GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Niger

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/14/2013 7:33:27 AM**

Deadline for submission: 9/24/2013

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

By signing this page, the Government of 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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	SOUMANA SANDA	**Name**	ABDOU MAIDAGI
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
HAMADOU OUSSEINI ADAMOU	Directeur des Immunisations	00 227 96 83 13 92	adamhama@yahoo.ca
IDE HINSA	DATA MANAGER EPI	00 227 97 50 70 12	hinsaide@yahoo.fr
ABDOU MOUDJIBOU CHITOU	POINT FOCAL PEV UNICEF	00 227 20 72 71 26 / 96 35 32 32	mchitou@unicef.org
GAHONGANO GERVAIS	POINT FOCAL PEV OMS	00 227 20 75 20 39 / 96 84 68 68	gahonganog@ne.afro.who.int
OUSMANE OUMAROU	POINT FOCAL RSS/ DIRECTEUR DES ETUDES ET DE LA PLANIFICATION	00 227 97 78 35 58	oumarou1961@yahoo.fr
MAGAGI GAGARA	POINT FOCAL RSS OMS	00 227 20 75 20 39 / 96 96 54 14	gagaram@ne.afro.who.int

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
ASSIMAWE PANA	OMS		

GUIDO CORNALE Rprésentant	UNICEF		
GASTON KABA Président	ROTARY INTERNATIONAL		
ALI BONDIERE Président	CROIX ROUGE		
ZAKARI MADOUGOU	HKI		
Représentant	JICA		
Représentant	WORLD VISION		
IDE DJERMAKOYE	ROASSN		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

SO	SO		

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)

Niger is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

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

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	955,974	948,465	987,521	987,521	1,020,109	1,020,109	1,053,773	1,053,773
Total infants' deaths	77,434	73,864	79,989	79,989	82,629	82,629	85,356	85,356
Total surviving infants	878540	874,601	907,532	907,532	937,480	937,480	968,417	968,417
Total pregnant women	955,974	948,465	987,521	987,521	1,020,109	1,020,109	1,053,773	1,053,773
Number of infants vaccinated (to be vaccinated) with BCG	879,496	939,513	918,394	918,394	958,903	958,903	1,001,084	1,001,084
BCG coverage	92 %	99 %	93 %	93 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	790,686	831,358	834,929	834,929	881,231	881,231	919,996	919,996
OPV3 coverage	90 %	95 %	92 %	92 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	878,540	909,341	907,532	907,532	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with DTP3	790,686	835,264	834,929	834,929	881,231	881,231	919,996	919,996
DTP3 coverage	90 %	96 %	92 %	92 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	834,613	909,341	907,532	907,532	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	834,613	835,264	907,532	834,929	881,231	881,231	919,996	919,996
DTP-HepB-Hib coverage	90 %	96 %	92 %	92 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	744,366	789,298	816,779	800,000	862,482	862,482	919,996	919,996
Yellow Fever coverage	88 %	90 %	85 %	88 %	92 %	92 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	1	0	1	20	20	20	20

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.25	1.01	1.25	1.01	1.25	1.25	1.25	1.25
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		0	907,532	500,000	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		0	907,532	450,000	881,231	881,231	919,996	919,996
Pneumococcal (PCV13) coverage	0 %	0 %	74 %	50 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0		0	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0		0	562,488	562,488	677,892	677,892
Rotavirus coverage	0 %	0 %	0 %	0 %	60 %	60 %	70 %	70 %
Wastage[1] rate in base-year and planned thereafter (%)		0		0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1		1	1	1	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	773,115	791,992	816,779	816,779	862,482	862,482	919,996	919,996
Measles coverage	88 %	91 %	90 %	90 %	92 %	92 %	95 %	95 %
Pregnant women vaccinated with TT+	860,377	705,665	908,519	908,519	958,902	958,902	1,001,084	1,001,084
TT+ coverage	90 %	74 %	92 %	92 %	94 %	94 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	697,311	503,107	723,877	723,877	747,206	747,206	771,336	771,336
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	8 %	8 %	8 %	6 %	6 %	5 %	5 %

** 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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  Aucun changement apporté

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

  Le changement déjà justifié dans les rapports précédents est maintenu en attendant la publication officielle des résutats du dernier Recensement Général de la Population et de l'Habitat (RGP/H) effectué en fin 2012.

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

  Les résultats de l'EDSN MICS 2012 (UNICEF) ont permis de réviser les objectifs de couverture par antigène à partir de 2012 et ceux pour les 5 prochaines années

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

  Les mêmes taux retenus dans le précédent PPAC 2007-2010 (5% pour les vaccins liquides et 20% pour les vaccins lyophilisés) ont été reconduits pour le PPAC 2011-2015

5.2. Immunisation achievements in 2012

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

La disponibilité des antigènes en 2012 et la mise en œuvre des plans d'action annuels des districts avec l'appui des partenaires locaux a permis contrairement à l'année 2011, de rehausser sensiblement les couvertures vaccinales en 2012. A titre de rappel, le programme a enregistré au cours de l'année 2011, une longue période de rupture en antigènes (BCG, VPO, VAA et VAT) allant de 3 à 6 mois selon les niveaux. <? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Globalement, les objectifs fixés en 2012 ont été largement atteints pour la plupart des antigènes.

Seul l'objectif du VAT2+ (90%) n'a pas été atteint. En effet, la couverture est de 74% en 2012.

- La couverture du BCG est passée de 71% en 2011 à 107% soit 36 points de hausse pour un objectif de 92%. Cette hausse a concerné l'ensemble des districts sanitaires du fait de la disponibilté en BCG contrairement en 2011 ou l'on a noté des ruptures.

- Penta 1 ; la couverture en 2012 est de 104% pour un objectif de 100%.

- Penta3, 96 % de couverture enregistrée en 2012 soit moins 1 point par rapport à 2011. Cependant malgré cette légère baisse, l'objectif fixé (90%) est atteint. Notons que 98% (41 sur 42) des districts sanitaires ont une couverture en Penta 3 supérieure ou égale à 80%, parmi lesquels 11 soit 4% ont une couverture inférieure à 90%. 50% de ces districts ont enregistré une hausse allant de 1 point (Ds Tchirozérine et Guidan roumji) à 23 points (Ds Bilma) en 2012 comparée à la situation de 2011. Les 50% restant ont connu une baisse de 1 point (Ds Gouré) à 9 points (Ds Niamey3). Seul le district de Maradi Commune enregistre une couverture de moins de 80% en 2012 (71%), mais en hausse de 6 points par rapport à 2011.

- VPO3 ; 95% de couverture sont enregistrés pour un objectif de 90%. Les mêmes constats sont faits qu'au niveau de la couverture Penta3. La couverture VPO1 étant de 102%.

- La couverture en VAR est de 91% contre 90% pour le VAA soit un écart de 1 point entre les deux antigènes. L'objetcif de 88% fixé pour ces deux antigènes est atteint avec près de 3 points d'écart.

La supplémentation en Vitamine A chez les enfants 0 – 11 mois passe de 63% en 2011 à 58% soit une baisse de 5% pour un objectif fixé à 80%.

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

Les pricipales raisons qui justifient les contre performances de la couverture en VAT2+ chez les femmes enceintes et la suplémentation en Vitamine A des enfants de 6 – 11 mois sont relatives globalement :<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- A l''organisation des multiples campagnes de masse qui pertubent les activités de routine

- A la faible couverture sanitaire du pays

- A l''existence de zones d'accés difficiles (insécurité résiduelle)

- A la mobilité de la population (transhumance),

et plus spécifiquement

- Pour le VAT2+, à l'insuffisance dans l'enregistrement et le raportage des données sur le VAT ;

- Pour la Vitamine A ; à l'approvisionnement des formations sanitaires qui n'est pas encore effectif. Les résultats actuellement obtenus proviennent de l'utilisation des stocks du recouvrement et des restants des campagnes de distribution de micro nutriments.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **Not selected**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

Enquête de couverture vaccinale CAR-PEV 2013	2013	78 %	77,4 %

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

Etant donné qu'il n'existe aucune différence significative, aucune action sexospécifique n'a été menée

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

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

Sans objet

5.4. Data assessments

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

Les écarts observés entre les données administratives et celles des autres sources proviennent du non respect du calendrier vaccinal, du non respect de l'intervalle inter dose par les agents vaccinateurs engendrant des proportions élevées de doses invalides. Selon les résultats de la dernière enquête de couverture vaccinale (CAR-PEV 2013), la proportion des doses invalides est très élevée pour tous les antigènes en ce sens qu'elle se situe au-delà de 37%. Entre autres raisons, il faut noter le non respect de la cible 0 - 11 mois.

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

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

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

Monitorage de la qualité des données (DQS) en 2011 dans les formations sanitaires périphériques.

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

Réunion mensuelle de validation et d'harmonisation des données de vaccination et de surveillance<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Vérification de la qualité des données au cours des réunions de coordination, des revues semestrielles et annuelles.

- Formation des acteurs du niveau district et région en fin 2012 sur les nouveaux outils de gestion informatisée des données de vaccination (DVD-MT et SMT)

- Formation de l'ensemble des agents du niveau opérationnel en PEV, formation des ECD et responsables sanitaires des régions sur l'audit de la qualité des données (DQS)

L'intégration des enquêtes de couverture vaccinale dans les enquêtes survie de l'enfant

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.

L'évaluation du Système d'Information Sanitaire (SNIS)<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

La réforme du SNIS et la révision des supports SNIS faites en 2012

La formation des agents, l'installation et l'utilisation des nouvelles bases de gestion informatisée des données PEV (DVD-MT et SMT) qui sera suivi de la révision des supports de collecte de données PEV.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 501.141	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	ROTARY INTERNATIONAL	FONDS COMMUN	SO
Traditional Vaccines*	517,042	0	0	517,042	0	0	0	0
New and underused Vaccines**	2,554,500	0	2,554,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	3,510,500	0	3,510,500	0	0	0	0	0
Cold Chain equipment	1,211,795	0	0	1,211,795	0	0	0	0
Personnel	279,972	279,972	0	0	0	0	0	0
Other routine recurrent costs	1,172,327	53,223	0	369,201	73,936	0	675,967	0
Other Capital Costs	73,265	73,265	0	0	0	0	0	0
Campaigns costs	18,029,833	2,211,021	0	6,553,347	8,954,088	311,377	0	0
SO		0	0	0	0	0	0	0
Total Expenditures for Immunisation	27,349,234							
Total Government Health		2,617,481	6,065,000	8,651,385	9,028,024	311,377	675,967	0

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

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

Le pays présente des difficultés de trésorerie rendant difficile les décaissements. Cependant des actions ont été entreprises pour résoudre cette difficulté à travers des plaidoyers auprés des responsables de haut niveaux.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?

Gestion selon les procédures du FONDS COMMUN	Yes

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

Validation des plans par le CCIA et l'utilisation future des fonds se fera selon les procédures du FONDS COMMUN

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

SO

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **5**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

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

La situation des vaccins et leur financement;

Les états généraux de la vaccination;

l'enquête de couverture vaccinale qui doit être réalisée au niveau de chaque district;

La dotation progessive des Cases de Santé en matèriels de chaine de froid;

Le plan de vaccination contre la rougeole;

L'organisation des journées Nationales de Vaccination contre la poliomyélite;

Faire un suivi régulier du déblocage du financement de la quote part de l'état et de la situation des vaccins à tous les niveaux;

Le projet de démonstration de vaccination contre le Virus du Papilloma Humain.

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

If Yes, which ones?

List CSO member organisations:
CROIX ROUGE Nigérienne
ROASSN (Regroupement des ONG et Associations du Secteur de la Santé au Niger)
WORLD VISION
ROTARY INTERNATIONAL

5.8. Priority actions in 2013 to 2014

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

OBJECTIFS<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1) Renforcer les capacités de conservation et de gestion des vaccins

2) Renforcer les capacités de gestion des acteurs de la vaccination

3) Mettre en œuvre la feuille de route pour le PEV issue des Etats Généraux de la vaccination

4) Augmenter la couverture vaccinale

5) Améliorer la qualité des données

ACTIVITES

Mettre à échelle les 8 composantes RED dans tous les 42 districts

Réduire de 90% d'ici 2014 le nombre d'enfants non vaccinés

Introduire les nouveaux vaccins (Pneumo 13, Rota virus et PVH) dans le PEV systématique d'ici 2014

Introduire la deuxième dose de Rougeole dans le PEV systémtique en 2014

Doter en 2013 et 2014 les 850 centres de vaccination en supports de collecte des données PEV

Elaborer des stratégies spécifiques de communication et de vaccination des populations nomades

Mettre en oeuvre le plan de gestion des vaccins et de la logistique du PEV (EVM)

Renforcer la Paquet Minimun d'Activités (PMA) des cases de santé

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Seringues autobloquantes / Seringues de dilution	ETAT
Measles	Seringues autobloquantes	ETAT
TT	Seringues autobloquantes	ETAT
DTP-containing vaccine	Seringues autobloquantes	ETAT/GAVI
FR Anti Amaril	Seringues autobloquantes / Seringues de dilution	ETAT/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 the injection safety policy/plan? (Please report in box below)

Aucun obstacle majeur n'a été rencontré dans la mise en oeuvre de la politique de la sécurité des injections aussi bien pour le PEV de routine que pour les campagnes de masse

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

Collecte par les centres de vaccination des déchets coupants dans des boites de sécurité avant d'être éliminés par incinération. Les problèmes rencontrés dans ce processus sont qu'il n'y pas suffisament d'incinérateurs pour couvrir tous les centres de santé et que certains déchets sont acheminés au niveau du district pour y être incinérés

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	430,512	212,242,483
Total funds available in 2012 *(C=A+B)*	430,512	212,242,483
Total Expenditures in 2012 *(D)*	0	0
Balance carried over to 2013 *(E=C-D)*	430,512	212,242,483

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

Nous n'avons recu aucun fonds de soutien aux services de la vaccination en 2012 et les fonds restant de 2011 ont été gelés avant d'être transférés sur le compte du FONDS COMMUN.

Concernant la procédure, les requêtes des activités sont transmises à la coordination du fonds auprès du service comptable qui procède à la correction et l'approbation du budget. Un chèque du montant correspondant au budget est émis au nom du responsable de l'activité qui dispose d'un delais de 7 jours pour exécuter l'activité, autrement les fonds seront reversés au fonds. Le responsable dispose également de 2 semaines à partif de la fin de l'activité pour déposer les justificatifs auprès du comptable du fonds, delais au cours duquel aucun déblocage d'un autre fonds ne sera fait avant.

Les fonds du SSV s'ils existent, sont inclus dans les plans et le budget du secteur national de la santé

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

Type de compte: Compte commercial<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Procédures: Transferts bancaires

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

Aucune activité menée en 2012 du fait du gel des fonds SSV

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

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

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

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
Yellow Fever	931,400	264,700	0	No
DTP-HepB-Hib	3,493,118	3,356,700	0	No
Pneumococcal (PCV13)	3,459,252	0	0	No
Rotavirus		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 utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  Aucun problème rencontré dans la gestion de ces vaccins

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

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

  Nouvelles estimations des besoins annuels en vaccins en tenant compte des nouveaux objectifs sur base des nouvels outils (Outil PPAC et l'outil logistic)<? xml:namespace prefix = o />

  - Suivi de la commande en vaccins

  - Ravitaillement en vaccins selon les besoins

  - Suivi de l'utilisation des vaccins à tous les niveaux

  - Renforcement des capacités de stockage au niveau central, dans les régions de Tillabéri, Diffa, Dosso, Maradi et Agadez, ainsi que dans certains districts.

  - Formation des acteurs sur la gestion informatisée des vaccins

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

S/O

7.2. Introduction of a New Vaccine in 2012

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

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

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

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	S/O

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

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

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

S/O

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Not selected**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance 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:

S/O

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

SO

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

SO

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

SO

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0

Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	1370 000 $	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	May	GOUVERNEMENT
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	May	GOUVERNEMENT
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	May	GOUVERNEMENT
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Nous avons un besoin d'assistance technique pour élaborer des stratégies de viabilité financière pour mobiliser les fonds pour la vaccination, notamment le cofinancement	

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/

Des dispositions ont déja été prises pour alleger les processus de déblocage des fonds

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

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

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

If yes, provide details

S/O

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Niger does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

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

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

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

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

SO

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	874,601	907,532	937,480	968,417	3,688,030
	Number of children to be vaccinated with the first dose	Table 4	#	909,341	907,532	937,480	968,417	3,722,770
	Number of children to be vaccinated with the third dose	Table 4	#	835,264	834,929	881,231	919,996	3,471,420
	Immunisation coverage with the third dose	Table 4	%	95.50 %	92.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,096,200				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,096,200				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	2,595,300	2,702,300	2,784,300
Number of AD syringes	#	3,022,100	3,148,000	3,251,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	33,550	34,950	36,100
Total value to be co-financed by GAVI	$	5,782,500	6,021,000	6,056,000

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

		2013	2014	2015
Number of vaccine doses	#	264,000	274,900	291,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	572,000	595,500	615,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.23 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	909,341	907,532	83,787	823,745
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,728,023	2,722,596	251,359	2,471,237
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	2,864,425	2,858,726	263,927	2,594,799
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	2,096,200			
I	**Total vaccine doses needed**	*F + G – H*		2,859,226	263,974	2,595,252
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		3,022,082	0	3,022,082
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		33,546	0	33,546
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5,821,385	537,450	5,283,935
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		140,527	0	140,527
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		19,457	0	19,457
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		372,569	34,397	338,172
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		6,353,938	571,846	5,782,092
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		571,846		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.23 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	937,480	86,552	850,928	968,417	91,659	876,758
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,812,440	259,654	2,552,786	2,905,251	274,975	2,630,276
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	2,953,062	272,637	2,680,425	3,050,514	288,724	2,761,790
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	23,584	2,178	21,406	24,363	2,306	22,057
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,977,146	274,860	2,702,286	3,075,377	291,077	2,784,300
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,147,987	0	3,147,987	3,251,872	0	3,251,872
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	34,943	0	34,943	36,096	0	36,096
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	6,061,470	559,615	5,501,855	6,107,699	578,079	5,529,620
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	6,061,470	0	146,382	6,107,699	0	151,213
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	20,267	0	20,267	20,936	0	20,936
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	387,935	35,816	352,119	390,893	36,998	353,895
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	6,616,054	595,430	6,020,624	6,670,741	615,076	6,055,665
U	Total country co-financing	*I x country co-financing per dose (cc)*	595,430			615,076		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	874,601	907,532	937,480	968,417	3,688,030
	Number of children to be vaccinated with the first dose	Table 4	#	0	500,000	937,480	968,417	2,405,897
	Number of children to be vaccinated with the third dose	Table 4	#	0	450,000	881,231	919,996	2,251,227
	Immunisation coverage with the third dose	Table 4	%	0.00 %	49.59 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	1,775,700	2,973,000	2,772,300
Number of AD syringes	#	2,081,300	3,486,100	3,250,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	23,125	38,700	36,100
Total value to be co-financed by GAVI	$	6,698,000	11,214,500	10,457,500

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

		2013	2014	2015
Number of vaccine doses	#	101,200	169,400	158,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	375,500	628,500	586,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	500,000	26,955	473,045
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	1,500,000	80,863	1,419,137
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	1,500,000	80,863	1,419,137
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		375,000	20,216	354,784
H	**Stock on 1 January 2013**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		1,876,800	101,176	1,775,624
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,081,251	0	2,081,251
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		23,102	0	23,102
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		6,568,801	354,115	6,214,686
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		96,779	0	96,779
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		13,400	0	13,400
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		394,129	21,247	372,882
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		7,073,109	375,361	6,697,748
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		375,361		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.39 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	937,480	50,539	886,941	968,417	52,206	916,211
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,812,440	151,615	2,660,825	2,905,251	156,618	2,748,633
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	2,812,440	151,615	2,660,825	2,905,251	156,618	2,748,633
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	328,110	17,688	310,422	23,203	1,251	21,952
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,142,350	169,399	2,972,951	2,930,254	157,966	2,772,288
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,486,011	0	3,486,011	3,250,584	0	3,250,584
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	38,695	0	38,695	36,082	0	36,082
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	10,998,225	592,897	10,405,328	10,255,889	552,879	9,703,010
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	10,998,225	0	162,100	10,255,889	0	151,153
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	22,444	0	22,444	20,928	0	20,928
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	659,894	35,574	624,320	615,354	33,173	582,181
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	11,842,663	628,470	11,214,193	11,043,324	586,051	10,457,273
U	Total country co-financing	*I x country co-financing per dose (cc)*	628,470			586,051		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	874,601	907,532	937,480	968,417	3,688,030
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	937,480	968,417	1,905,897
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	562,488	677,892	1,240,380
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	60.00 %	70.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	1,500	2,170,100	1,807,900
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	$	4,500	5,810,500	4,841,000

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

		2013	2014	2015
Number of vaccine doses	#	0	175,200	146,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	0	469,500	391,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		1,500	0	1,500
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		3,825	0	3,825
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		192	0	192
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4,017	0	4,017
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	7.47 %			7.47 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	937,480	70,027	867,453	968,417	72,338	896,079
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	1,874,960	140,054	1,734,906	1,936,834	144,675	1,792,159
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	1,874,960	140,054	1,734,906	1,936,834	144,675	1,792,159
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	468,740	35,014	433,726	15,469	1,156	14,313
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,345,200	175,179	2,170,021	1,953,803	145,943	1,807,860
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*						
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,980,260	446,705	5,533,555	4,982,198	372,154	4,610,044
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,980,260	0	0	4,982,198	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	299,013	22,336	276,677	249,110	18,608	230,502
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	6,279,273	469,040	5,810,233	5,231,308	390,761	4,840,547
U	Total country co-financing	*I x country co-financing per dose (cc)*	469,040			390,761		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

Table 7.11.1: Specifications for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	874,601	907,532	937,480	968,417	3,688,030
	Number of children to be vaccinated with the first dose	Table 4	#	789,298	800,000	92.00 %	919,996	3,371,776
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.25	1.25	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	653,600				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	653,600				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.91	0.92	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.72	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	643,700	911,400	933,300
Number of AD syringes	#	891,100	1,032,400	1,041,200
Number of re-constitution syringes	#	90,000	127,200	129,700
Number of safety boxes	#	10,900	12,875	13,000
Total value to be co-financed by GAVI	$	681,000	957,500	995,500

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

		2013	2014	2015
Number of vaccine doses	#	167,200	234,400	234,800

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	162,500	229,500	234,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	20.61 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	789,298	800,000	164,915	635,085
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	789,298	800,000	164,915	635,085
E	**Estimated vaccine wastage factor**	*Table 4*	1.01	1.01		
F	**Number of doses needed including wastage**	*D X E*	797,191	808,000	166,564	641,436
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		2,703	558	2,145
H	**Stock on 1 January 2013**	*Table 7.11.1*	653,600			
I	**Total vaccine doses needed**	*F + G – H*		810,803	167,142	643,661
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		891,001	0	891,001
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		90,000	0	90,000
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		10,890	0	10,890
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		729,723	150,428	579,295
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		41,432	0	41,432
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		3,330	0	3,330
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		6,317	0	6,317
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		56,919	11,734	45,185
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		5,108	0	5,108
T	**Total fund needed**	*(N+O+P+Q+R+S)*		842,829	162,161	680,668
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		162,161		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		20.61 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	20.46 %			20.10 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	862,482	176,423	686,059	919,996	184,926	735,070
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	862,482	176,423	686,059	919,996	184,926	735,070
E	Estimated vaccine wastage factor	*Table 4*	1.25			1.25		
F	Number of doses needed including wastage	*D X E*	1,078,103	220,529	857,574	1,149,995	231,157	918,838
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	67,526	13,813	53,713	17,973	3,613	14,360
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,145,729	234,362	911,367	1,168,068	234,790	933,278
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,032,309	0	1,032,309	1,041,146	0	1,041,146
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	127,176	0	127,176	129,656	0	129,656
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	12,871	0	12,871	12,996	0	12,996
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,039,177	212,566	826,611	1,078,127	216,711	861,416
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,039,177	0	48,003	1,078,127	0	48,414
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	4,706	0	4,706	4,798	0	4,798
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	7,466	0	7,466	7,538	0	7,538
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	81,056	16,581	64,475	84,094	16,904	67,190
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	6,018	0	6,018	6,075	0	6,075
T	Total fund needed	*(N+O+P+Q+R+S)*	1,186,426	229,147	957,279	1,229,046	233,614	995,432
U	Total country co-financing	*I x country co-financing per dose (cc)*	229,146			233,614		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	20.46 %			20.10 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

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

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

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

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

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

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0	0	3985799
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	3985799
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	3985799
Total expenditure during the calendar year (*D*)	0	0	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	3985799
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	3985799	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	3985799	0	0	0
Total Funds available during the calendar year (*C=A+B*)	3985799	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0	0	1954916903
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	1954916903
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	1954916903
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	1954916903	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	1954916903	0	0	0
Total Funds available during the calendar year (*C=A+B*)	1954916903	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January			512.96	486.064	499.18	507.71
Closing on 31 December			454.58	490	491.97	505.05

Detailed expenditure of HSS funds during the 2012 calendar year

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

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

Les fonds RSS sont actuellement détenus dans un compte « FONDS COMMUN » d'appui à la mise en œuvre du PDS 2011-2015. Ils sont inclus dans les PAA du secteur national de la santé et approuvés par le Comité National de Santé (CNS). Les procédures utilisées sont celles relatives à la gestion administrative, financière et comptable du Fonds Commun.

Has an external audit been conducted? Not selected

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

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

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

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

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

Les activités programmées en 2012 n'ont pas été réalisées à cause des évaluations fiinancières qui ont pris assez de temps. Les fonds n'étaient pas accessibles avant la fin du processus.

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

Sans objet

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2012 Target**	**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**				

9.4. Programme implementation in 2012

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

Aucune réalisation faite en 2012

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

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

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

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

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

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

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

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Objectif 1 Rehausser la proportion de la population ayant accès au PMA de 44,57% à 50% d'ici fin 2013 :	1.1 Doter 14 districts sanitaires en véhicules équipés (y compris GPS) pour les activités mobiles intégrées	375300000				
	1.2 Doter 156 CSI en moto pour les activités foraines	390000000				

	1.3 Organiser une sortie mobile intégrée de 7 jours 1 fois par mois et par District dans 14 districts pendant toute l'année dans les villages des zones hors portée	22377600				
	1.4 Organiser une sortie foraine de 1 jour /semaine /CSI pendant 52 semaines dans 280 CSI	90528480				
	1.5 Doter les CSI de 14 Districts sanitaires en équipement et matériel de chaine de froids afin de mieux conserver les antigènes	265287500				
	1.6 Allouer des primes d'incitation à la performance aux prestataires de soins des districts sanitaires et CSI	56000000				
	1.7 Organiser des séances de communication sanitaire à travers les médias communautaires	30240000				
	1.8 Organiser la mobilisation sociale avant les activités mobiles intégrées dans les zones non couvertes par le fixe	42000000				
	1.9 Organiser la mobilisation sociale avant les activités foraines	5600000				
	1.10 Effectuer des supervisions intégrées régulières à tous les niveaux du système	31743200				

Objectif 2 Amener 70% des formations sanitaires à transmettre des données complètes et de qualité dans les délais prévus d'ici 2013	2.1. Mettre en place un système de flotte pour les références dans 98 CSI vers les hôpitaux	8140000				
	2.2 Entretenir les radios BLU existants au niveau des 14 Districts sanitaires	2520000				
	2.3 Conduire une évaluation sur la qualité des données PEV (DQS)	43595000				
Objectif : 3 Appuyer la Mise en œuvre du PDS 2011-2015 et des réformes y afférentes	3.1 Réaliser une évaluation externe du PDS 2011 - 2015 par un consultant y compris l'atelier de restitution	25000000				
	3.2 Réaliser une évaluation interne à mi-parcours du PDS 2011 - 2015 (appui aux régions, atelier niveau central et National)	25000000				
	3.3 Organiser une mission terrain Conjointe dans le cadre de l'évaluation à mi parcours du PDS 2011-2015	7289750				
	3.4 Elaborer l'aide mémoire de la revue conjointe (2013) annuelle à Niamey	3600000				
	3.5 Organiser un atelier national restitution des résultats de l'évaluation à mi-parcours du PDS 2011-2015	25000000				
	3.6 Réaliser une étude de satisfaction auprès des bénéficiaires dans le cadre de l'évaluation à mi-parcours du PDS 2011 - 2015	60000000				

	3.7 Appuyer les activités de mise en œuvre du PBF au niveau des 14 Districts sanitaires soutenus pour GAVI pour améliorer la couverture vaccinale	50000000				
	3.8 Assurer la reproduction des outils de collecte des données au niveau des équipes mobiles intégrées dans les 14 districts sanitaires	3150000				
	3.9 Appuyer le suivi des équipes mobiles intégrées au niveau central et des régions	15000000				
	3.10 réaliser l'évaluation les performances des équipes mobiles integrés par un consultant au niveau des 14 Districts Sanitaires	20000000				
	3.11 Organiser une atelier national à Niamey de restitution des résultats de l'évaluation des performances des équipes mobiles au niveau des 14 Districts sanitaires	15000000				
	3.12 Doter la DEP d'un Véhicule de supervision 4X4 Pour assurer la supervision des équipes mobiles de vaccinations	25000000				
	3.13 Appuyer la reprogrammation des activités RSS de 2014 et du plan quinquénal RSS 2016-2020	60000000				

Objectif : 4 Appuyer l'élaboration et l'adoption d'un nouveau Plan Pluri annuel Complet (PPAC) 2011-2015 pour la vaccination d'ici fin 2013	4.1 Acheter 2 vehicules de supervision pour la Direction des Immunisations	50000000				
	4.2 Appuyer l'actualisation du PPAC 2011-2015	47000000				
		1794371530	0			0

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Sans Objet					
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
CTB	1852072	1 an	
Fonds Commun	19459067	1 an	Renforcement activités de vaccination
Gouvernement	295348415	2 ans	Infrastructures, équipements, logistique
MENAGES	135803019	2 ans	approvisionnement en médicaments, Gaz
UNICEF	30560000	2 ans	Mobilisation sociale, logistique chaine de froid

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
- Données administratives - Le rapport d'exécution du PDS - L'aide mémoire	Ces informations ont été validées par le CNS et le CCIA lors de leurs reunions respectives	

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.

S/O

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?5

Please attach:

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

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

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

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

Niger is not reporting on GAVI TYPE A CSO support for 2012

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

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

Niger is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signatures Ministre Santé et Ministre finance.docx File desc: Date/time: 5/9/2013 11:01:45 AM Size: 134721
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures Ministre Santé et Ministre finance.docx File desc: Date/time: 5/9/2013 11:02:14 AM Size: 134721
3	Signatures of members of ICC	2.2	✓	Signature membre ccia.docx File desc: Date/time: 5/14/2013 7:28:34 AM Size: 105496
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Compte rendu ccia du 8 mai 2013.docx File desc: Date/time: 5/12/2013 9:28:37 AM Size: 254084
5	Signatures of members of HSCC	2.3	✗	Signature membre ccia.docx File desc: Date/time: 5/14/2013 7:29:33 AM Size: 105496
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Compte rendu ccia du 8 mai 2013.docx File desc: Date/time: 5/12/2013 9:29:37 AM Size: 254084
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Etat financier SSV 2012.docx File desc: Date/time: 4/16/2013 7:51:39 AM Size: 64016
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:27:58 AM Size: 9953
9	Post Introduction Evaluation Report	7.2.2	✓	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:28:29 AM Size: 9953

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:29:02 AM Size: 9953
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:29:27 AM Size: 9953
12	Latest EVSM/VMA/EVM report	7.5	✓	Rapport Evaluation GEV_NIGER.doc File desc: Date/time: 5/9/2013 11:11:14 AM Size: 2841088
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Plan d'amélioration GEV_NIGER.docx File desc: Date/time: 5/9/2013 11:07:35 AM Size: 60255
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	RAPPORT DE SITUATION DES ACTIVITES PAR RAPPORT AUX RECOMMANDATIONS DU PLAN D.docx File desc: Date/time: 5/9/2013 11:04:04 AM Size: 18498
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:30:19 AM Size: 9953
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:30:51 AM Size: 9953
17	Valid cMYP if requesting extension of support	7.8	✗	PPAC_Niger_2011- 2015 VF.doc File desc: Date/time: 4/8/2013 4:38:35 AM Size: 1400832
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	Outil PPAC Niger 2011-2015 VF Corrigée 26 -04-2011.xls File desc: Date/time: 4/8/2013 4:40:08 AM

				Size: 3214848
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Etat financier RSS 2012.docx File desc: Date/time: 4/16/2013 7:50:53 AM Size: 64247
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Etat financier RSS avril 2013.docx File desc: Date/time: 4/16/2013 7:52:18 AM Size: 63188
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:32:01 AM Size: 9953
22	HSS Health Sector review report	9.9.3	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:43:24 AM Size: 9953
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 7:53:39 AM Size: 9953
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:32:46 AM Size: 9953
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	✗	NON APPLICABLE.docx File desc: Date/time: 4/8/2013 4:33:06 AM Size: 9953
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	NON APPLICABLE.docx File desc: Date/time: 4/16/2013 7:54:17 AM Size: 9953