritania is not submitting a report on the use of type A and B CSO funds in 2014

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4. Baseline and Annual Targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	150,213	150,213	153,818	153,818	157,510	157,510
Total infants' deaths	11,566	11,566	11,844	11,844	12,128	12,128
Total surviving infants	138647	138,647	141,974	141,974	145,382	145,382
Total pregnant women	150,213	150,213	153,818	153,818	157,510	157,510
Number of infants vaccinated (to be vaccinated) with BCG	145,706	136,519	150,742	150,742	155,935	155,935
BCG coverage	97 %	91 %	98 %	98 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	110,917	107,530	119,258	119,258	129,389	129,389
OPV3 coverage	80 %	78 %	84 %	84 %	89 %	89 %
Number of infants vaccinated (to be vaccinated) with DTP1	123,118	131,035	129,991	129,991	137,153	137,153
Number of infants vaccinated (to be vaccinated) with DTP3	110,917	109,960	119,258	119,258	129,389	129,389
DTP3 coverage	80 %	79 %	84 %	84 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP vaccine	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP vaccine	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose(s) of DTP-HepB-Hib	123,118	131,035	129,991	129,991	137,153	137,153
Number of infants vaccinated (to be vaccinated) with 3 dose(s) of DTP-HepB-Hib	123,118	109,960	129,991	119,258	129,389	129,389
DTP-HepB-Hib coverage	89 %	79 %	92 %	84 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage rate [1] in base-year and planned thereafter (%)	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 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	124,782	31,755	130,616	129,991		137,153
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	124,782	1,124	130,616	119,258		129,389

Pneumococcal (PCV13) coverage	90 %	1 %	92 %	84 %		89 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5		5
Wastage rate [1] in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05		1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose(s) of Rotavirus vaccine		0	21,666	23,662	137,153	137,153
Number of infants vaccinated (to be vaccinated) with 2 dose(s) of Rotavirus vaccine		0	21,666	19,876	129,389	129,389
Rotavirus coverage		0 %	15 %	14 %	89 %	89 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	5	5
Wastage rate [1] in base-year and planned thereafter (%)		1	1.05	1.05	1.05	1.05
Maximum wastage rate value for the Rotavirus vaccine, 2 scheduled doses	0 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	110,917	100,685	119,258	119,258	129,389	129,389
Measles coverage	80 %	73 %	84 %	84 %	89 %	89 %
Pregnant women vaccinated with TT+	60,085	59,939	64,604	64,604	70,879	70,879
TT+ coverage	40 %	40 %	42 %	42 %	45 %	45 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	554,985	0	568,305	0	581,944	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	16 %	8 %	8 %	6 %	6 %

* Number of infants vaccinated out of total births ** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated Baseline and Annual Targets

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

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

In the space below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in **number of births**

No change in number of births

- Justification for any changes in the **number of surviving infants**

No change in number of births

- Justification for any changes in targets by vaccine **Please note that targets that surpass the previous years' results by more than 10 % must be justified.**

No change as compared to targets

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

No change in wastage rate by vaccine

5.2. Immunisation Achievements in 2013

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

The target set in 2013 was to reach 80% coverage with Penta3; this goal was almost reached, with coverage of 79.3%, as compared to 2012 which was 78.4%. This improvement was achieved through the same processes used to relaunch the program in 2010, with relatively satisfactory coordination.

The following activities contributed to this improvement:

- A cold chain deployment plan was implemented, and this reduced the cold chain gap.
- Monitoring and supervision were improved.
- Advanced and mobile activities were carried out.
- Cold chain maintenance visits were conducted.
- Staff training occurred, with the introduction of the new PCV-13 vaccine.
- Meetings of regional and Moughataa focal points were held.
- Advanced and mobile activities integrated into SIAs were introduced.
- Seven ICC meetings were held in 2013.
- Four monitoring and supervision visits were made to the Mberra refugee camp.
- A communications plan for the routine EPI was prepared.
- A national cold chain inventory was performed.

However, the program still faces a lack of technical and financial partners with some obstacles at the operational level, such as the use of EPI management tools, promptness and completeness of EPI activity reports, use of DVD-MT and DVD-SMT software, building the capacities of para-medical staff due to the assignment of new nurses recruited on site, and poorly motivated vaccination staff.

Despite these obstacles, the program has made progress, primarily due to good organization and ongoing coordination with development partners (WHO, UNICEF). Periodic meetings are organized, and every program framework tracks reports from three or four Wilayas, the DRAs receive regular feedback, and there are regular meetings to summarize and harmonize the coverage and data.

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

APR

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **No, not available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
N/A	N/A	N/A	N/A

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

N/A

5.3.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **Yes**

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

N/A

5.4. Data assessments

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

No vaccination coverage survey was performed in 2013, so the only data available are administrative data.

A program review is ongoing, but the vaccination coverage survey results are not yet known.

Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and may entail retrospective changes to the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

N/A

5.4.3. Please describe any activities undertaken to improve administrative data systems from 2011 to the present.

No objective evaluation has been made since 2012; self-evaluations (DQS) are conducted to verify data at the regional level and to work on improving archiving methods; sessions to update staff on new collection tools have been held.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

The program proposes revitalizing the data management system by:

- Building the district and regional focal points' capacities concerning data management, and the use of tools to record and analyze data (DVD_MT).
- Progressive introduction of the DQS
- Retraining staff responsible for vaccination in how to complete collection tools

- Implement monthly data harmonization and analysis meetings at all levels.
 - Implement an archiving system in the vaccination facilities
 - Organize cooperation meetings with focal points to improve timely submission of vaccination reports.
- Implement a quarterly feedback system

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 300	Only enter the exchange rate; do not list the name of the local currency
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditures by Category	Expenditure Year 2013	Funding source						
		Country	GAVI	UNICEF	WHO	N/A	N/A	N/A
Traditional Vaccines*	209,125	178,721	0	30,404	0	0	0	0
New and underused Vaccines**	2,058,652	173,765	1,838,087	46,800	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	35,903	13,125	22,778	0	0	0	0	0
Cold chain equipment	991,558	900,731	0	90,827	0	0	0	0
Staff	31,960	0	0	31,960	0	0	0	0
Other routine recurrent costs	690,425	46,666	208,447	382,362	52,950	0	0	0
Other capital costs	255,987	248,487	0	7,500	0	0	0	0
Campaigns costs	83,308	0	0	19,218	64,090	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	4,356,918							
Total Government Health		1,561,495	2,069,312	609,071	117,040	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. 5.5.3. If there is no government funding allocated to traditional vaccines, please state the reasons why, and the plans for the expected sources of funding for 2014 and 2015

NA The government purchases traditional vaccines.

5.6. Financial management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, no action has been taken**

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?
N/A	No

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

state exactly what has been implemented.

N/A

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

N/A

5.7. Inter-Agency Coordinating Committee

How many times did the ICC meet in 2013? **7**

Please attach the minutes (**Document N° 4**) from the ICC meeting held in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1. Updated Baseline and Annual Targets](#) through [5.5 Overall Expenditures and Financing for Immunisation](#)

- Discussion about the routine EPI results for 2013
- Approval of the 2013 APR
- Approval of the action plan for the measles monitoring campaign and the meningitis campaign
- Preparation of application documents for the new vaccines (IPV and YF)
- Discussion on Effective Vaccine Management
- Discussion of the external review of the program (in progress)
- Funding for networks and national NGOs

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

If **Yes**, which ones?

List CSO member organizations belonging to the ICC:
VAC NET (network of national NGOs)
REJAV (network of journalists who support vaccination)

5.8. Priority actions in 2014 to 2015

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

2014 and 2015 goals

- Improve routine coverage to reach coverage for the various antigens in the cMYP
- Remain a polio-free country
- Eliminate MNT
- Reduce cases of measles, while moving toward elimination
- Introduce the new rotavirus vaccines
- Organize the mass MEN A (MenAfriVac) campaign
- Apply to GAVI for the new vaccines (Yellow Fever and HPV)

Key activities

- Implement the routine EPI communication plan
- Make vaccination widespread in the hospital sector
- Gradually replace propane gas cold chain equipment with solar-powered equipment
- Implement DVD-MT and SMT software at the regional and district levels
- Build capacities of vaccination staff
- Create a data management improvement plan
- Complete an Effective Vaccine Management evaluation

- Complete an external review of the program with a vaccination coverage survey
- Continue coordination as well as periodic meetings to summarize and harmonize vaccination coverage and data.
- Introduce rotavirus vaccine
- Organize a mass MEN A (MenAfriVac) campaign in 2014
- Prepare application documents for new vaccines (IPV, YF)
- Organize a follow-up campaign against measles
- Complete an introduction evaluation for the new vaccines (VVM-13, Rota, MenA)
- Implement the recommendations for elimination of MNT
- Decentralize vaccine management
- Train all staff in AEFIs
- Train midwives to manage the EPI
- Continue monitoring and supervision
- Continue meetings for regional and district focal points

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI 2012	Funding sources of 2013
BCG	For vaccination sessions: AD syringes (S	Government
Measles	For vaccination sessions: AD syringes (S	Government
TT	AD Syringe 0.5ml	Government
DTP-containing vaccine	AD Syringe 0.5ml	Cofinancing Government +GAVI

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

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

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

Lack of incinerators in some zones

- Most health posts do not have working incinerators

Some Moughataas (districts) also do not have working incinerators

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

- Systematic use of sharps boxes in all vaccination service facilities
- Sharps boxes are then incinerated or burned and buried, depending on the facilities with working incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	120,000	36,000,000
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	120,000	36,000,000
Total Expenditures in 2013 (D)	120,000	36,000,000
Carry over to 2014 (E=C-D)	0	0

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

Mauritania received an award of US \$120,000 for the year 2012; these funds were not included in the health sector budget, but were used according to the usual EPI procedures, through the ICC and approval.

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 channeled to the sub-central levels, financial reporting arrangements at both the sub-national and central levels, and the overall role of the ICC in this process.

Government account, first the funds are transferred into the Ministry of Health's account, the EPI is informed and the planning process is begun via a detailed use plan prepared by the EPI technical committee and then approved by the inter-agency coordinating committee or [sic] the validation report is sent to GAVI.

The funds intended for the regional level are wired directly into the DRAS bank accounts by the Ministry of Health's administrative and financial directorate, and the supporting documents are sent to that directorate 15 days. later.

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

Primary activities: completed with ISS support

-Trained chief physician and regional focal points in using the DVD-MT software

-Introduced the DQS monitoring tool in 4 Wilayas

-Organized a session for the DRAS

-Organized outreach and mobile activities in 5 Wilayas

-Purchased four laptop computers and a photocopier for the EPI

Increased EPI management tools for the second half of 2013

Did cold chain maintenance visits in 4 Wilayas

-Installed a cold room at the central EPI

-Purchased fuel for the two generators

6.1.4. 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 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7). (The instructions for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in 2013 is applicable for Mauritanie [sic: sentence written in English by applicant]

7. New and Underused Vaccines Support (NVS)

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

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

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

	[A]	[B]		
Vaccine Type	Total doses for 2013 in the Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the company record any stock shortages at any level during 2013?
DTP-HepB-Hib	395,250	388,700	42,550	Yes
Pneumococcal (PCV13)	124,200	117,000	7,200	No
Rotavirus vaccine		0	0	No

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

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

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

Delays in shipping vaccines, due to delays in signing the protocol agreement between UNICEF and GAVI

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

Mauritania will restrict itself to using the multi-dose presentation (10 doses per vial) beginning in 2014

The change to the 10-dose pentavalent vaccine presentation was requested by the ICC during 2013, and accepted by GAVI for 2014.

If **Yes** for any immunization 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 health center level.

N/A

7.2. Introduction of a New Vaccine in 2013

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	11/12/2013
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	

Rotavirus, 1 dose per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	11/12/2013
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	Rotavirus introduction is planned for 12 November 2014

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	10/21/2009
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	

7.2.2. For when is the Post Introduction Evaluation (PIE) planned? **June 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 No. 9)

N/A

7.2.3. 7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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 potential vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhoea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhoea? **No**

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

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

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

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

Results of survey/monitoring

The ICC technical committee tracks the survey results

During each committee meeting, the information on epidemics, surveys and reviews is presented by the program to the committee members, who make recommendations are made [sic] by the ICC to the EPI and monitoring programs; these recommendations are discussed and approved during these various meetings.

7.3. New Vaccine Introduction Grant Lump Sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	100,000	30,000,000
Remaining funds (carry over) from 2012	0	0
Total funds available in 2013 (C=A+B)	100,000	30,000,000
Total Expenditures in 2013 (D)	86,666	25,999,800
Carry over to 2014 (E=C-D)	13,334	4,000,200

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Three commissions created (technical, organizational and social mobilization)

-Management of the three commissions that must prepare for the introduction (organizing meetings, preparing reports and making copies)

-Writing and copying the data collection communication [sic] tools

-Support for EPI operations (purchase of 15 computer "units" for 15 Moughataa focal points, fuel).

-Tiered training for staff, on the introduction of the new PCV-13 vaccine (DRAS meeting and on-site training)

-Monitoring and supervision of introduction activities (preparation of tools, DSA supervision and logistics)

-Sending vaccines to the district level (logistics and fuel)

-Advocacy, social mobilization and communication activities (decision-makers, influential people and the media)

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

Difficulties in sending vaccines to hard-to-reach zones

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

Evaluation of the PCV-13 introduction, planned for 2014 or 2015.

7.4. 7.4. Report on Country Co-financing in 2013

Table 7.4: Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	25,000	7,200
Selected vaccine #2: Rotavirus, 1 dose per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	91,000	42,550
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	US \$116,000, or 34,800,000 Ouguiyas	
Donor	738 000(GAVI)	
Other		
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
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1,948	7,000
Selected vaccine #2: Rotavirus, 1 dose per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Government
Selected vaccine #2: Rotavirus, 1 dose per vial, ORAL	October	Government
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
We need a WHO-UNICEF-GAVI mission to mobilize funds from the central		

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

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

The country will not be in a payment default situation, possibly a delayed payment but not a default, and if this is the case, other funding sources will be found

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on the national health sector budget? **No**

7.5. Vaccine management (EVSM/EVM/VMA)

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. Information on the EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress report included in the implementation of this plan must be included in the 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? **March 2014**

Please attach:

- a) the 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 to the Improvement Plan, with reasons provided? **No**

If yes, provide details.

The EVM assessment was done this year, at the end of March 2014
The reports and the improvement plan are being written; the first drafts are available so there is no implementation report for the improvement plan

For when is the next Effective Vaccine Management (EVM) assessment scheduled? **April 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Mauritania is not submitting a preventive campaign NVS report.

7.7. Change of vaccine presentation

Mauritania is not requesting any change of vaccine presentation for the next few years.

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

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

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

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

Confirm below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#) **Yes**

If you do not confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	\$200,000		\$250,000	
			<=	>	<=	>
Yellow fever	YF	7.80 %				
Meningococcal type A	HEPBHIB 23.80 %	10.20 %				
Pneumococcal (PCV10)	HPV	3.00 %				
Pneumococcal (PCV13)	HPV	6.00 %				
Rotavirus	MEASLES	5.00 %				
Measles, second dose	MEASLES	14.00 %				
DTP-HepB	MR	2.00 %				
HPV bivalent	HPV2	3.50 %				
Rotavirus	HPV2	3.50 %				
MR	YF	13.20 %				

Vaccine Antigens	Vaccine Types	\$500,000		\$2,000,000	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	HEPBHIB 23.80 %				
Pneumococcal (PCV10)	HPV				
Pneumococcal (PCV13)	HPV				
Rotavirus	MEASLES				
Measles, second dose	MEASLES				
DTP-HepB	MR				
DTP-HepB-Hib	MR	25.50 %	6.40 %		
HPV bivalent	HPV2				
Rotavirus	HPV2				
MR	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	138,647	141,974	145,382	426,003
	Number of children to be vaccinated with the first dose	Table 4	#	123,118	129,991	137,153	390,262
	Number of children to be vaccinated with the third dose	Table 4	#	123,118	129,991	129,389	382,498

	Immunisation coverage with the third dose	Table 4	%	88.80 %	91.56 %	89.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	183,000			
	Vaccine inventory as of January 1, 2014** (see our explanatory memo)		#	183,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		6.40 %	6.40 %	
fd	Freight cost as % of devices' value	Parameter	%		0.00 %	0.00 %	

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

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

N/A

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

Not defined

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

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

Table 7.11.2: Estimate of GAVI support and country co-financing **GAVI support)**

		2014	2015
Number of vaccine doses	#	365,800	361,300

Number of AD syringes	#	383,600	378,500
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	4,225	4,175
Total value to be co-financed by GAVI	\$	766,500	766,500

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

		2014	2015
Number of vaccine doses	#	51,900	59,600
Number of AD syringes	#	54,400	62,400
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	600	700
Total value to be co-financed by country	\$	109,000	126,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00 %	12.41 %		
B	Number of children to be vaccinated with the first dose	Table 4	123,118	129,991	16,130	113,861
B1	Number of children to be vaccinated with the third dose	Table 4	123,118	129,991	16,130	113,861
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	369,354	389,973	48,388	341,585
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		409,472	50,807	358,665
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		8,119	1,008	7,111
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1 January	Table 7.11.1	0	183,000		
H3	Shipment plan	UNICEF shipment report		362,100		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		417,600	51,816	365,784
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		437,902	54,335	383,567
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		4,817	598	4,219
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		803,880	99,745	704,135
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		19,706	2,446	17,260
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		25	4	21
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		51,449	6,384	45,065
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		875,060	108,577	766,483
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		108,576		
V	Country co-financing % of GAVI supported proportion	U / T		12.41 %		

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

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

	Formula	2015		
		Total	Government	GAVI
A	Country co-financing	V	14.14 %	
B	Number of children to be vaccinated with the first dose	Table 4	137,153	19,400
B1	Number of children to be vaccinated with the third dose	Table 4	129,389	18,302
C	Number of doses per child	Vaccine parameter (schedule)	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	400,512	56,652
E	Estimated vaccine wastage factor	Table 4	1.05	
F	Number of doses needed including wastage	$D \times E$	420,538	59,484
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	4,150	588
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	3,925	556
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	151,518	21,432
H2	Stock on 1 January	Table 7.11.1		
H3	Shipment plan	UNICEF shipment report		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	420,800	59,521
J	Number of doses per vial	Vaccine parameter	1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	440,811	62,352
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	4,849	686
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	820,140	116,007
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	19,837	2,806
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	25	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	52,489	7,425
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	892,491	126,241
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	126,240	
V	Country co-financing % of GAVI supported proportion	U / T	14.14 %	

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

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	138,647	141,974	145,382	426,003
	Number of children to be vaccinated with the first dose	Table 4	#	124,782	130,616	137,153	392,551
	Number of children to be vaccinated with the third dose	Table 4	#	124,782	130,616	129,389	384,787
	Immunisation coverage with the third dose	Table 4	%	90.00 %	92.00 %	89.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	4,250			
	Vaccine inventory as of January 1, 2014** (see our explanatory memo)		#	4,250			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.23	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		6.00 %	6.00 %	
fd	Freight cost as % of devices' value	Parameter	%		0.00 %	0.00 %	

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

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

N/A

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

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

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23
Your co-financing	0.20	0.20	0.23

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

		2014	2015
Number of vaccine doses	#	389,600	409,700
Number of AD syringes	#	407,800	429,200
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	4,500	4,725
Total value to be co-financed by GAVI	\$	1,419,000	1,483,000

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

		2014	2015
Number of vaccine doses	#	22,700	27,800
Number of AD syringes	#	23,700	29,200
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	275	325
Total value to be co-financed by country	\$	82,500	101,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00 %	5.49 %		
B	Number of children to be vaccinated with the first dose	Table 4	124,782	130,616	7,174	123,442
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	374,346	391,848	21,521	370,327
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		411,441	22,597	388,844
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		4,595	253	4,342
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1 January	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		412,200	22,639	389,561
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		431,413	23,694	407,719
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		4,746	261	4,485
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,397,771	76,767	1,321,004
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		19,414	1,067	18,347
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		24	2	22
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		83,867	4,607	79,260
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		1,501,076	82,440	1,418,636
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		82,440		
V	Country co-financing % of GAVI supported proportion	U / T		5.49 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	6.35 %		
B	Number of children to be vaccinated with the first dose	Table 4	137,153	8,716	128,437
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	411,459	26,147	385,312
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	432,032	27,455	404,577
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	5,148	328	4,820
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	437,400	27,796	409,604
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	458,268	29,122	429,146
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	5,041	321	4,720
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,474,038	93,670	1,380,368
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	20,623	1,311	19,312
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	26	2	24
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	88,443	5,621	82,822
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	1,583,130	100,602	1,482,528
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	100,602		
V	Country co-financing % of GAVI supported proportion	U / T	6.35 %		

Table 7.11.1: Specifications for Yellow Fever 1 dose(s) per vial, LYOPHILISED

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	138,647	141,974	145,382	426,003
	Number of children to be vaccinated with the first dose	Table 4	#	0	21,666	137,153	158,819
	Number of children to be vaccinated with the second dose	Table 4	#		21,666	129,389	151,055
	Immunisation coverage with the second dose	Table 4	%	0.00 %	15.26 %	89.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine inventory as of December 31, 2013* (see explanatory memo)		#	0			
	Vaccine inventory as of January 1, 2014** (see our explanatory memo)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.23	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		5.00 %	5.00 %	
fd	Freight cost as % of devices' value	Parameter	%		0.00 %	0.00 %	

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

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

N/A

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

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

	2013	2014	2015
Minimum co-financing	0.00	0.20	0.23
Recommended co-financing as per APR 2013			0.23
Your co-financing		0.20	0.23

Table 7.11.2: Estimate of GAVI support and country co-financing GAVI support)

		2014	2015
Number of vaccine doses	#	52,800	319,600
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	142,000	857,000

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

		2014	2015
Number of vaccine doses	#	4,300	30,000
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	\$	11,500	80,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00 %	7.44 %		
B	Number of children to be vaccinated with the first dose	Table 4	0	21,666	1,612	20,054
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	$B \times C$	0	43,332	3,223	40,109
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	$D \times E$		45,499	3,385	42,114
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		11,375	847	10,528
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Stock on 1 January	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		57,000	4,240	52,760
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		145,977	10,858	135,119
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		7,299	543	6,756
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		153,276	11,400	141,876
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		11,400		
V	Country co-financing % of GAVI supported proportion	U / T		7.44 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	8.58 %		
B	Number of children to be vaccinated with the first dose	Table 4	137,153	11,768	125,385
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses needed	$B \times C$	274,306	23,536	250,770
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	288,022	24,713	263,309
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	60,631	5,203	55,428
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	349,500	29,988	319,512
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	892,274	76,558	815,716
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	44,614	3,828	40,786
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	936,888	80,385	856,503
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	80,385		
V	Country co-financing % of GAVI supported proportion	U / T	8.58 %		

8. Injection Safety Support (INS)

This type of support is not available.

9. Health System 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 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January - April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries for which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15 May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you are proposing changes to approved activities and budget (reprogramming), please request guidelines about reprogramming from the manager in your country or the GAVI Alliance Secretariat or send an email to the following address: gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please so indicate 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 entity (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 2013
- b. Minutes of the HSCC meeting in 2014 that endorsed the submission of this report
- c. The latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available).

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

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

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

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have already received the final installment of all GAVI funding approved in the context of HSS support and that are not requesting other funding: Has implementation of the HSS support ended? YES/NO If NO, please indicate the planned date for the end of HSS support implementation. **No**

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

The initial application approved on 29 July 2010 set a six-year time period for HSS support (2010-2015), but the country did not receive the first tranche until October 2011.

Given this delay, the Ministry of Health suggested in the 2012 APR that the project term be pushed back two years as compared with the initial application. Based on that, the Ministry prepared a development plan for the Target Intervention Zones for 2012-2017, including financing available in the central government's budget, and programming based on GAVI HSS support.

Please attach all studies and evaluations related to GAVI HSS support, or funded by it.

If available, please attach data that are disaggregated by data, rural/urban area, district/state, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS support serves to target specific populations and/or geographic areas in the country.

If CSOs have been involved in implementing HSS support, please attach a list of those involved in implementing the support, the funding received by the CSOs from GAVI HSS support, and the activities they conducted. If CSO involvement was specified in the initial proposal approved by GAVI but no funding was provided to CSOs, please explain why. Please consult <http://www.gavialliance.org/support/cso/> for GAVI's CSO implementation framework.

The first year action plan for HSS support does not include activities that require CSO involvement for implementation.

To prepare for effective implementation of the second tranche, which will involve NGOs, the Ministry of Health completed an inventory of all NGOs working in the health sector.

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

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

Please attach the most recent report of national results/monitoring and evaluation framework for the health sector (with real data reported for the most recent year available in the country).

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

Please complete [tableaux 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

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: **783,000** US\$

These funds must be sufficient to ensure implementation of the HSS allocation until December, 2015.

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

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

Table 9.1.3a (US)\$

	2008	2009	2010	2011	2012	2013
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Original annual budgets (per the originally approved HSS proposal))				377000	386500	396500
Revised annual budgets (if revised by previous Annual Progress Reviews)						395903
Total funds received from GAVI during the calendar year (A)				377000	0	0
Remaining funds (carry over) from previous year (A)					377000	316800
Total Funds available during the calendar year (C=A+B)					377000	
Total Expenditures during calendar year (D)					60199	78525
Balance carried forward to next calendar year (E=C-D)					316800	238275
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	377000	0	0	386500

	2014	2015	2016	2017
Original annual budgets (<i>(per the originally approved HSS proposal)</i>)	405500	841500		
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)	386500	396500	405500	841500
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	238275			
Total Funds available during the calendar year (C=A+B)	238275			
Total Expenditures during calendar year (D)	57918			
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]	783000	405500	841500	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (<i>per the originally approved HSS proposal</i>)			106472766	111502037	119372671	122011554
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)						
Total funds received from GAVI during the calendar year (A)				106456807	0	0
Remaining funds (carry over) from previous year (A)					106456807	89147511
Total Funds available during the calendar year (C=A+B)					106456807	89147511
Total Expenditures during calendar year (D)					18151296	16950054
Balance carried forward to next calendar year (E=C-D)					89147511	72197457
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	106472766	0	0	116958000

	2014	2015	2016	2017
Original annual budgets (per the originally approved HSS proposal))	125171505	128175549		
Revised annual budgets (if revised by previous Annual Progress Reviews)	116958000	120242590	122971930	255193290
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	72197457			
Total Funds available during the calendar year (C=A+B)	72197457			
Total Expenditures during calendar year (D)	17573120			
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]	237452580	122971930	255193290	0

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	251	261.5	261.99	282.05	288.51	303
Closing on 31 December	261.5	261.99	282	288.4	301.52	303.26

Detailed expenditure of HSS funds during the 2013 calendar year

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

If any expenditures for the January to April 2014 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20.)**

Financial management of HSS funds

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

Please indicate the type of bank account(s) used (business or government account); budget approval process; how funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

In accordance with the recommendations in the National Health Development Plan (NHDP), which specify that the role of coordinating sectoral activities should be given to only one steering committee, project management is handled by the National Steering Committee (French: CONAP). To ensure regular technical monitoring of its activities, the Department also created a technical committee and a monitoring unit. A bank account jointly managed by the SG and the DAF has been opened at a commercial bank. A GAVI HSS project procedures manual was prepared and approved by the CONAP in a meeting held on Thursday, 14 June 2012. The GAVI/HSS intervention is part of the Sector's annual action plan.

Project management is subject to national procedures used for external funding. Therefore, implementation of the activities in the action plan is initiated by the responsible entity (terms of reference, requests) authorized by the SG, and handled (payment) by the DAF departments, which archive the supporting documents.

Activities concerning the decentralized level are planned for the second tranche, after the necessary conditions have been fulfilled (Opening accounts in the name of the municipalities in question, creating management tools, etc.)

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Activity 1.1: Implement a system of task shifting involving paramedical personnel and community and association-based workers.	1.1.1: Prepare a task-shifting policy	100	DPCIS/ policy document + ZCI distribution report
	1.1.2: Strengthen skills of health care personnel involved in task shifting (we estimate that at least 60% of activities in the FSP essentially involve the so-called "task shifting" approach).	90	DPCIS/ Activity report
Activity 1.3: Support the contractualization process in order to rapidly implement the National Policy.	1.3.1: Set up a database of the names and activities of NGOs that work on health care	100	DPCIS/ Division responsible for NGOs
1.3.2: Strengthen the capacities of a local NGO/association/CSO for each ZCI to supply quality contractualized services	- Train 9 local NGOs for the contractualization activities planned for in the ZCIs	0	This activity is planned for the second tranche
1.3.3: Contractualize civil and military retirees to strengthen the provision of maternal and child health care services (including	- Set up a 6-month contract for each retiree and pay 100,000 UM per month, which is necessary for supplying maternal and child health	20	Procedures for this activity are being implemented

training) in target areas	services in the ZCIs		
	- Pay a monthly travel stipend of 22,500 UM per retiree	0	Waiting for contracts to be created
Activity 2.1: In target areas, increase use of vaccination services by mothers of children 0-5 years old and by pregnant women, using an innovative strategy	Activity 2.1.1: Ensure that free care is available to pregnant women and to mothers of children 0-5 years old in target areas	0	This activity is planned for the second tranche
	-Deposit four payments per year into each CSM's account; the amount should correspond to the operational costs resulting from actual use of the health facilities concerned, up to 1 contact per year for each member of the CSM target population	0	This activity is planned for the second tranche
2.3: Provide more equipment to health posts	Furnish 17 ZCI health posts with standard equipment	50	Equipment for 7 posts was scheduled for delivery on 17 April 2014; it was delayed because of import requirements. The procedures for acquiring equipment for 7 other posts are planned for 2014.
2.4: Encourage preventive care in ZCIs	-Set up a project to raise awareness and provide training to employees in ZCI health facilities	100	DIMM/Activity report
	Pay an annual maintenance bonus of 2,000 US dollars to ZCIs that improved the maintenance of their equipment and infrastructure during the year.	0	Selection criteria have been created and entities that will receive bonuses have been identified. But the bonuses have not been paid.
Activity 2.5: Make MEs available to operational-level health facilities	2.5.1: Provide health facilities in target areas with adequate operating funds	100	Delivery receipts are available at the DAF.
	Organize a training session for the coordinators involved	100	DPL/training report
Activity 2.6: Harmonize ME requirements in outlying areas	2.6.1: Revise therapeutic guidelines	0	This activity is planned for the second tranche
	2.6.2: Train physicians, ICPs and other remote workers (including employees affected by task shifting)	0	This activity is planned for the second tranche
Activity 3.1: Reinvigorate the basic health units (USBs)	3.1.1: Conduct a feasibility study on the implementation of operational USBs in the target areas	100	DPCIS/study report
	3.1.2: Identify involvement locations	100	DPCIS/identification report
	3.1.4: Equipment/supplies	0	
	3.1.5: Supervision of ZCIs, provided by MCMs	0	This activity is planned for the second tranche
	3.1.6: Publication/distribution of a document analyzing the USB system's performance	0	
Activity 3.3: Develop health care partnerships with communities, using leadership of locally elected officials	3.3.1: Train municipal councils and mayors to be community liaisons.	100	DSBN/training report

	3.3.2: Create a network of mayors in the target areas in order to promote maternal and child vaccinations and health care in target areas	0	This activity is planned for the second tranche
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9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Activity 1.1: Setting up a del [sic] mechanism	The national task delegation policy has been prepared and approved. Tasks related to distributing/disseminating it have been performed. Trainers were trained at the Nouakchott ENSP
Activity 1.3: Supporting the contractua [sic] process	To prepare for effective implementation of this activity, the Ministry of Health completed an inventory of NGOs working in the health sector. Contractualization with the NGOs is planned for the second tranche.
Activity 2.1: In the target zones, increase:	To prepare for effective implementation of this activity, the Ministry of Health completed an inventory of NGOs working in the health sector. Contractualization with the NGOs is planned for the second tranche.
2.3: Provide more equipment to health posts	The contract for equipment for 7 health zones was completed at the beginning of 2013, and delivery is planned for May, 2014. We plan to purchase equipment for the other 7 health posts in 2014.
Activity 2.5: Make MEs available to:	Training on inventory management techniques was held for pharmacy managers in health facilities in the ZCIs. Increased ME operating funds were made available to 51 health posts and 9 health centers in the ZCIs..
Activity 2.6: Stabilize prescription of MEs	This activity was not completed because it is planned for the second tranche.
Activity 3.3: Develop the partnership for health	A training for elected officials was held, focusing on the role of community health workers. We plan to create and run an mayors' network during the second tranche.

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

The delay in completing certain activities planned for 2013 was caused by:

- planning of activities funded in the second tranche that has not yet been disbursed.
- activities planned for the first tranche but not completed because of regulatory procedures. Such as:
 - 1- Contractualization activities with civil and military retirees; delayed because of the need to comply with national procedures for recruitment and management of health staff; the department of human resources is launching the contractualization process with retirees currently.
 - 2- Purchase of equipment for health posts and health centers; the new public contracts code's requirements delayed supplier selection, and consequently delayed the activity.

Note that the Ministry of Health took steps to speed up these activities. Among these were:

- Contractualization with CAMEC, which enabled purchase and payment (in April, 2014) of the 1st batch of medications for 51 health posts and 9 health centers in the ZCIs.
- Creation of a database on NGOs
- Approval and dissemination of the national task delegation strategy

- Identification of work zones for the functional USBs
- Training of elected officials on community health workers' tasks

These contributed to progress in implementing the 2013 plan.

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

The 2013 action plan included activities related to encouraging RHS providers in the ZCIs, such as handling retirees' salaries, bonuses for staff working on delegated medical tasks and payments to motivate performance related to maintenance. However, these activities were not fully completed, which prevents us from assessing their contribution to implementing the national HR policy.

Note that the implementation procedure for these has begun (creation of a performance evaluation chart for the health facilities, concerning maintenance. Training the trainers on task delegation, opening bank accounts for medical coverage areas, beginning the selection of retirees, etc.) These measures will certainly help to increase RHS availability.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2013 Target						Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Health personnel's knowledge related to delegated tasks	0	2011 Initial application	Average staff score >80%	0							The process of implementing the task delegation strategy involves 5 phases; 2 are complete (preparing the strategy and disseminating it to the ZCIs) The third phase, training 9 trainers, is in progress. Improving health care providers' knowledge is related to completing the remaining phases.
Essential drug availability rate	Not available	2011 Initial application	100%	95%				71%	95%	2013 report/ Moughataa progress report	
Percentage of operational USBs that offer a MPA and that have received evaluation visits	0	2011 ZCI development plan	Create 27 USBs and ensure that they are operational	0%				0%	0%	2013 report/ Moughataa progress report	The identified USBs have not entered the "providing care" phase, because there are no communications kits; planned for the second tranche
Percentage of women and children 0-5 who	0	2011 ZCI development	100%	0%				0%	0%	Report for 2013/Analysis	The funds intended to

have used free care services		plan									ensure free care are planned for the second tranche
Penta3 coverage in the ZCIs (%)	52.3%	EPI	75%	50.7%				51.6%	50.7%	EPI	
% of districts reaching = 80 % Penta3 coverage	0%	EPI	100%	0%				11%	0%	EPI	
Proportion of births assisted by qualified health personnel	Not available	NHIS	79%							2013 report/ Moughataa progress report	
Percentage of health facilities that delegate tasks physician/paramedical staff/community health agents	0%	Not available	100%	0%							The process of implementing the task delegation strategy involves 5 phases; 2 are complete (preparing the strategy and disseminating it to the ZCIs) The third phase, training 9 trainers, is in progress. Improving health care providers' knowledge is related to completing the remaining phases.
Percentage of committees functioning	0%	2012 ZCI development plan	100%	11%				11%	11%	2013 report/ Moughataa progress report	

9.4. Programme Implementation in 2013

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

Activities in 2013 increased care offerings and improved vaccination coverage. These included:

- Purchasing equipment for 7 health posts in the ZCIs.
- Preparing, approving and populating a database of NGOs working in the health sector.
- Preparing a Moughataa development plan for the ZCIs
- Purchasing a batch of equipment specifically for vaccination: cold chain (58RCW50/ EG, 7 MK 304, 5TF W1990) and 226 bottles of butane gas (using central government funding)
- Providing 51 health posts and 9 health centers in the ZCIs with working capital for medications
- Training municipal councils and mayors to be community liaisons.
- Identification of work zones for the functional USBs
- The HR department's launch of the process of hiring and contractualizing retired health agents who might work in the ZCIs [sic]

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

A few problems and situations delayed some GAVI HSS activities:

1. Cumbersome national processes for acquiring goods and services, due to the new public contract code which ensures transparency

of the contracts awarded. The majority of the non-disbursed amount of the first tranche relates to equipment purchases that were delayed due to procedures.

2. Lack of human resources and the fact that in the ZCIs, residents are disbursed over an enormous area. In addition to the difficulty of recruiting and assigning health agents for those zones.

3. Planning of activities for 2013 that had to be financed with the second tranche, not yet disbursed.

To overcome these difficulties, the Ministry of Health took steps to improve the project completion process. Among these were:

- Creating a monitoring committee led by the Secretary General of the Ministry of Health, and including representatives from the departments involved in the project.
- Speeding up the process of signing contracts with retirees and the the [sic] CSOs
- Properly dividing tasks and responsibilities among the responsible entities.

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

At the central level and in the context of monitoring implementation of the GAVI HSS plan, a committee led by the Secretary General of the Ministry monitors the project's activities. This committee includes the central directors for programming, basic health care and the DAF, and the managers for programming, external accounting, contracts, CSO cooperation and bilateral cooperation. This committee meets monthly and produces reports.

At the peripheral level, monitoring of the ROI and process indicators specifies that basic data should be collected at the health post and health center levels, and monthly and quarterly supervision visits should occur, with reports submitted. In April-May 2013, the first supervision, monitoring and evaluation visit in the context of the project took place. This produced significant results concerning:

- availability of human resources in the ZCIs
- availability of care and supplies
- geographic accessibility and condition of the health infrastructure
- financing
- status of management committees

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.

GAVI HSS activities are an integral part of the NHDP, which is driven by a single entity: the national NHDP steering committee. The annual health sector review of the status of the NHDP naturally includes information on the progress of GAVI HSS activities. The 2014 operational health plan recommends the preparation of a single monitoring and evaluation framework, which will take into account the contributions of all funding sources to performance of the annual tranche of the NHDP. In addition, the country is in the process of institutionalizing national health accounts, which will include data on GAVI's work, in all of their components.

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

Various players monitor the implementation of GAVI/HSS activities. The Minister of Health presides over the steering committee, composed of representatives of UN-related organizations: the WHO, UNICEF, UNFPA, the ministry of health's central directors, the Spanish development agency coordinator, the AFD's Nouakchott director, representatives of ministerial departments for finance, economic affairs, education, social affairs and hydraulics, and representatives of national and international NGOs. These entities are also represented in a technical committee. A monitoring unit composed of the central directorates for programming, the DAF, basic health and nutrition as well as the departments and managers responsible for contracts, external accounting, programming, bilateral cooperation and civil society ensure regular project monitoring. This unit is led by the ministry's Secretary General.

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

Civil society involvement in implementing and conducting project activities has not been planned for this first tranche. However, a preparatory phase has been planned for this tranche, due to GAVI HSS funding the Ministry of Health has prepared a database on NGOs working in the health sector.

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

- Has the management of HSS funds has been effective?
- List constraints to internal fund disbursement, if any.
- List actions taken to address any issues and to improve management.
- Are any changes to management processes planned for the coming year?

Given that we received the first tranche in October 2011, GAVI activities officially began in November 2011. Some activities were delayed due to the complexity of public contract award procedures, but these activities actually became delivery contracts which are being completed. Other activities were planned in 2013 for the second tranche, which has not yet been disbursed. In terms of compatibility with the procedures mentioned in the memo, activities in the first tranche were scrupulously carried out (activity funding, disbursement) and a framework has been established. To accelerate the project, the ministry of health took the following corrective measures:

- ddd [sic] - The recent revitalization of the monitoring unit presided over by the ministry's Secretary General,
- Improved coordination and monitoring process
- Better task distribution within the implementing entities.

9.5. Planned HSS activities for 2014

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

Table 9.4: Planned Activity for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2014 actual expenditures (April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Strengthen skills of health care personnel involved in task shifting (we estimate that at least 60% of activities in the FSP essentially involve the so-called "task	- Train employees concerned (IMS, AA, AN, ASC) at their respective health posts	834000	0		to be done with the remaining amount in the first tranche	834000

shifting" approach).						
	Train 9 organizations in a meeting to distribute and disseminate the SNDT in all each ZCI.	4630000	4630000		Finished with remaining funds	4630000
	- Train 9 trainers on shifted tasks for 2 weeks, at the ESP	2160000	2160000		Finished in May 2014	2183000
	Train 9 local NGOs in contractualization activities	2160000	0			2183000
	- Allocate a bonus equivalent to 50% of the IMS' PZT to each RHS that performs shifted tasks	14665500	0		This activity is planned for the second tranche	14665500
Strengthen the capacities of a local NGO/association/CSO for each ZCI to supply quality contractualized services	- Set up a contract for each NGO and supply the necessary funding for implementation of activities, specifically those related to vaccinations and SMI	2160000	0		This activity is planned for the second tranche	2183000
Sign contracts with civil and military retirees to improve dispensation (including training) of [sic]	- Set up a 6-month contract for each retiree and pay 100,000 UM per month, which is necessary for supplying maternal and child health services in the ZCIs	6480000	0		This activity is planned for the second tranche	6544000
	- Pay a monthly travel stipend of 22,500 UM per retiree	1944000	0		This activity is planned for the second tranche	1944000
In target areas, increase use of vaccination services by mothers of children 0-5 years old and by pregnant women, using an innovative strategy	Purchase equipment for 14 health posts (Berbara , Galab, Oum Limhar, Boutalhaya, N'Tizit , Aghoress and Nterguint)	40800000			in progress, with the remaining amount in the first tranche	39122000
	Revise therapeutic guidelines (consultation + approval + distribution)	2508600	0		This activity is planned for the second tranche	2533000
	- Organize a 3-day "train the trainers" session (MCM) on the GT	1246500	0		This activity is planned for the second tranche	1258000
	- Organize a 3-day training in each Moughataa intended for retired ICPs and nurses who will then train the other employees on the GT.	3870000	0		This activity is planned for the second tranche	3908000
Ensure that free care is available to pregnant women and to mothers of children 0-5 years old in target areas	-Deposit four payments per year into each CSM's account; the amount should correspond to the operational costs resulting from actual use of the health facilities concerned, up to 1 contact per year for each member of the CSM target population	38766600	0 0		This activity is planned for the second tranche	39154000
Provide services that are tailored to isolated communities	- Set up a 6 month contract with a qualified RHS to	6480000	0 0		This activity is planned for the second tranche	6544000

	provide seasonal local care to people in each ZCI (with payment of 100,000 UM)					
	- Pay a monthly travel stipend of 22,500 UM per RHS	1458000	0		This activity is planned for the second tranche	1944000
Encourage preventive care in ZCIs	Pay an annual maintenance bonus of 2,000 US dollars to ZCIs that improved the maintenance of their equipment and infrastructure during the year.	600000	0		In progress for the second tranche	600000
	-Set up a project to raise awareness and provide training to employees in ZCI health facilities	2005500	1896480		Complete	2005500
Make MEs available to operational-level health facilities	Provide health facilities in target areas with adequate operating funds	10800000	9947838		Completed in April 214 [sic]; the first batch of medications was paid for, and we will order a second batch with the second tranche	15298290
Reinvigorate the basic health units (USBs)	Supervision of ZCIs, provided by MCMs	3240000	0			3240000
	Publication/distribution of a document analyzing the USB system's performance	420000	0			420000
	Missions to identify and train community health workers	2341500	2341500		Complete	2341500
	Supply/equip USBs (purchase community kits)	3240000				3240000
	Create collection tools	360000				360000
Develop health care partnerships with communities, using leadership of locally elected officials	Finance the network's action plan	1819500	0		This activity is planned for the second tranche	1819500
	Train municipal councils and mayors to be community liaisons.	2160000	2160000			2160000
	Create a mayors' network in the target zones, to promote vaccination and maternal and child health; prepare an action plan (Educational campaign and 5-day training to validate the RELZCI action plan)	5826000	0			5884260
Management costs	Organize training sessions on budget procedures for management employees (head physicians and others) in ZCIs	1975600				1975600
	- Train 2 DAF employees on procedures for procuring goods and services	4002000	0		To be done with the first tranche	4002000
	Accounting expenses	84000				84840
	Create and publish public RFPs and calls	768000	777000			777000

	for bids					
S&E support costs	Quarterly and annual supervision, and creation of quarterly technical-financial reports and monitoring reports	11502000				11502000
	Perform an audit	91680	1200000		2012 and 2013 audit	1832000
Reinvigorate the completion process	Create a progress monitoring method at all news [sic: should read "levels"]	0	0	2078580	Directorates and districts concerned.	2078580
		181398980	25112818			189250570

9.6. Planned HSS activities for 2015

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

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Activity 1.1: Implement a system of task shifting involving paramedical personnel and community and association-based workers.	Train employees concerned (IMS, AA, AN, ASC) at their respective health posts	800			800
Activity 1.3: Support the contractualization process in order to rapidly implement the National Policy.	- Set up a contract for each NGO and supply the necessary funding for implementation of activities, specifically those related to vaccinations and SMI	32400			32400
	1.3.3: Contractualize civil and military retirees to strengthen the provision of maternal and child health care services (including training) in target areas	26460			26460
	- Set up a 6-month contract for each retiree and pay 100,000 UM per month, which is necessary for supplying maternal and child health services in the ZCIs	21600			21600
	- Pay a monthly travel stipend of 22,500 UM per retiree	4860			4860

	- Allocate a bonus equivalent to 50% of the IMS' PZT to each RHS that performs shifted tasks	53176			5 3176
	Activity 1.2: Build and furnish lodging for public sector personnel in order to retain them by using improved living and working conditions in poor and remote areas.	32000		Activity initially planned for the 2015 tranche, rescheduled to speed up completion.	32,000
Activity 2.1.1: Ensure that free care is available to pregnant women and to mothers of children 0-5 years old in target areas	-Deposit four payments per year into each CSM's account; the amount should correspond to the operational costs resulting from actual use of the health facilities concerned, up to 1 contact per year for each member of the CSM target population	129222			129,222
Activity 2.2: Provide services that are tailored to isolated communities	- Set up a 6 month contract with a qualified RHS to provide seasonal local care to people in each ZCI (with payment of 100,000 UM)	21600			21600
	- Pay a monthly travel stipend of 22,500 UM per RHS	4860			4,860
2.4: Encourage preventive care in ZCIs	- Pay an annual maintenance bonus of 2,000 US dollars to ZCIs that improved the maintenance of their equipment and infrastructure during the year.	2000			2,000
Activity 3.1: Reinvigorate the basic health units (USBs)	3.1.5: Supervision of ZCIs, provided by MCMs 3.1 : Reinvigorate the basic health units (USBs)	10800			10,800
	3.1.6: Publication/distribution of a document analyzing the USB system's performance	1400			1400
Activity 3.3: Develop health care partnerships with communities, using leadership of locally elected officials	3.3.3: Finance the network's action plan	6000			6,000
Support costs	Management costs	2840			2,840

	Accounting expenses	280		280
	Create and publish public RFPs and calls for bids	2560		2,560
	S&E support costs	37566		37,566
	Technical Assistance	3056		3,056
	Perform an annual audit	3020		3,020
		396500		

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount US\$	Duration of support	Type of activities funded
State Budget	433621	Throughout the project	Support the various project components, specifically: - Construction and renovation of health facilities. - training staff - support for free care. - Purchasing medical and cold chain equipment for facilities in the ZCIs -Gas for cold chain equipment - Motivating staff involved in project management

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
2013 sector report and 2014 action plan	The report was approved by the NHDP entities	

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.

No central document archive for the project's studies and reports

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013/4?

Please attach:

1. HSCC meeting minutes for 2014 showing endorsement of this report (**document number: 6.**)
2. The most recent review report for the health sector (**Document number: 22.**)

10. Increasing civil society organization (CSO) participation: type A and type B

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

Mauritania **did NOT receive the support of GAVI type A CSOs**

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

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

Mauritania **did NOT** receive the support of GAVI type B CSOs

Mauritania is not submitting a report on GAVI Type B CSO support for 2013.

11. Comments from ICC/HSCC Chairs

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

- 1- HSS funds must be used for other profitable activities that can have a real impact on vaccination coverage, for example those associated with national NGOs or operational networks.
- 2- GAVI must be able to fund the purchase of all-terrain vehicles for outreach and mobile strategies; countries such as Mauritania need vehicles to go look for children
- 3- GAVI must help launch all funded activities
- 4- GAVI must participate in capacity-building for the EPI managers on staff
- 5- the ICC thanks GAVI for funding new vaccines and HSS in our countries.

12. Appendices

12.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR NEW VACCINE INTRODUCTION GRANT FOR IMMUNIZATION SERVICES SUPPORT (ISS)

I. All countries that have received ISS/new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS I

An example statement of income & expenditure

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	Value in \$USD*
2012 Report (closing balance as of 31 December 2012)	25,392,830	53.000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total revenues	38,987,576	81.375
Total expenditure in 2013	30,592,132	63.852
Closing balance as of 31 December 2013 (2014 report)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2013, 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 US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditure						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2013	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

INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II: Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize 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 will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV: Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS::

An example statement of income & expenditure

Summary of income and expenditure - GAVI HSS		
	Local Currency (CFA)	Value in \$USD*
2012 Report (closing balance as of 31December 2012)	25,392,830	53.000
Summary of income and expenditure - 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total revenues	38,987,576	81.375
Total expenditure in 2013	30,592,132	63.852
Closing balance as of 31 December 2013 (2014 report)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2013, 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 US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditure						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2013	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

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR **THE SUPPORT OF CIVIL SOCIETY ORGANIZATIONS (CSO)** TYPE B

I. All countries that have received CSO "Type B" grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis is to summarize 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 and salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 - Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'TYPE B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure - GAVI CSO		
	Local Currency (CFA)	Value in \$USD*
2012 Report (closing balance as of 31December 2012)	25,392,830	53.000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total revenues	38,987,576	81.375
Total expenditure in 2013	30,592,132	63.852
Closing balance as of 31 December 2013 (2014 report)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2013, 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 US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditure						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2013	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	Attachment	Section	Mandatory	File
1	Minister of Health Signature (or delegated authority)	2.1	<input checked="" type="checkbox"/>	Sign_Min_sante_finances_memb_C_CIA.pdf File desc: Date/time 14/05/2014 06:24:31 Size: 2 MB
2	Minister of Health Signature (or delegated authority)	2.1	<input checked="" type="checkbox"/>	Sign_Min_sante_finances_memb_C_CIA.pdf File desc: Date/time 14/05/2014 6:25:37 AM Size: 2 MB
3	ICC member signatures	2.2	<input checked="" type="checkbox"/>	Sign_Min_sante_finances_memb_C_CIA.pdf File desc: Date/time 14/05/2014 6:26:49 AM Size: 2 MB
4	Minutes of the ICC meeting in 2014 that endorsed the 2013 APR	5.7	<input checked="" type="checkbox"/>	PV_Reunion_validation_RSA_2013.pdf File desc: Date/time 13/05/2014 05:22:25 Size: 3 MB
5	HSCC member signatures	2.3	<input checked="" type="checkbox"/>	Llstes des signataires RSA2013.pdf File desc: Date/time 14/05/2014 10:56:02 AM Size: 1 MB
				Llstes des signataires RSA2013.pdf File desc: , Date/time 14/05/2014 10:59:03 AM Size: 1 MB
6	Minutes of the HSCC meeting in 2014 that endorsed the 2013 APR	9.9.3.	<input checked="" type="checkbox"/>	PV. de Validation du RSA 2013 par LE CONAP.pdf File desc: , Date/time 14/05/2014 11:02:35 AM Size: 1 MB
7	Financial statement for ISS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1.	<input checked="" type="checkbox"/>	Plan_ut_fonds_SSV.pdf File desc: ,,,, Date/time 14/05/2014 6:53:45 AM Size: 654 KB

8	External report audit on ISS grant (fiscal year 2013)	6.2.3.	<input checked="" type="checkbox"/>	NA.pdf File desc: Date/time 14/05/2014 2:17:46 AM Size: 8 KB
9	Post-introduction evaluation report	7.2.2.	<input checked="" type="checkbox"/>	NA.pdf File desc: Date/time 14/05/2014 2:22:25 AM Size: 8 KB
10	Financial statement for grant for introduction of new vaccine (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1.	<input checked="" type="checkbox"/>	Plan ut fonds PCV13.pdf File desc: ,,,, Date/time 14/05/2014 6:54:40 AM Size: 2 MB
11	External audit report for grant for introduction of new vaccine (fiscal year 2013), if total expenditures for 2013 were greater than \$US 250,000	7.3.1.	<input checked="" type="checkbox"/>	NA.pdf File desc: Date/time 14/05/2014 2:23:38 AM Size: 8 KB
12	EVSM/EVM report	7.5	<input checked="" type="checkbox"/>	EVM report Mauritanie 2010 & 2014.zip File desc: Date/time 12/05/2014 01:33:43 Size: 23 MB
13	Latest EVSM/EVM improvement plan	7.5	<input checked="" type="checkbox"/>	Plan amelioration GEV 2010 & 2014.zip File desc: Date/time 12/05/2014 1:35:17 AM Size: 115 KB
14	Progress report on EVSM/EVM improvement plan	7.5	<input checked="" type="checkbox"/>	Rapport Mission CdF Mauritanie 3 - 16 Dec.12 22 02 2013.docx File desc: Date/time 14/05/2014 12:47:11 PM Size: 41 KB
16	Valid cMYP if the country is requesting continued support	7.8	<input type="checkbox"/>	PPaC_Mauritanie2012-2015 22.11.2013 revise.d oc File desc: ,,,, Date/time 14/05/2014 6:55:34 AM Size: 2 MB
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	<input type="checkbox"/>	Copie de Costing Tool 29.12.13.xls File desc: Date/time 13/05/2014 5:23:20 AM Size: 3 MB

18	Report of the ICC meeting approving an extension of immunization support, if applicable	7.8	<input type="checkbox"/>	NA.pdf File desc: Date/time 14/05/2014 2:24:49 AM Size: 8 KB
19	Financial statement for HSS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3.	<input checked="" type="checkbox"/>	Etats financiers 2013.docx File desc: Date/time 14/05/2014 11:26:16 AM Size: 705 KB
20	Financial statement for HSS grant for January-April 2014 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3.	<input checked="" type="checkbox"/>	Etats financiers 2014.docx File desc: Date/time 14/05/2014 11:18:03 AM Size: 705 KB
21	External audit report for HSS grant (fiscal year 2013)	9.1.3.	<input checked="" type="checkbox"/>	Attestation d'Audit.pdf File desc: , Date/time 14/05/2014 11:32:52 AM Size: 273 KB
22	Health Sector Review Report - HSS	9.9.3.	<input checked="" type="checkbox"/>	Bilan 2013 et Plan d'action 2014 VERSION DEFINITIVE.pdf File desc: Date/time 30/04/2014 08:45:06 Size: 3 MB
23	Rapport du recensement - soutien aux OSC type A	10.1.1.	<input type="checkbox"/>	No file uploaded
24	Financial statement for allocation of funding to type B CSOs (fiscal year 2013)	10.2.4.	<input type="checkbox"/>	No file uploaded
25	External audit report for type B CSO grant (fiscal year 2013)	10.2.4.	<input type="checkbox"/>	No file uploaded
26	Bank statements for each cash programme, or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) January 1st, 2013 and (ii) December 31st, 2012	0	<input checked="" type="checkbox"/>	Releve compte bancaire 2013.pdf File desc: ,,,, Date/time 14/05/2014 6:56:28 AM Size: 2 MB

27	compte_rendu_reunion_ccia_changement_presentati on_vaccin	7.7	<input checked="" type="checkbox"/>	PV-Reunion_changement de forme_vaccin_pentavalent.pdf File desc: ,,,, Date/time 14/05/2014 6:44:12 AM Size: 1 MB
Other documents				<input checked="" type="checkbox"/> PV de Validtion du PA.pdf File desc: Date/time 14/05/2014 11:55:23 AM Size: 2 MB
				Relevé Bancaire RSS.pdf File desc: Date/time 14/05/2014 11:51:35 AM Size: 643 KB
				Données sur les ZCI.pdf File desc: ,,, Date/time 14/05/2014 12:03:13 PM Size: 273 KB
				Rapport SANTE DEF.pdf File desc: ,,,,,, Date/time 14/05/2014 12:00:53 PM Size: 1 MB