GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of

Niger

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 13:16:38**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC 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 its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, liquid	DPT-HepB-Hib, 1 doses/vial, lyophilized	2011
NVS	Antiamaril, 10 doses/vial,lyophilised	Anti-amaril, 10 doses/vial, lyophilized	2011

Programme extension

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DPT-HepB-Hib, 1 dose/vial, Liquid	2012	2015	
New Vaccines Support	Yellow Fever, 10 doses/vial, Lyophilized	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010
HSS	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Niger 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 Niger

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	SOUMANA SANDA	**Name**	OUHOUMOUDOU MAHAMADOU
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
ABDOULAYE Lado	HEAD OF IMMUNISATIONS DIVISION	/0022720752073/ 0022796539575	ablado19@hotmail.com	

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

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

2.2.1. ICC report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
MANZILA TARANDE CONSTANT, Representative	WHO			
GUIDO CORNALE, Representative	UNICEF			
ALI BONDIERE, President	RED CROSS NIGER			
AKIRA NISHIMOTO, Representative	JICA			
MARILY KNIERIEMEN, Representative	HKI			
RHEAL DRUSDELLE, Representative	PLAN NIGER			
IDE DJERMAKOYE, President	NOAHSN			
ESPERANCE KLUGAN, National Director	WORLD VISION			
GASTON KABA President	ROTARY INTERNATIONAL			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - NOT APPLICABLE, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Niger's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	896,930	925,434	955,974	987,521	1,020,109	1,053,773
Total infants' deaths	76,216	74,960	77,434	79,989	82,629	85,356
Total surviving infants	820,714	850,474	878,540	907,532	937,480	968,417
Total pregnant women	896,930	925,434	955,974	987,521	1,020,109	1,053,773
# of infants vaccinated (to be vaccinated) with BCG	852,755	832,891	879,496	918,394	958,903	1,001,084
BCG coverage (%) *	95%	90%	92%	93%	94%	95%
# of infants vaccinated (to be vaccinated) with OPV3	759,572	748,417	790,686	834,929	881,231	919,996
OPV3 coverage (%) **	93%	88%	90%	92%	94%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	818,568	807,950	878,540	907,532	937,480	968,417
# of infants vaccinated (to be vaccinated) with DTP3 ***	759,376	748,417	790,686	834,929	881,231	919,996
DTP3 coverage (%) **	93%	88%	90%	92%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	818,568	807,950	834,613	880,306	928,105	968,417
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	759,376	748,417	790,686	834,929	881,231	919,996
3rd dose coverage (%) **	93%	88%	90%	92%	94%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	675,696	722,903	773,115	816,779	862,482	919,996
Yellow Fever coverage (%) **	82%	85%	88%	90%	92%	95%
Wastage[1] rate in base-year and planned thereafter (%)	20%	20%	20%	20%	20%	20%
Wastage[1] factor in base-year and planned thereafter	1.25	1.25	1.25	1.25	1.25	1.25
Infants vaccinated (to be vaccinated) with 1st dose of Measles	731,147	722,903	773,115	816,779	862,482	919,996
Measles coverage (%) **	89%	85%	88%	90%	92%	95%
Pregnant women vaccinated with TT+	758,620	814,382	860,377	908,519	958,902	1,001,084
TT+ coverage (%) ****	85%	88%	90%	92%	94%	95%
Vit A supplement to mothers within 6 weeks from delivery	97,302	110,000				
Vit A supplement to infants after 6 months	438,398	697,311	697,311	723,877	747,206	771,336
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	7%	7%	10%	8%	6%	5%

* 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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

Refer next paragraph

Provide justification for any changes in **surviving infants**

The Ministry of Public Health in consultation with its partners decided to revise the denominators upwards used in the strict routine EPI for the following reasons:

-children under one year immunized during NIDs are consistently above the target EPI; while the quality of NIDs is relatively good.

-Discrepancy results from 2 coverage surveys executed with administrative cover rates. Indeed, a difference of 23% was observed between survey and administrative coverage.

- Consistency between the results of these surveys and coverage rate would be observed if we took NID population as target population.

-Performances of some districts were able to achieve and even exceed NID targets.

Based on these observations, the estimated target population from the last general census of population conducted in 2001 appears to under-estimate the actual number of children under 11 months. Population immunized during NID is closer to reality, which is why this population is now the basis for calculating the target. This change is maintained until a new population census which is planned in 2012.

Provide justification for any changes in **targets by vaccine**

Results from the program review in 2010 led to a downward revision of coverage objectives per antigen for the first 2 years of cMYP to reflect gross rates found by the survey.

Provide justification for any changes in **wastage by vaccine**

The same loss rates mentioned in cMYP 2007-2010 was carried over to cMYP 2011-2015, except for Penta vaccine whose loss rate will change with the use of 10-dose vials from 2011.

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

A slight variation of coverage was recorded in 2010 with an increase ranging from 2 to 4 points compared to 2009 for the following antigens: OPV 1 & 3; MV and ATV2+. For the antigens, BCG, Penta 1&3 and AAV, their coverage rate remained constant compared to 2009. Only the AAV antigen saw a slight regression of 2 points (82%). Despite the non-achievement of objectives of 95% fixed by EPI Niger in 2010, one of the objectives of GIVS, namely "achieve a vaccine coverage rate of 90% at national level" was executed. Note that 90.5% of health districts have a coverage of Penta 3 of more than or equal to 80%

.

• Four health districts did not achieve 80% of Penta 3 coverage, and a downward trend of performances can be seen in these districts ranging from 2 to 15 points. Among the basic reasons, weakness in health coverage, existence of social constraints that keep the women in seclusion, inadequate awareness of mothers on the immunization schedule and importance of immunization can also be cited. The implemented solutions have focused on increased communication with mothers on immunization schedule, immunization dates and importance of immunization (in interpersonal immunization units, mass-media, and other appropriate channels), improvement of access to immunization services by integration of immunization services and involvement of health cases, strengthening of advanced and integrated mobile strategies.

Coverage rate in OPV3 is 92% in 2010 compared to 88% in 2009 or a gain of 4 points. MV coverage still remains low despite an upward trend of 2 points when compared to 2009. It is 89% with only 10 districts having a coverage of more than or equal to 95%. Cover of ATV2 and + is 85% compared to 81% in 2009, or a gain of 4 points. Number of non-immunized children in Penta 3 rose to 64,236 in 2010 as against 57,797 at the end of 2009.

In terms of vaccine coverage survey: The nutrition health survey of 2010 organised by the Ministry of Health, INS and partners on UNICEF funding gives a coverage rate of 70% in DPT-HepB-Hib/OPV, 69% for MV, 75% for ATV2 and +. The vaccine coverage survey conducted during the EPI review in July 2010, gives the following gross results (card history): BCG: 89%; Penta1:89; Penta3:78%; OPV1:88%; OPV3:77%; MV: 72%; AAV: 71%; ATV2+: 82%. These results show that although there are deviations from administrative data, progress has been achieved on all the antigens. Also Penta3 moved from 65% to 70% between 2009 and 2010 according to the survival and nutrition survey.

Main activities executed in 2010 are:

- External review of EPI ;
- Development of cMYP 2011-2015;
- Application of DQS at districts;
- Monitoring of data and distribution of a monthly retro-information bulletin to districts and regions;
- Conduct of regular meetings of ICC and its sub-commissions;
- Training of core team members and CSI heads of the Say health district in RED approach
- Execution of routine immunization activities by advanced and mobile strategies decentralized in several Districts supported by partners such as UNICEF;
- Conduct of four national rounds of NIDs and two local rounds of immunization against polio.
- Strengthening of the cold chain (Refrigerators, Freezers, vaccine-ports) in 22 districts.

Main constraints encountered in 2010 are:

Among the major problems are:

- Lack of information of mothers on immunization remains a concern in majority of the regions especially with respect to immunization dates (4% in 2001 to 24% in 2010) and importance of immunization (8% in 2001 to 17%)
- Persistence of certain constraints like occupation of mothers (8% to 17%), long distance (14% against 13%), non-courteous health officers (3% and 3%)
- Non-payment situation of a part of co-financing by Niger on purchase of vaccines in 2010, which corresponds to 189,000,000 CFA Francs.
- Strong dependence of EPI Niger on external funding.

Recommendations for curbing them are the following:

1. Prepare a memo to the Minister of Health to enable him to explain to the President of the Republic, of the current problem of EPI in order to mobilize the 189 million CFA Francs quickly.

2. Make an appeal to the Government and National Assembly to increase the immunization budget and release it on time. To ensure this, it was recommended to deposit funds in the UNICEF Niger account at the beginning of each year for the procurement of vaccines.
3. Make the inter-ministerial committee responsible for follow-up of the Vaccine Independence Initiative
4. Strengthen mechanisms of follow-up and control of the use of resources.

5.2.2.

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

Strengthening immunization activities was done in all districts through the provision of additional resources (fuel, food) to reach out-of-reach populations in decentralized advanced and mobile strategies These activities were conducted differently at district level with resources mobilized with local partners, as GAVI funds were suspended. Coordination by the central level failed, as only one of the four scheduled supervisions were carried out during the year 2010.

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? Yes

If Yes, please give a brief description on how you have achieved the equal access.

Gender equality was practiced during immunization campaigns against certain endemic diseases like H1N1 influenza and meningitis.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

Involvement of women's organizations in educating their peers and immunization of their children can be noted as a success, inclusion of women (as mixed team for immunization or social mobilization) led to a better awareness among both genders on the importance of immunization either routine or mass campaign. As difficulties, it is necessary to mention the existence of villages/confinement areas where women have little access to immunization services, workload of women in rural areas and limited access to certain zones.

5.3. Data assessments

5.3.1.

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)*****.

Differences observed between administrative data and those of vaccine coverage surveys, come from: i) non-adherence to immunization schedule by vaccination officers with 20% of invalid doses for Penta3; ii) Immunization of children in low range (beyond one year) 2% as per the survey results of 2010; iii) inadequacy in preserving

immunization documents by mothers; iv) WHO/UNICEF estimation is entirely based on the vaccine coverage survey data.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

A data quality audit (DQS) was executed in 13 districts in 2010 in addition to 25 others audited in 2009.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Training of officers at EPI operational level, training of all departmental and regional coordinators in computerized data management, training of ECD and regional health officers on data quality audit (DQS)

5.3.4.

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

cMYP 2011-2015 plans for the supervision of data quality, training of health officers and execution of DQS at all levels. Regular surveys on vaccine coverage will be executed at households with retro-information to officers involved in immunization.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 465	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name**	**Donor name**	**Donor name**	
Traditional Vaccines*	1,803,557	1,803,557	0	0	0				
New Vaccines	7,462,920		7,462,920	0	0				
Injection supplies with AD syringes	165,432	0	165,432	0	0				
Injection supply with syringes other than ADs	1,040	0	1,040	0	0				
Cold Chain equipment	0	0	0		0				
Personnel									
Other operational costs				759,337					
Supplemental Immunisation Activities	6,916,269	1,397,849	0		4,759,083				
Safety box	21,683	0	21,683	0	0				
Total Expenditures for Immunisation	*16,370,901*								
Total Government Health		3,201,406	7,651,075	759,337	4,759,083				

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,001,309	1,054,929	
New Vaccines	7,282,633	19,034,584	
Injection supplies with AD syringes	713,478	809,525	
Injection supply with syringes other than ADs			
Cold Chain equipment	243,703	245,012	
Personnel	1,463,331	1,576,645	
Other operational costs			
Supplemental Immunisation Activities	5,414,386	5,657,253	
Under-used vaccines	3,438,022	3,602,703	
Total Expenditures for Immunisation	19,556,862	31,980,651	

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

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

State budget allocated to health sector has been increasing since 2006; in addition, there are prospects for exploitation of mineral resources and oil.
This suggests an improvement in the volume of funding of health sector. However, the funding is still low compared to 15% recommended by the meeting of Heads of State in Abuja, Nigeria in 2001. If the current growth rates (4.3%) of Gross National Revenue (GNR) and funding to the sector are maintained, the State will ensure the funding of recurring charges.
Implementation of the law on decentralization will also contribute to the increase in level of funding of health by the communities.
Niger prepared a document for global strengthening of health system. Other technical and financial partners (TFP) such as Global Funds and common Funds of the health sector of Niger are committed to the funding of this plan. Ministry of Public Health provides a scope of concentration and coordination of TFPs, responsible for steering of funding of activities at different levels. The availability of resources also requires effective release and the mobilization of the additional resources to reabsorb the financial gap in time of firm contributions. For this purpose, the financial durability strategies of PEV will be articulated around 3 axes which are:

- Axis 1 Mobilization of additional resources ;
- Axis 2 Improvement of reliability of resources;
- Axis 3 Improvement of efficiency in the use of available resources.

The implementation of strategic axes presented above will enable to reduce the actual financial gaps and to increase the financial contributions of the State, local, national and development partners.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

-Mobilize and secure funds for the purchase of traditional vaccines and funding of new vaccines

-Improve quality of immunization services in order to reduce the difference between administrative vaccine coverage and survey.

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
Network of Organizations and Associations of health sector at Niger (NOAHSN), Association of private sector of health, MSF, HKI, Save the Children, Plan Niger	
Association of private sector of health,	
World Vision, Red Cross, Plan Niger…	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

1. The main objectives for the period 2011 - 2012 are:

- Increase vaccine coverage for each of the antigens
- Improve quality of immunization data
- Introduce vaccine against PCV13
- Strengthen capabilities of the cold chain
- Achieve required performances with regards to surveillance
- Interrupt the spread of wild poliovirus.
- Strengthen pre-elimination of measles
- Control Yellow-fever
- Strengthen elimination of Maternal and Neonatal Tetanus
- Eliminate epidemics from meningitis to meningococcal A

2. The priority activities for 2011-2012:

- Prepare the request for the introduction of vaccine against PCV13 and Rotavirus
- Introduce PCV13 in 2012
- Prepare JRF 2010
- Implement special plan for the reduction of number of non-immunized children in 2010
- Prepare Integrated strategic communication plan (ICP)
- Strengthen capabilities of RED and immunization technical staff
- Implement approach to reach each district

- Continue Polio, measles and MTN campaigns
- Organize MenAfriVac immunization campaign in remaining regions
- Strengthen planning, supervision of activities, implementation of DQS and evaluation.
- Ensure monitoring of EPI at all levels.
- Strengthen activities of social mobilization in favor of immunization
- Ensure regular conduct of regional coordination and ICC meetings at national level.
- Assess vaccine management and inventory of cold chain equipments
- Prepare EPI logistics plan Equip health units with cold chain materials.
- Ensure continuous availability of antigens in health units
- Appeal to secure funding from the national budget for the procurement of vaccines and their timely release.
- Take into account the recommendations of external audit
- Develop staff capabilities (RED training, pneumo, vaccine techniques)
- Organize vaccine coverage surveys

5.7. 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 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	2ml AD BCG and dilution syringes	GOVERNMENT	
Measles	AD syringes (ADS) and DS 5 ml	GOVERNMENT	
TT	AD syringes (ADS)	GOVERNMENT/UNICEF	
DTP-containing vaccine	AD syringes (ADS)	GOVERNMENTGAVI	

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? (Please report in box below)

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

Main obstacles faced are: i) use of routine ADS for management of emergencies; ii) non-compliance of “BATCH” system as well as the receipt of vaccines at central level and their delivery in regions and districts

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Sharp wastes are collected in safety boxes, self destroyed by incineration followed by burial.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 468,000
Remaining funds (carry over) from 2009	US$ 0
Balance carried over to 2011	US$ 456,448

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

As the amount was released towards the end of the year, it was not used for strengthening of immunization activities. The 11,551.79 USD released were used to support the audit costs.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

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

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

GAVI funds were managed by the Minister of Public Health through a bank account. A committee selected from the same Ministry proposes the expenses to be made to ICC, which should be theoretically approved. Also a check is issued with 2 signatures:

- by the ICC President or by delegation to the finance controller of the Ministry of Health
- by the Head of Immunization Division

ICC meetings allow the follow-up of physical execution and planned activities. All the forecasts and

expenses were included in the annual action plan of the Division, which itself is part of the action plan and national budget. GAVI funds (468,000 USD) suspended in 2009 were released in late 2010, which did not use it to achieve the majority of planned activities.

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

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

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

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2000	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			741,781	759,376
2	Number of **additional** infants that are reported to be vaccinated with DTP3				17,595
3	Calculating	$20	per additional child vaccinated with DTP3		351,900
4	**Rounded-up estimate of expected reward**				**352,000**

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.
** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DPT-HepB-Hib	2,417,500	2,679,200		
Yellow Fever	233,800	732,000		

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

If numbers [A] and [B] above are different

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

The lag in release of funds causes the delay in the delivery of various orders. Hence most of the doses received are from 2009 orders.

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

At different occasions (individual audiences, cabinet council), the minister of health made an appeal for the approval of the Minister of finances and economy to release funds for the purchase of vaccines on time. On recommendation from ICC the representatives of UNICEF and WHO equally supported this appeal to the Minister of Health.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	NOT APPLICABLE	
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned? NOT APPLICABLE

If your country conducted a PIE in the past two years, please attach relevant reports (Document No NOT APPLICABLE)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, liquid	1,846,500	615,500
2nd Awarded Vaccine Antiamaril, 10 doses/vial,lyophilised	1,140,480	1,267,200
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	GOVERNMENT OF THE REPUBLIC OF NIGER
Other	

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. Delay in the release of funds from co-financing by the government
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DPT-HepB-Hib, 1 dose/vial, liquid	3
2nd Awarded Vaccine Antiamaril, 10 doses/vial, lyophilised	3
3rd Awarded Vaccine	

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/resources/9___Co_Financing_Default_Policy.pdf.

ICC meeting held on 12 May made the following recommendations to solve the problem of non-payment of co-financing:
1.Prepare a memo to the Minister of Health to enable him to explain to the President of the Republic of the current problem of EPI in order to mobilize the 189 million CFA Francs quickly.
2.Make an appeal to the Government and the National Assembly for the release of immunization funds. To ensure this, it was recommended to deposit funds in the UNICEF Niger account at the beginning of each year for the procurement of vaccines.

3.Revive the inter-ministerial committee responsible for follow-up of the Vaccine Independence Initiative.

4.Strengthen the follow-up and control mechanisms for the utilization of resources.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 01.04.2011

When was the last Vaccine Management Assessment (VMA) conducted? 01.11.2007

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° N/A)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

EVM report awaited

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.04.2013

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance

of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

N/A

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No N/A) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements:

If you don't confirm, please explain

The Country confirms that the request for the support to new vaccines is in compliance with section 7.9.

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD syringe	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, liquid	2	1.600				
DTP-HepB, 10 doses/vial, liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial,lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/vial, liquid	1					
HepB monovalent, 2 doses/vial, liquid	2					
Hib monovalent, 1 dose/vial,lyophilised	1	3.400				
Measles, 10 doses/vial,lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococal (PCV13), 1 dose/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
pentavalent reconsititution syringe	0	0.032	0.032	0.032	0.032	0.032
Antiamaril reconstitution syringe	0	0.038	0.038	0.038	0.038	0.038
2 dose schedule for rotavirus	1	7.500	6.000	5.000	4.000	3.600
3 dose schedule for rotavirus	1	5.500	4.000	3.333	2.667	2.400
Safety boxes	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/vial,lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/vial,lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	850,474	878,540	907,532	937,480	968,417		4,542,443
Number of children to be vaccinated with the third dose	Table 1	#	748,417	790,686	834,929	881,231	919,996		4,175,259
Immunisation coverage with the third dose	Table 1	#	88%	90%	92%	94%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	807,950	834,613	880,306	928,105	968,417		4,419,391
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Faible revenu

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		2,448,300	2,581,700	2,688,400	2,771,700	10,490,100
Number of AD syringes	#		2,589,200	2,730,900	2,843,900	2,931,600	11,095,600
Number of re-constitution syringes	#		0	0	0	0	0

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of safety boxes	#		28,750	30,325	31,575	32,550	123,200
Total value to be co-financed by GAVI	*$*		6,430,000	6,380,000	5,836,500	5,501,000	24,147,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		201,900	227,400	272,800	310,700	1,012,800
Number of AD syringes	#		213,500	240,500	288,600	328,600	1,071,200
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		2,375	2,675	3,225	3,650	11,925
Total value to be co-financed by the country	*$*		530,500	562,000	592,500	616,500	2,301,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			8.09%			9.21%			10.08%		
B	**Number of children to be vaccinated with the first dose**	Table 1	807,950	834,613	63,557	771,056	880,306	71,248	809,058	928,105	85,501	842,604	968,417	97,590	870,827
C	**Number of doses per child**	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
		(schedule)													
D	**Number of doses needed**	B x C	2,423,850	2,503,839	190,670	2,313,169	2,640,918	213,742	2,427,176	2,784,315	256,503	2,527,812	2,905,251	292,768	2,612,483
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	2,545,043	2,629,031	200,203	2,428,828	2,772,964	224,429	2,548,535	2,923,531	269,328	2,654,203	3,050,514	307,407	2,743,107
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		20,997	1,599	19,398	35,984	2,913	33,071	37,642	3,468	34,174	31,746	3,200	28,546
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		2,650,028	201,802	2,448,226	2,808,948	227,341	2,581,607	2,961,173	272,796	2,688,377	3,082,260	310,606	2,771,654
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		2,802,568	213,418	2,589,150	2,971,362	240,486	2,730,876	3,132,373	288,567	2,843,806	3,260,067	328,524	2,931,543
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		31,109	2,369	28,740	32,983	2,670	30,313	34,770	3,204	31,566	36,187	3,647	32,540

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
N	Cost of vaccines needed	I x g		6,545,570	498,451	6,047,119	6,516,760	527,431	5,989,329	6,011,182	553,775	5,457,407	5,702,181	574,620	5,127,561
O	Cost of AD syringes needed	K x ca		148,537	11,312	137,225	157,483	12,746	144,737	166,016	15,295	150,721	172,784	17,412	155,372
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		19,910	1,517	18,393	21,110	1,709	19,401	22,253	2,051	20,202	23,160	2,334	20,826
R	Freight cost for vaccines needed	N x fv		229,095	17,446	211,649	228,087	18,461	209,626	210,392	19,383	191,009	199,577	20,112	179,465
S	Freight cost for devices needed	(O+P+Q) x fd		16,845	1,283	15,562	17,860	1,446	16,414	18,827	1,735	17,092	19,595	1,975	17,620
T	Total fund needed	(N+O+P+Q+R+S)		6,959,957	530,006	6,429,951	6,941,300	561,790	6,379,510	6,428,670	592,235	5,836,435	6,117,297	616,452	5,500,845
U	Total country co-financing	I 3 cc		530,006			561,790			592,235			616,452		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	850,474	878,540	907,532	937,480	968,417		4,542,443
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	85%	88%	90%	92%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	722,903	773,115	816,779	862,482	919,996		4,095,275
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.25	1.25	1.25	1.25	1.25		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		$	0.72	0.72	0.72	0.72	0.72		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Faible revenu

	2011	2012	2013	2014	2015
Minimum co-financing	0.72	0.20	0.20	0.20	0.20
Your co-financing	0.72	0.72	0.72	0.72	0.72

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		279,300	294,200	310,600	332,100	1,216,200
Number of AD syringes	#		249,000	262,100	276,700	296,100	1,083,900
Number of re-constitution syringes	#		31,000	32,700	34,500	36,900	135,100
Number of safety boxes	#		3,125	3,275	3,475	3,700	13,575
Total value to be co-financed by GAVI	*$*		281,000	296,000	312,500	334,500	1,224,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		702,900	740,500	781,900	835,900	3,061,200
Number of AD syringes	#		626,700	659,800	696,600	745,200	2,728,300
Number of re-constitution syringes	#		78,100	82,200	86,800	92,800	339,900
Number of safety boxes	#		7,825	8,250	8,700	9,325	34,100
Total value to be co-financed by the country	*$*		707,500	745,000	787,000	841,000	3,080,500

Table 7.2.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			71.57%			71.57%			71.57%			71.57%		

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
B	Number of children to be vaccinated with the first dose	Table 1	722,903	773,115	553,293	219,822	816,779	584,566	232,213	862,482	617,276	245,206	919,996	658,417	261,579
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	722,903	773,115	553,293	219,822	816,779	584,566	232,213	862,482	617,276	245,206	919,996	658,417	261,579
E	Estimated vaccine wastage factor	Wastage factor table	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25
F	Number of doses needed including wastage	D x E	903,629	966,394	691,617	274,777	1,020,974	730,708	290,266	1,078,103	771,596	306,507	1,149,995	823,021	326,974
G	Vaccines buffer stock	(F – F of previous year) * 0.25		15,692	11,231	4,461	13,645	9,766	3,879	14,283	10,223	4,060	17,973	12,863	5,110
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		982,086	702,847	279,239	1,034,619	740,473	294,146	1,092,386	781,818	310,568	1,167,968	835,884	332,084
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		875,576	626,621	248,955	921,771	659,709	262,062	973,210	696,524	276,686	1,041,146	745,121	296,025
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		109,012	78,017	30,995	114,843	82,193	32,650	121,255	86,782	34,473	129,645	92,784	36,861

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		10,929	7,822	3,107	11,507	8,236	3,271	12,149	8,696	3,453	12,996	9,301	3,695
N	Cost of vaccines needed	I x g		840,666	601,638	239,028	885,634	633,845	251,789	935,083	669,237	265,846	999,781	715,517	284,264
O	Cost of AD syringes needed	K x ca		46,406	33,212	13,194	48,854	34,965	13,889	51,581	36,917	14,664	55,181	39,492	15,689
P	Cost of reconstitution syringes needed	L x cr		4,143	2,966	1,177	4,365	3,125	1,240	4,608	3,298	1,310	4,927	3,527	1,400
Q	Cost of safety boxes needed	M x cs		6,995	5,007	1,988	7,365	5,272	2,093	7,776	5,566	2,210	8,318	5,953	2,365
R	Freight cost for vaccines needed	N x fv		84,067	60,164	23,903	88,564	63,385	25,179	93,509	66,925	26,584	99,979	71,553	28,426
S	Freight cost for devices needed	(O+P+Q) x fd		5,755	4,119	1,636	6,059	4,337	1,722	6,397	4,579	1,818	6,843	4,898	1,945
T	Total fund needed	(N+O+P+Q+R+S)		988,032	707,102	280,930	1,040,841	744,926	295,915	1,098,954	786,518	312,436	1,175,029	840,937	334,092
U	Total country co-financing	I 3 cc		707,102			744,926			786,518			840,937		
V	Country co-financing % of GAVI supported proportion	U / T		71.57%			71.57%			71.57%			71.57%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

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

Despite regular conduct of meetings adhering to calendar established in 2010, there is a need to increase their frequency in order to follow-up better the resolution of problems and implementation of decisions taken. Among the priority issues to be resolved, the President of ICC will make every effort to strengthen the appeal with the Ministry of Finance and Economy, National Assembly and Government for the release of part of the community contribution not paid in 2010 amounting to 189 million. The same appeal will continue to secure and release on time the funds from the State dedicated to the purchase of vaccines and consumables. ICC will ensure, better than in the past, to monitor the transparent management of all the resources provided to EPI. To enable EPI to correctly acquire its responsibilities, the ICC will continue the appeal so that the Immunization division is built with the national directorate in accordance to the commitments made in the cMYP 2011-2015. As the ICC is a decision-making body, the ICC President will ensure that the designated members effectively participate in the meetings or represent by high-level representations.

Finally, given the problems that are identified by the audit report on the management of funds allocated for the support of immunization services and that of the external review of the ministry will ensure the implementation of recommendations from these assessments and will make necessary changes to improve the situation.

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)

   b. Income received from GAVI during 2010

   c. Other income received during 2010 (interest, fees, etc)

   d. Total expenditure during the calendar year

   e. Closing balance as of 31 December 2010

   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 **(balance as of *31Decembre 2008*)**	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 **(balance carried forward to 2010)**	60,139,325	125,523

*** An average rate of CFA 479,11 = UD 1 applied.**

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.**

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. **All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.**

   a. **Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)**

   b. **Income received from GAVI during 2010**

   c. **Other income received during 2010 (interest, fees, etc)**

   d. **Total expenditure during the calendar year**

   e. **Closing balance as of 31 December 2010**

   f. **A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.**

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 **(balance as of *31Decembre 2008*)**	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 **(balance carried forward to 2010)**	60,139,325	125,523

*** An average rate of CFA 479,11 = UD 1 applied.**

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.**

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. **All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.**

a. **Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)**

b. **Income received from GAVI during 2010**

c. **Other income received during 2010 (interest, fees, etc)**

d. **Total expenditure during the calendar year**

e. **Closing balance as of 31 December 2010**

f. **A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.**

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 **(balance as of *31Decembre 2008*)**	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 **(balance carried forward to 2010)**	60,139,325	125,523

*** An average rate of CFA 479,11 = UD 1 applied.**

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Oui
Signature of Minister of Finance (or delegated authority)		9	Oui
Signatures of members of ICC		10	Oui
Signatures of members of HSCC		2	Oui
Minutes of ICC meetings in 2010		3	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		4, 11	Oui
Minutes of HSCC meetings in 2010		5	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		6	Oui
Financial Statement for ISS grant in 2010		7	Oui
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		8	Oui
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		13	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: **Use the** *Upload file* **arrow icon to upload the document. Use the** *Delete item* **icon to delete a line. To add new lines click on the** *New item* **icon in the** *Action* **column.**

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signatures of 5 members of ICC.	**File name:** Pages de singnatures des Ministres de la Santé Publique et de l'Economie et des Finnaces.docx **Date/Time:** 01.06.2011 13:08:28 **Size:** 85 KB		
2	**File Type:** Signatures of members of HSCC * **File Desc:** Not applicable, committee does not exist	**File name:** Compte rendu réunions du CCSS en 2010.doc **Date/Time:** 24.05.2011 11:59:42 **Size:** 19 KB		
3	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 4 reports	**File name:** Compte rendu réunion CCIA 2010.docx **Date/Time:** 24.05.2011 12:05:36 **Size:** 908 KB		
4	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	réunion CCIA avalisant le RAS 2010.docx **Date/Time:** 24.05.2011 12:07:18 **Size:** 220 KB		
5	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Not applicable, committee does not exist	**File name:** Compte rendu réunions du CCSS en 2010.doc **Date/Time:** 24.05.2011 12:10:38 **Size:** 19 KB		
6	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Not applicable	**File name:** Compte rendu réunion CCSS en 2011 avalisant le RAS.doc **Date/Time:** 24.05.2011 12:12:47 **Size:** 19 KB		
7	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Funds arrived in November 2010 (468000, 2007 compensation suspended), remaining 456480 USD transferred in common funds	**File name:** etat financier 2010 et 2011.docx **Date/Time:** 24.05.2011 12:26:39 **Size:** 327 KB		
8	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** Not applicable, funds not yet allocated to the country	**File name:** Etat financier pour RSS en 2010.doc **Date/Time:** 24.05.2011 12:28:14 **Size:** 19 KB		
9	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** Pages de singnatures des Ministres de la Santé Publique et de l'Economie et des Finnaces.docx **Date/Time:** 01.06.2011 13:10:52 **Size:** 85 KB		
10	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** Doc1.docx **Date/Time:** 01.06.2011 13:15:29 **Size:** 88 KB		
11	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** liste de présence Réunion CCIA du 12 Mai 2011 pour la soumossion des NV.doc **Date/Time:** 14.06.2011 11:41:54 **Size:** 231 KB		
12	**File Type:** other **File Desc:** Introduction plan	**File name:** plan_d'utilisation_de_l'alocation_GAVI_pneuccoque.xls **Date/Time:** 23.06.2011 12:03:39 **Size:** 19 KB		
13	**File Type:** new cMYP starting 2012 **File Desc:** Niger's cMYP 2011-2015	**File name:** Niger - PPAC 2011-2015.doc **Date/Time:** 28.06.2011 09:43:58		

ID	File type Description	File name Date and Time Size	New file	Actions
		Size: 1 MB		
14	**File Type:** other **File Desc:** Email confirming targets and co-financing	**File name:** RE Rapport de Situation Annuel - informations manquants - Niger.msg **Date/Time:** 08.07.2011 08:47:28 **Size:** 72 KB		

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