

GAVI Alliance

# Annual Progress Report **2014**

submitted by

the government of  
**Niger**

Reporting year: **2014**

Support application for the year: **2016**

Date of presentation: **06/18/2015**

**Deadline for submission: 05/27/2015**

Please submit the **2014** annual status report via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavi.org](mailto:apr@gavi.org) or to the representatives of GAVI Alliance partner. Documents may be provided to GAVI Alliance partners, their staff and the public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** Please use previous annual status reports and approved requests for support from GAVI as reference documents. The electronic copy of previous annual status reports and GAVI support requests are available from the following address: <http://www.gavialliance.org/country/>

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMS**

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 program(s) described in the Country's application. Any significant change from the approved program(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 THIS PROPOSAL**

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

**REIMBURSEMENT OF FUNDS**

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

**SUSPENSION/CANCELLATION**

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 purposes other than for the programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this application if a misuse of GAVI Alliance funds is confirmed.

#### ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits, 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 assessments 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, the 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 this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

#### CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy 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 be responsible for replenishing any 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. Arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages will be English or French.

For any dispute for which the amount is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount 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 programs described in this application, including without limitation, any financial loss, reliance claims, any harm to property, personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programs described in this application.

#### **By preparing this APR, the Country will inform GAVI about:**

*activities conducted using GAVI resources in the past year, important problems that were*

*encountered and how the country has tried to overcome them*

*meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released*

*how GAVI can make the APR more user-friendly while following GAVI's principles to be accountable and transparent*

## 1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

### 1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	2015
New Vaccines Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2015

**DTP-HepB-Hib (Pentavalent)** vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in liquid form in vials of one or ten doses and in liquid/lyophilized form in two-dose vials to be used in a schedule of three injections. The other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be individually confirmed.

## 1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2016
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
New Vaccines Support (routine immunization)	Rotavirus, 2 dose schedule	2016	2016
New Vaccines Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2016	2016

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
VIG	Yes	Not applicable	No
HSFP	Yes	Next installment of HSFP Grant No	No
HSS	Yes	HSS grant next installment No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous IRC Report

The annual progress report (APR) of IRC for the year 2013 is available [here](#). French version is also 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 funds 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 High-level Review Committee 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	Dr. IDRISSA MAIGA MAHAMADOU	Name	ABDOU MAIDAGI
Date		Date	
Signature		Signature	

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

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## 2.2. ICC Signatures Page

If the country presents a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

**In some countries, the HSCC and ICC committees are merged into one committee. Please complete each section where information is relevant and upload the signatures twice in the section of the attached documents, once for the HSCC signatures and once for the ICC signatures.**

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of the country's 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 immunization 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
Dr. PANA ASSIMAWÉ Representative	WHO / NIGER		
VIVIANE VAN STEIRTEGHEM Representative	UNICEF / NIGER		
GASTON KABA President	ROTARY INTERNATIONAL		
IDE DJERMAKOYE Coordinator	ROASSN		

The ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org) . All comments will be treated confidentially. Partners' observations:

Observations of the Regional Working Group:

### 2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) ICC, endorse this report on the Health Systems Strengthening Program. 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 the country's 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
IDE DJERMAKOYE Coordinator	ROASSN		

The HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org). All comments will be treated confidentially. Partners' observations:

APR

Observations of the Regional Working Group:

### 2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Niger does not present the report on the use of CSO funds (Type A and B) in 2015

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## 4. Baseline and annual targets

Countries are requested to make a realistic evaluation of vaccine wastages, clarified by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the **Wastage rate table** appendix of the support request guidelines. Please note the reference wastage rate for the Pentavalent vaccine is that available in ten dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total number of births	1,020,109	1,020,109	1,053,773	1,060,219		1,102,699
Total infants' deaths	82,629	82,629	85,356	85,879		89,319
Total number of surviving infants	937,480	937,480	968,417	974,340		1,013,380
Total pregnant women	1,020,109	1,020,109	1,053,773	1,060,219		1,102,699
Number of infants who have received (should receive) BCG vaccine	958,903	997,350	1,001,084	1,007,205		1,047,564
BCG coverage[1]	94%	98%	95%	95%	0%	95%
Number of infants who received (should receive) OPV3 vaccine	881,231	857,316	919,996	925,622		962,711
OPV3 coverage[2]	94%	91%	95%	95%	0%	95%
Number of infants who received (should receive) DTP1 vaccine [3]	937,480	935,755	968,417	974,339		1,013,380
Number of infants who received (should receive) DTP3 vaccine [3][4]	881,231	869,570	919,996	974,339		962,711
DTP3 coverage[2]	94%	93%	95%	100%	0%	95%
Wastage [5] rate during the reference year and anticipated thereafter (%) for the DTP vaccine	5	6	5	5		5
Wastage [5] factor during the reference year and anticipated thereafter for the DTP vaccine	1.05	1.06	1.05	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose(s) of DTP-HepB-Hib vaccine	937,480	935,755	1,081,042	974,339		1,013,380
Number of infants who received (should receive) the 3 <sup>rd</sup> dose(s) of DTP-HepB-Hib vaccine	881,231	869,570	972,937	925,622		962,711
DTP-HepB+Hib coverage [2]	94%	93%	100%	95%	0%	95%
Wastage [5] rate in base-year and planned thereafter (%) [6]	5	6	5	5		5



Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Wastage [5] factor in base-year and planned thereafter (%)	1.05	1.06	1.05	1.05	1	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	862,482	814,055	919,996	925,662		962,711
Yellow fever coverage[2]	92%	87%	95%	95%	0%	95%
Wastage [5] rate in base-year and planned thereafter (%)	20	18	20	20		20
Wastage [5] factor in base-year and planned thereafter (%)	1.25	1.22	1.25	1.25	1	1.25
Maximum loss rate for Yellow fever vaccine , 10 dose(s) (s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%
Number of infants who received (yet to receive) 1 <sup>st</sup> dose(s) of Pneumococcal (PCV13) vaccine	1,845,012	404,146	1,081,042	974,339		1,013,380
Number of infants who received (should receive) the 3 <sup>rd</sup> dose(s) of Pneumococcal (PCV13) vaccine	937,480	117,680	1,081,042	925,622		962,711
Pneumococcal (PCV13) coverage[2]	100%	13%	112%	95%	0%	95%
Wastage [5] rate in base-year and planned thereafter (%)	2	0	5	1		1
Wastage [5] factor in base-year and planned thereafter (%)	1.03	1	1.05	1.01	1	1.01
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose(s) (s) per vial, LIQUID	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive)1 <sup>st</sup> dose(s) of Rotavirusvaccine	937,480	293,084	1,081,042	974,339		1,013,380
Number of infants who received (should receive) 3 <sup>rd</sup> dose(s) of Rotavirus vaccine	937,480	185,220	1,081,042	925,622		962,711
Rotavirus coverage[2]	100%	20%	112%	95%	0%	95%
Wastage [5] rate in base-year and planned thereafter (%)	0	0	5	1		1
Wastage [5] factor in base-year and planned thereafter (%)	1	1	1.05	1.01	1	1.01

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) 1 <sup>st</sup> dose(s) of Measles Vaccine	862,482	825,387	919,996	925,662		962,711
Measles coverage [2]	92%	88%	95%	95%	0%	95%
Pregnant women immunized with TT+	958,902	914,969	1,001,084	1,007,207		1,047,564
TT+ coverage [7]	94%	90%	95%	95%	0%	95%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0
Vit A supplement to infants after 6 months	747,206	405,419	771,336	779,471	N/A	810,704
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	6%	7%	5%	0%	0%	5%

[1] Number of infants vaccinated against the number of births

[2] Number of infants vaccinated out of the total number of surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please ensure that the DTP3 cells are correctly filled

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

[6] GAVI would also appreciate feedback from countries on feasibility and interest of selecting and shipping multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimize wastage, coverage and cost.

[7] Number of pregnant women vaccinated with TT+ out of the total number of pregnant women

## 5. General Program Management Component

### 5.1. Updated Baseline and Annual Targets

**Note:** Please fill in the table in section 4 “Baseline and Annual Targets” before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2014**. The figures for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in a previous APR or in new application for GAVI support or in CMYP.

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

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

No changes were made

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

The Ministry of Public Health in consultation with its partners decided to increase the denominators used within the strict framework of the routine EPI for the reasons listed below:

- children under one year vaccinated during NIDs are consistently above the EPI target, while the quality of NIDs is found to be good.
- A discrepancy in the results of several coverage surveys conducted was noticed within the administrative coverage rates. Indeed, a constant deviation of 22% was observed between these surveys and the administrative coverage rates.
- Consistency between the results of these surveys and the coverage rates would be observed if we took NIDs populations as target populations.
- The performance of some districts were able to achieve and exceed targets NIDs.

Based on these observations, the estimated target population from the last general population census conducted in 2001 seems to be underestimated and it is the population vaccinated during NIDs which is closer to reality:

Accordingly, it is proposed, pragmatically, the target populations of EPIs (0-11 months) are now based on the average of children vaccinated during polio NIDs from March and April 2006. This measure came into force from 2007 and projections are made each year taking into account the growth rate of each district.

Despite the official publication of the overall results of the GCPH 2012 by the INS, the detailed results by age group for the EPI are not yet available. The EPI continues to use the consensus populations whose determination process has been outlined above.

- Justification for any changes in targets per vaccine. **Please note that for targets of more than 10%, the results from previous years must be justified. For the IPV, justification should also be provided as an attachment to the APR concerning EACH change in target population.**

For the IPV, a new target that will be aligned to the OPV3 coverage objective on replacing the existing one is considered.

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

The cMYP 2011-2015 foresees a 5% loss rate for liquid vaccines and 20% for lyophilized vaccines. The change noted for the loss rate in Penta is related to the presentation of the vaccine which changed from a single dose per vial to 10 doses. The use of the new computerized management software for EPI data (DVD-MT) could not help estimate the real wastage per antigen at national level. An error in the formula for the estimation of doses used (Reporting cumulative doses used) is the basis of this problem. Despite the proposed correction, only a few districts have implemented it.

## 5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. Has sex-disaggregated data on the coverage of DTP3 from administrative sources and/or surveys been available in your country over the past five years? **No, not available**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Reference Year for Estimates	DTP3 coverage estimation	
		Boys	Girls

National Demographic and Health Survey (DHS)	2012	67.7	65.1
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5.2.2. How have you been using the above data to address gender-related barriers to immunization access?

There are no gender barriers regarding routine immunization in Niger. According to the survey, the difference is not statistically significant.

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

5.2.4. How the gender-related barriers at the access and at the implementation of immunization services (for example, mothers with no access to the services, the gender of the service provider, etc.) were resolved from the programs point of view? (For more information on these gender-related barriers, refer to the GAVI "Gender and immunization" sheet at <http://www.gavialliance.org/fr/librairie/>)

There are no gender barriers regarding routine immunization in Niger. According to the National Demographic and Health Survey (EDSN-MICS), there isn't any statistically significant difference between the immunization coverage among boys and girls.

### 5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunization program expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 477
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local currency

Only enter the exchange rate; do not list the name of the

**Table 5.3a:** Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditures by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional vaccines*	2,036,676	2,036,676	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	10,915,735	1,558,475	9,357,260	0	0	0	0	0
Injection material (AD syringes and others)	0	0	0	0	0	0	0	0
Cold Chain equipment	1,331,771	0	950,893	380,878	0	0	0	0
Staff	0	0	0	0	0	0	0	0
Other routine recurrent costs	1,081,448	0	0	537,365	544,083	0	0	0
Other Capital Costs	370,522	0	0	370,522	0	0	0	0
Campaigns costs	9,588,780	0	0	1,998,340	7,590,440	0	0	0
NA		0	0	0	0	0	0	0

Total Expenditures for Immunization	25,324,932							
Total Government Health expenditures		3,595,151	10,308,153	3,287,105	8,134,523	0	0	0

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

#### 5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **6**

Please attach the minutes (**Document N°4**) from all the ICC meetings held in 2015, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Reference data and annual targets carried out](#) to [5.3 Overall Expenditure and Financing for Immunization](#)

Are any Civil Society Organizations members of the ICC ? **Yes, If yes, which ones?**

##### List CSO members of the ICC:

Nigerian RED CROSS, ROTARY INTERNATIONAL, HKI (Helen Keller International) WORLD VISION, MSF, PLAN Niger ROASSN (Coalition of NGOs and associations of the Health Sector in Niger), SAVE THE CHILDREN,

#### 5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI program for 2015 to 2016?

##### **OBJECTIVES**

- 1) Strengthen conservation and vaccine management capacities at national, regional and district levels
- 2) Strengthening management capabilities of the stakeholders in immunization.
- 3) Implement the roadmap for EPI issued by the Etats Généraux of vaccination.
- 4) Increase immunization coverage
- 5) Improve data quality:
- 6) Establish a new Multi-year Plan 2016-2020

##### **ACTIVITIES**

Commission the 8 components of the RED in all districts.

Supervise the vaccination sessions in the regions, districts and vaccination centers

Introduce the new Injectable Polio Vaccine (IPV) into the routine EPI

Equip the health facilities the with data collection tools for the EPI

Equip the health facilities with cold chain equipment

Develop specific communication and immunization strategies for the nomad population

Continue implementing the vaccine management plan (EVM) and EPI logistics (EVM)

Monitor the implementation of the roadmap issued by the General States for immunization Prepare the cMYP 2016-2020

## 5.6. 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 for injection safety equipment in 2014

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	AD syringes / Dilution syringes	STATE
FR Measles	AD syringes / Dilution syringes	STATE
FR TT	AD syringes	STATE / UNICEF
FR DTP-containing vaccine	AD syringes	STATE / GAVI
IPV	AD syringes	STATE / GAVI
Yellow Fever vaccine	AD syringes / Dilution syringes	STATE / GAVI
PCV13	AD syringes	STATE / GAVI

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

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

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

No, no problem was encountered

Please explain how in 2014 sharps have been eliminated, what were the problems, etc..

Collection of sharps waste by the vaccination centers in safety boxes prior to disposal by incineration and/ or burial. Problems encountered include, the lack of incinerators to cover all health centers and the transportation of certain waste from the IHCs to the districts for incineration.

## **6. Immunization Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Niger will not present a report on the use of ISS funds in 2014

### **6.2. Detailed expenditure of ISS funds during the calendar year**

Niger will not present a report on the use of ISS funds in 2014

### **6.3. Request for ISS reward**

The request for the expected ISS reward is not applicable for 2014 in Niger

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

### 7.1. Receipt of new & under-used vaccines for 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2014 that GAVI communicated to you in their decision letter? Please fill the table below

**Table 7.1:** Vaccines received for 2014 vaccinations compared to the quantities approved for 2014.

Please also include any deliveries from the previous year received against this same decision letter.

	[ A ]	[ B ]	[ C ]	
Vaccine Type	Total doses for 2014 in the decision letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Has the country experienced a stockout at any level in 2014?
Pneumococcal (PCV13)	1,702,800	1,762,150	0	No
DTP-HepB-Hib	3,097,300	3,097,300	0	No
Rotavirus	2,343,800	1,324,500	0	No
Yellow fever	694,200	1,256,100	0	No

If numbers [A] and [B] are different, specify:

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

The differences between the figures A and B for the YFV are due the overlapping of deliveries in 2013 and 2014 that concerns the State's share.

For Pneumo13 and Rota vaccines, differences are explained by the postponement of the dates of vaccine introduction from January to August 2015

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

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

The use of 10-dose vials for Pentavalent helped reduce the required storage volume and thus have more storage capacity for the other antigens newly introduced in the program. Adhering to the open-vial policy enabled losses to be limited and to reduce the missed immunization opportunities. Adjustment of the delivery schedule of vaccines in collaboration with the HD Copenhagen

If **Yes**, for any vaccine in **Table 7.1**, indicate the duration, reason and the impact of the stock-out even if the stock-out occurred at the central, regional, district or at a lower level.

NA



## 7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Yellow fever, 10 dose(s) per vial, LYOPHILIZED		
Nationwide introduction	No	
PHASED INTRODUCTION	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When is the Post introduction evaluation (PIE) planned? **September 2015**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	05/08/2014
PHASED INTRODUCTION	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	An overlap of activities forced the country to reschedule the introduction to August 2014 compared to the initial plan which was in January 2014.

When is the Post introduction evaluation (PIE) planned? **September 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	05/08/2014
PHASED INTRODUCTION	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	An overlap of activities forced the country to reschedule the introduction to August 2014 compared to the initial plan which was in January 2014.

When is the Post introduction evaluation (PIE) planned? **September 2015**

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

When is the Post introduction evaluation (PIE) planned? **September 2015**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document No.9))

NA

### 7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national dedicated vaccine pharmaco-vigilance 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**

Has your country implemented a risk communication strategy along with national preparedness plans to deal with possible immunization issues? **No**

### 7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes** Has your country conducted special studies on:

a. Rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

If yes, does the National Technical Advisory Group on Immunization (NITAG) or the Interagency Coordinating Committee (ICC) regularly examine the data from the national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of the data? **No**

Are you planning to use data from national sentinel surveillance and/ or special studies to monitor and assess the impact of the introduction and use of the vaccines? **Yes**

Please describe the results of monitoring/ special studies and NITAG/ ICC contributions:

#### Sentinel surveillance results

- of Diarrhea due to Rotavirus in Niger 2014:
  - o Suspect cases: 84
  - o Positive cases: 26
- of pediatric bacterial meningitis 2014:
  - o Suspect cases: 184
  - o Positive cases: 17 (9 pneumo, 01 Hib, 02 Nm, and 05 others)

## 7.3. Lump sum allocation for the introduction of a new vaccine in 2014

### 7.3.1. Financial Management Reporting

	Amount in USD	Amount in local currency
Funds received in 2014 (A)	765,000	364,905,000
Balance of funds carried forward from 2013	1,790,500	854,068,500
Total Available Funds in 2014 (C=A+B)	2,555,500	1,218,973,500
Total expenditures in 2014(D)	2,447,567	1,167,489,459
Balance carried over to 2015 (E=C-D)	107,933	51,484,041

Detailed expenditure of new vaccine introduction grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2014 calendar year (Document No. 10, 11). (The terms of reference for this financial statement are attached in **Annex 1.**) Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

### 7.3.2. Programmatic Reporting

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

The main activities carried out are:

- Steering committee meetings for the introduction of new vaccines
- Micro planning workshop for the HPV campaign at all levels
- Orientation for district and regional management teams on the HPV campaign and on the introduction of new vaccines.
- Revision of tools and training modules
- Training of trainers, EDCs and operational level health workers
- Preparation of the communication plan
- Strengthen logistics support, cold chain, incinerator
- Implementation of the first pilot phase of the HPV vaccine
- Official launch of the introduction of the PCV 13 and Rota vaccines under the chairmanship of Minister of Public Health in Mirriah (Zinder)
- Post introduction evaluation survey (PIE) on the PV vaccine
- Revision workshops on routine immunization tools taking the new vaccines into account.

Provision of data collection tools to the health facilities for routine EPI

Please describe any problems encountered in the implementation of planned activities:

There were no major problems in the implementation of activities.

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

- Assessing the cost of HPV introduction.

Implementation of the 2nd HPV demonstration phase

### 7.4. Report on country co-financing in 2014

**Table 7.4:** 5 questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	187,500	175,300
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	541,000	151,200

Vaccine selected # 3: Rotavirus, 1 dose(s) per vial, ORAL	492,500	184,500
Vaccine selected # 4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	619,500	302,500
<b>Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?</b>		
Government	20%	
Donor	0%	
Others	0%	
<b>Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US\$ and in supplies?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Vaccine selected # 1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	37,500	468,750
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	108,200	1,352,500
Vaccine selected # 3: Rotavirus, 1 dose(s) per vial, ORAL	98,500	1,231,250
Vaccine selected # 4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	123,900	15,487,500
<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2016</b>	<b>Funding source</b>
Vaccine selected # 1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	March	STATE
Vaccine selected # 2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	STATE
Vaccine selected # 3: Rotavirus, 1 dose(s) per vial, ORAL	March	STATE
Vaccine selected # 4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	STATE
<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.</b>		
NO		

\*Note: cofinancing is not mandatory for the IPV

Is GAVI's new or under-used vaccines and injection supply support reported in the national health sector budget? **Yes**

## 7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that the 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 the EVM tool can be found at

[http://www.who.int/immunization/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html)

*It is mandatory for the countries to conduct an Effective Vaccine Management (EVM) assessment prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the annual progress report. The EVM assessment is valid for a period of three years.*

When was the latest *Effective Vaccine Management (EVM)* assessment or an alternative assessment (EVSM or VMA) carried out? **June 2014**

Please attach the following documents:

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

A progress report on the EVM/ VMA/EVSM/ improvement plan is a mandatory requirement

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

If yes, provide more details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2017**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Niger does not report on NVS prevention campaign

## 7.7. Change of vaccine presentation

Niger does not require changes to the vaccine presentation in the coming years.

## 7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2015

If **2015** is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country will apply for an extension of the co-funding agreement with GAVI for support to vaccines commencing from **2016** and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years **2016** to **2016** for the following vaccines:

- \* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2 dose schedule**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarized in section [7.11 Calculation of requirements](#).

- \* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2 dose schedule**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2016, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- \* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2 dose schedule**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. 18)

- \* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2 dose schedule**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

## 7.9. Request for continued support for vaccines for the 2016 vaccination program

In order to request NVS support for 2016 vaccination please do as follows:

Confirm here below that your request for 2016 vaccines support is as per table [7.11 Calculation of requirements](#) **Yes**

If you don't confirm, please explain:

NA

## 7.10. Weighted average prices of supplies and related freight costs

**Table 7.10.1:** Commodities Cost

The estimated cost of supplies are not disclosed

**Table 7.10.2:** Freight cost

Vaccine Antigens	Vaccine Type	2012	2013	2014	2015	2016
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED			7.50%	7.50%	7.40%
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID			4.40%	4.50%	3.00%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule			3.90%	4.20%	4.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID			3.40%	4.30%	3.60%

## 7.11. Calculation of requirements

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter #	937,480	968,417	1,013,380	2,919,277
	Number of children to be vaccinated with the first dose	Parameter #	937,480	1,081,042	1,013,380	3,031,902
	Number of children to be vaccinated with the third dose	Parameter #	881,231	972,937	962,711	2,816,879
	Immunization coverage with the third dose	Parameter %	94.00%	100.47%	95.00%	
	Number of doses per child	Parameter #	3	3	3	
	Estimated vaccine wastage factor	Parameter #	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014	#	2,164,180			
	Stock across second level Dec 31, 2014 (if available) *	#	2,164,180			
	Stock across third level Dec 31, 2014 (if available) *	Parameter #				
	Number of doses per vial	Parameter #		10	10	
	AD syringes required	Parameter #		Yes	Yes	
	Reconstitution syringes required	Parameter #		No	No	
	Safety boxes required	Parameter #		Yes	Yes	
cc	Country co-financing per dose	Parameter \$		0.20	0.20	
ca	AD syringe price per unit	Parameter \$		0.0448	0.0448	

cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.30%	3.60%	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

No difference

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **Not defined**

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

Co-financing group	Low			
		2014	2015	2016
Minimum co-financing		0.20	0.20	0.20
Recommended co-financing as per				0.20
Your co-financing		0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	2,794,800	1,834,000	2,667,100
Number of AD syringes	#	3,252,300	2,074,200	3,123,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	36,100	22,825	32,875
Total value to be co-financed by GAVI	\$	5,915,500	3,744,000	5,090,500

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

		2014	2015	2016
Number of vaccine doses	#	302,500	206,500	321,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value of country co-financing[1]	\$	619,500	408,500	613,000

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

	Formula	2014	2015



				Total	Government	GAVI
A	Country co-financing	V				
B	Number of children to be vaccinated with the first dose	Table 4	937,480	1,081,042		
B1	Number of children to be vaccinated with the third dose	Table 4	881,231	1,081,042		
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,733,129	3,090,699		
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses required including wastage	$D \times E$		3,245,234		
G	Buffer stock of vaccines	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0,375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved) : <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375</math></i></li> <li><i>else: <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375</math></i>  <math>\geq 0</math></li> </ul>				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$				
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Stock on 1st January	Table 7.11.1	2,096,200	2,164,180		
H3	Dispatch schedule	Approved volume		2,040,500		
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		2,040,500		
J	Number of doses per vial	Vaccine parameter				
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$				
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$				
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$				
N	Cost of the required vaccines	$I * \text{price of vaccine per dose (g)}$				
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$				
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$				
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$				
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$				

<b>T</b>	<b>Total funds required</b>	$(N+O+P+Q+R+S)$				
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{Country co-financing per dose (cc)}$				
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$				

As the shipment plan for 2014 is not yet available, the volume approved for 2014 is used as the best shipment picture for 2014. The information will be updated when the shipment schedule is available.

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-financing	V	10.74%		
B	Number of children to be vaccinated with the first dose	Table 4	1,013,380	108,867	904,513
B1	Number of children to be vaccinated with the third dose	Table 4	962,711	103,424	859,287
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,968,697	318,925	2,649,772
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required including wastage	$D \times E$	3,117,132	334,871	2,782,261
G	Buffer stock of vaccines	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0,375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0</math></li> </ul>	- 45,750	- 4,914	- 40,836
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$	83,748	8,997	74,751
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$	1,207,638	129,736	1,077,902
H2	Stock on 1st January	Table 7.11.1			
H3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	2,988,000	320,999	2,667,001
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	3,123,119	0	3,123,119
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	32,868	0	32,868
N	Cost of the required vaccines	$I * \text{price of vaccine per dose (g)}$	5,369,436	576,834	4,792,602
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	139,916	0	139,916
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	179	0	179
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	193,300	20,767	172,533
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	5,702,831	612,651	5,090,180

<b>U</b>	<b>Total country co-financing</b>	<i>I x Country co-financing per dose (cc)</i>	597,600		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	<i>U / (N + R)</i>	10.74%		

As the shipment plan for 2014 is not yet available, the volume approved for 2014 is used as the best shipment picture for 2014. The information will be updated when the shipment schedule is available.



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

ID	Source		2014	2015	2016	TOTAL	
	Number of surviving infants	Parameter	#	937,480	968,417	1,013,380	2,919,277
	Number of children to be vaccinated with the first dose	Parameter	#	1,845,012	1,081,042	1,013,380	3,939,434
	Number of children to be vaccinated with the third dose	Parameter	#	937,480	1,081,042	962,711	2,981,233
	Immunization coverage with the third dose	Parameter	%	100.00%	111.63%	95.00%	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.03	1.05	1.01	
	Stock in Central Store Dec 31, 2014		#	799,500			
	Stock across second level Dec 31, 2014 (if available) *		#	799,500			
	Stock across third level Dec 31, 2014 (if available) *	Parameter	#	799,500			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.50%	3.00%	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

No difference

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

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,845,012	1,081,042	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B \times C$	5,535,036	3,243,125	
E	Estimated vaccine wastage factor	Table 4	1.03	1.05	
F	Number of doses required including wastage	$D \times E$		3,405,282	
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	H2 of the previous year - $0.25 \times F$ of the previous year			
H2	Stock on 1st January	Table 7.11.1	0	799,500	
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		3,785,400	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-financing	V	5.75%		
B	Number of children to be vaccinated with the first dose	Table 4	1,013,380	58,252	955,128
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B \times C$	3,040,140	174,754	2,865,386
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses required including wastage	$D \times E$	3,070,542	176,502	2,894,040
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	- 50,453	- 2,900	- 47,553
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$	0	0	0
H 2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	3,020,400	173,620	2,846,780
J	Number of doses per vial	Vaccine parameter	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	3,288,656	0	3,288,656
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	33,225	0	33,225
N	Cost of the required vaccines	$I * \text{price of vaccine per dose (g)}$	10,202,912	586,486	9,616,426
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	147,332	0	147,332
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	181	0	181
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	306,088	17,595	288,493
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	10,656,513	612,560	10,043,953
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	604,080		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.75%		



**Table 7.11.1:** Characteristics for **Rotavirus, 2 dose schedule**

ID		Source		2014	2015	2016	TOTAL
	<b>Number of surviving infants</b>	Parameter	#	937,480	968,417	1,013,380	2,919,277
	<b>Number of children to be vaccinated with the first dose</b>	Parameter	#	937,480	1,081,042	1,013,380	3,031,902
	<b>Number of children to be vaccinated with the second dose</b>	Parameter	#	937,480	1,081,042	962,711	2,981,233
	<b>Immunization coverage with the second dose</b>	Parameter	%	100.00%	111.63%	95.00%	
	<b>Number of doses per child</b>	Parameter	#	2	2	2	

	<b>Estimated vaccine wastage factor</b>	Parameter	#	1.00	1.05	1.01	
	<b>Stock in Central Store Dec 31, 2014</b>		#	601,500			
	<b>Stock across second level Dec 31, 2014 (if available) *</b>		#	601,500			
	<b>Stock across third level Dec 31, 2014 (if available) *</b>	Parameter	#				
	<b>Number of doses per vial</b>	Parameter	#		1	1	
	<b>AD syringes required</b>	Parameter	#		No	No	
	<b>Reconstitution syringes required</b>	Parameter	#		No	No	
	<b>Safety boxes required</b>	Parameter	#		No	No	
cc	<b>Country co-financing per dose</b>	Parameter	\$		0.20	0.20	
ca	<b>AD syringe price per unit</b>	Parameter	\$		0.0448	0.0448	
cr	<b>Reconstitution syringe price per unit</b>	Parameter	\$		0	0	
cs	<b>Safety box price per unit</b>	Parameter	\$		0.0054	0.0054	
fv	<b>Freight cost as % of vaccines value</b>	Parameter	%		4.20%	4.40%	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

No difference

### Co-financing table for Rotavirus, 2 dose schedule

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

**Table 7.11.4:** Calculation of requirements for **Rotavirus, 2 dose schedule** (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	937,480	1,081,042	
C	Number of doses per child	The immunization schedule	2	2	
D	Number of doses required	$B \times C$	1,874,960	2,162,084	
E	Estimated vaccine wastage factor	Table 4	1.00	1.05	
F	Number of doses required including wastage	$D \times E$		2,270,188	
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	$H_2 \text{ of the previous year} - 0,25 \times F \text{ of the previous year}$			
H <sub>2</sub>	Stock on 1st January	Table 7.11.1	0	601,500	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		1,315,500	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

**Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 2)**

	Formula	2016		
		Total	Government	GAVI
A	Country co-financing	V	8.49%	
B	Number of children to be vaccinated with the first dose	Table 4	1,013,380	86,053
C	Number of doses per child	The immunization schedule	2	
D	Number of doses required	$B \times C$	2,026,760	172,105
E	Estimated vaccine wastage factor	Table 4	1.01	
F	Number of doses required including wastage	$D \times E$	2,047,028	173,826
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	- 33,635	- 2,856
H	Stock to be deducted	$H2 \text{ of the previous year} - 0,25 \times F \text{ of the previous year}$	33,953	2,884
H2	Stock on 1st January	Table 7.11.1		
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	1,980,000	168,135
J	Number of doses per vial	Vaccine parameter	1	
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	0	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0
M	Total number of safety boxes required (10% extra)	$(K + L) / 100 \times 1.10$	0	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	4,466,880	379,311
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	0	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$	0	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	196,543	16,690
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	4,663,423	396,000
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	396,000	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.49%	

**Table 7.11.1: Characteristics for Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

ID		Source		2014	2015	2016	TOTAL
	<b>Number of surviving infants</b>	Parameter	#	937,480	968,417	1,013,380	2,919,277
	<b>Immunization coverage</b>	Parameter	%	92.00%	95.00%	95.00%	2,745,189
	<b>Number of doses per child</b>	Parameter	#	1	1	1	
	<b>Estimated vaccine wastage factor</b>	Parameter	#	1.25	1.25	1.25	
	<b>Stock in Central Store Dec 31, 2014</b>		#	700,200			
	<b>Stock across second level Dec 31, 2014 (if available) *</b>		#	700,200			

	<b>Stock across third level Dec 31, 2014 (if available) *</b>	Parameter	#			
	<b>Number of doses per vial</b>	Parameter	#		10	10
	<b>AD syringes required</b>	Parameter	#		Yes	Yes
	<b>Reconstitution syringes required</b>	Parameter	#		Yes	Yes
	<b>Safety boxes required</b>	Parameter	#		Yes	Yes
cc	<b>Country co-financing per dose</b>	Parameter	\$		0.20	0.20
ca	<b>AD syringe price per unit</b>	Parameter	\$		0.0448	0.0448
cr	<b>Reconstitution syringe price per unit</b>	Parameter	\$		0	0
cs	<b>Safety box price per unit</b>	Parameter	\$		0.0054	0.0054
fv	<b>Freight cost as % of vaccines value</b>	Parameter	%		7.50%	7.40%
fd	<b>Freight cost as % of material value</b>	Parameter	%			

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

No difference

### Co-financing table for **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

**Table 7.11.4:** Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	862,482	919,996	
C	Number of doses per child	The immunization schedule	1	1	
D	Number of doses required	$B \times C$	862,482	919,996	
E	Estimated vaccine wastage factor	Table 4	1.25	1.25	
F	Number of doses required including wastage	$D \times E$		1,149,995	
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$			
H2	Stock on 1st January	Table 7.11.1	653,600	700,200	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		936,400	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I * \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the required safety boxes	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			

U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

**Table 7.11.4:** Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	18.77%		
B	Number of children to be vaccinated with the first dose	Table 4	962,711	180,722	781,989
C	Number of doses per child	The immunization schedule	1		
D	Number of doses required	$B \times C$	962,711	180,722	781,989
E	Estimated vaccine wastage factor	Table 4	1.25		
F	Number of doses required including wastage	$D \times E$	1,203,389	225,902	977,487
G	Buffer stock of vaccines	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	12,995	2,440	10,555
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$	412,702	77,473	335,229
H 2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	803,700	150,872	652,828
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	$(D + G - H) \times 1.10$	619,305	0	619,305
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	88,407	0	88,407
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	8,841	0	8,841
N	Cost of the required vaccines	$I * \text{price of vaccine per dose (g)}$	797,271	149,665	647,606
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	27,745	0	27,745
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	3,095	0	3,095



<b>Q</b>	<b>Cost of the required safety boxes</b>	$M \times \text{unit price of safety boxes (cs)}$	49	0	49
<b>R</b>	<b>Freight cost of required vaccines</b>	$N \times \text{Freight cost as \% of vaccine value (fv)}$	58,999	11,076	47,923
<b>S</b>	<b>Freight cost of required material</b>	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
<b>T</b>	<b>Total funds required</b>	$(N+O+P+Q+R+S)$	887,159	166,539	720,620
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{Country co-financing per dose (cc)}$	160,740		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$	18.77%		

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## 8. Health System Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

### 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 2014.** All countries are expected to report on:
  - a. The progress achieved in 2014
  - b. HSS implementation during January – April 2015 (interim reporting)
  - c. Plans for 2016
  - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

In order to better align HSS support reporting on national processes, for countries of whose 2014 fiscal year starts in January 2014 and ends in December 2014, the HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately. Please use additional space than that provided in this template, as necessary.
4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person responsible for your country at the GAVI Secretariat for reprogramming guidelines or send an email to [gavihss@gavi.org](mailto:gavihss@gavi.org).
5. If you are requesting additional funds, please make this clear in [section 8.1.2](#).
6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country's 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 the HSCC meetings held in 2014
  - b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
  - c. Latest Health Sector Review Report
  - d. Financial statement for the use of HSS funds in the 2014 calendar year
  - e. External audit report of 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 installments of HSS funding:
  - a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
  - b. Demonstrating (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 monitor the GAVI HSS investment in the coming year.

8. 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.

## 8.1. Report on the use of HSS funds in 2014 and request for additional funds

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

### 8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program 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 8.1.3.a](#) and [8.1.3.b](#).**

### 8.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **15252415** US\$

These funds will be sufficient to ensure the HSS allocation until December 2016.

**Table 8.1.3a \$(US)**

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	0	0	3,960,000	0	0	9,539,692
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	3,960,000	0	0
Remaining funds (carry over) from previous year (A)	0	0	0	0	3,960,000	0
Total funds available during the calendar year (C=A+B)	0	0	0	0	3,960,000	3,960,000
Total expenditure during the calendar year (D)	0	0	0	0	0	2,382,469
Balance carried forward to the next calendar year (E=C-D)	0	0	0	0	0	1,603,531
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budget (if revised during a review of the previous years' annual reports)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)				
Total funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to the next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	7,624,872	7,627,543	7,620,786	7,612,201

Table 8.1.3b (Local currency)

Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budget (if revised during a review of the previous years' annual reports)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (A)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	4550433084	0	0	0
Remaining funds (carry over) from previous year (A)	764884287	0	0	0
Total funds available during the calendar year (C=A+B)	5315317371	0	0	0
Total expenditure during the calendar year (D)				
Balance carried forward to the next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure that you complete this row if you are requesting additional funds]	<b>3637063944</b>	<b>3638338011</b>	<b>3635114922</b>	<b>3631019877</b>

## Report of Exchange Rate Fluctuation

Please indicate in Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January				490	500	514
Closing on 31st December				500	514	500

### Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 the Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

**Has an external audit been conducted?** Not selected

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

## 8.2. Progress of HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunization using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and the use of 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 8.2: HSS activities in the reporting year 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>Objective 1: Increase the proportion of the population with access to MPAs from 44.57% to 50% by the end of 2015</b>	Equip 14 health districts with techno vehicles (including GPS) for integrated mobile activities	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Provide 156 IHCs with motorcycle for ground activities	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Organize an integrated mobile visit, 7 days per month per district in 14 districts throughout the year to villages in remote areas.	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Organize health communication sessions through community media	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Organize social mobilization before mobile integrated activities in areas not covered under fixed schedules.	100	Financial Monitoring Report, Common Fund 2nd quarter 2014

	Conduct regular integrated supervision at all levels of the system	50	Financial Monitoring Report, Common Fund 2nd quarter 2014
<b>Objective 2: Lead 70% of health facilities to provide complete and quality data as per the deadline, by 2014</b>	Conduct an evaluation by a consultant on the quality of EPI data (DQS)	50	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Implement a fleet system for references in 98 IHCs for the health districts of Tchirozérine, Guidan Roundji, Abalak, Tahoua, Mainé Soroa, N'Guigmi, Gouré, Dakoro, Mayahi, Tessaoua, Dogon Douchi; Filingué and Ouallam	25	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Maintain the existing BLU radios in the health districts of Tchirozérine, Guidan Roundji, Abalak, Tahoua, Mainé Soroa, N'Guigmi, Gouré, Dakoro, Mayahi, Tessaoua, Dogon Douchi; Filingué and Ouallam	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Train the DSP staff on external RBF	0	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Recruit a national consultant for developing the GAVI HSS applications	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Develop the Medium Term Expenditure Framework 2014-2015 (CDS/MT)	0	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Buy 2 double carbine 4x4 vehicles for supervision by the Immunization Director ID	25	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Equip Agadez Dosso and Tahoua Zinder with four 4X4 type vans for transporting vaccines	25	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Conduct an internal mid-term review of PDS 2011 -2015 (Regional Support, Central and National level workshop)	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Develop the aide memoire of the Annual Joint Review (2013) in Niamey	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Organize an interim workshop at national level for the restitution of the results of the PDS 2011-2015 mid-term review	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Conduct a satisfaction survey of the beneficiaries in the context of the mid-term review of PDS 2011 -2015	100	Financial Monitoring Report, Common Fund 2nd quarter 2014
	Support the updating of the Complete Multi-Year Plan (cMYP) 2011-2015 for vaccination	0	Financial Monitoring Report, Common Fund 2nd quarter 2014



8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress made and obstacles met (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and constraints
Objective 1: Increase the proportion of the target population	
Objective 2: Bring up 70% of the health facilities	
Objective 4: Support the development and adoption of	
Objective 3: Support the implementation of the PDS 2011-	

8.2.2 Explain why certain activities have not been implemented, or have been modified, with references.

Some activities were not carried out for the simple reason that they have been reprogrammed for 2015

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

No funds were used in this context

### 8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

**Table 8.3:** 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	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date									
National coverage for DTP- HepB-Hib3 (%)											
No. /% of districts reaching >80% of coverage for DTP- HepB+Hib3											
Mortality Rate for children less than five years of age (for 1,000)											
Effective national coverage rate in DTP-HepB+Hib3 (Target No 1)											
Data verification factor or data concordance index (%) (Target No 2)											
Proportion of population with access to MPA											
% of districts who have submitted complete and quality reports within the deadline at the national level											
Percentage of districts who have conducted at least 10 integrated mobile visits in a year											
Percentage (%) of health facilities provided with means of communications (GSM or BLU)											
Availability of HDP 2016-2020											

## 8.4. Program implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

Supply of equipment, realization of fairground activities, decentralized mobile, advanced and social mobilization. Interim evaluation of PDS 2011-2015

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

No problem was encountered

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

- \* Supervision and quarterly monitoring at health district level
- \* Supervision and biannual monitoring at regional and central level
- \* Framing of the biannual report on the implementation of the PDS
- \* Framing of the biannual report and financial monitoring of the HSS
- \* Framing the biannual memorandum of execution (Monitoring and evaluation Guide for PDS)

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

The monitoring of GAVI HSS activities is integrated into the national PDS monitoring system

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

The main stakeholders of the PDS are:

- The offices of the Ministry of Public Health:
- The Technical and Financial partners
- The representatives of the management community (MC)

Civil Society

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

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

- Whether the management of the HSS funds has been effective?
- Where there any constraints in disbursing internal funds?
- Actions taken to address any issues and to improve management
- Are there any planned changes to management processes in the coming year?

The management was effective, the common fund procedure manual is being revised to reflect the new intervention of the World Bank

## 8.5. HSS Activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

**Table 8.4:** Activities planned for 2015

Major activities (insert as many rows as necessary)	Activity planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reports Reviews)	2015 actual expenditure (as at April 2015)	Revised Activity (if required)	Explanation for proposed changes to activities or budget (if required)	Revised budget for 2015(if required)
	Transform 30 health posts into IHCs	1,656,000				
	Study and monitoring of transformation works for the health posts into IHCs by the research wings	120,000				
	Equip health posts transformed into IHCs	320,000				

	Provide each of the 21 health districts with a mobile unit vehicle for reproductive health activities and immunization in 2014 and renew 12 vehicles for districts that are difficult to access.	1,890,000				
	Provide each of the 21 mobile teams for reproductive health and vaccination with drug kits, consumables and laboratory reagents	504,000				
	Ensure the provision of fuel for the 21 mobile teams for their weekly visits in the RH (4 visits per month and 450 dollars per visit per team for remote areas)	56,700				

	Ensure the 21 mobile teams members' daily allowances in RH (4 visits per month and 450 dollar per visit per team for remote areas)	56,700				
	Provide maintenance (preventive and curative) for the vehicles of the 21 mobile teams in RH / Immunization (\$ 300 per vehicle per quarter)	63,000				

	Support fairground or advanced strategy immunization activities at 419 IHCs (1 visit/week/IHC)	1,143,870				
	Support integrated supervision twice a year from the central level to the 8 regions (ID, HD and DMCH)	18,720				
	Support integrated supervision or monitoring of activities at the 419 IHCs by the districts four times a year.	208,662				
	Support, once a month, the integrated supervision activities of IHC heads of the health units (1340)	361,800				

	Buy two Pick up vehicles, 4x4 double cabin, for each of the 21 districts and one for each of the 7 regions for supervision activities	924,000				
	Buy a 4x4 station Wagon, for the Statistics Directorate	48,000				
	Buy 275 registered Motorcycles of the type TT 125	975,000				
	Acquire 21 complete maintenance kits for the cold chain (maintenance tools + oxygen and acetylene shells)	42,000				
	Acquire spare parts for the 36 solar refrigerators (BLF100 DC)	20,736				

	Acquire spare parts for the 135 refrigerators (RCW 50 EG)	29,160				
	Purchase and install three cold rooms (both positive and negative) of size 40 cubic meters to enhance the storage capacity of the Immunization Directorate	186,000				
	Acquire temperature monitoring equipment for the 1,340 health posts, 419 IHCs, 21 Health Districts (3 per district) and 11 cold chambers	36,660				

	Equip new solar refrigerators to the 19 IHCs (type 100 DC BLF)	114,000				
	Replace the 339 solar refrigerators (type 100 DC BLF) already provided to the IHCs.	0				
	Provide 1340 health posts with refrigerators (type RCW 50 EG)	1,846,000				
	Provide the 419 IHCs and 1340 health posts with vaccine carriers (giostyle)	9,680				
	Provide the 419 IHCs and 1340 health posts with vaccine carriers (blowking)	0				
	Provide the 419 IHCs with freezers RCW 12	152,570				
	Provide 1340 health posts with freezers RCW 12	344,400				

	Provide 21 health districts with electric and gas type refrigerators marked for 200 to 300 liters	60,690				
	Provide each of the 21 health districts with a freezer for freezing briquettes from 200 to 300 liters	15,960				
	Provide the DI with two (2) registered refrigerated vans	128,000				

	Provide the DI with a generator for the cold chain	40,000				
	Equip 21 Health Districts with electrical incinerators	199,500				
	Equip the laboratories in 21 districts with medical consumables and reagents within the epidemiological surveillance framework for diseases preventable by immunization in 2014 and 2017	210,000				
	Train 50 Multi-skilled Workers in cold chain maintenance.	29,081				
	Train 116 health workers in EPI/ACD/RED management (4 in each of the 21 health districts and 4 per RDPH) in 4 Train the trainer sessions	34,633				
	Train 838 officers of the IHCs in ACD/RED Management (2 agents CSI)	398,474				
	Train 63 officers of the health posts in vaccine technology in each of the 21 health districts	127,665				



	Incorporate the guidelines on immunization in the training curricula of the public and private health schools and the Faculty of Health Sciences in 2015	7,840				
	Organize a validation workshop on the document integrating the guidelines on immunization in the training curricula of public and private health schools and the Faculty of Health Sciences in 2015	21,822				
	Train 42 officers of the MPH on the methodology and the use of the software SARA in two sessions	13,283				
	Train 58 officers (2 for each of the 21 districts and 2 per RDPH) on the monitoring of EPI activities	13,039				
	Train 50 officers on the joint assessment methodology of the National Health Strategy (NHS)	28,972				
	Support community diagnostic activities to develop microphone plans for the 419 IHCs in the 21 health districts	77,720				
	Support the development and annual evaluation of the microphone plans for the 419 IHCs	0				

	Train 4 members per Regional Directorate of the Public Health and 5 members of the Executive Teams of the 21 health districts on the development and evaluation of the micro plans (one training session per region or 8 sessions)	0				
	Train 2 health workers and 2 members of the MC per IHC for each of the 419 IHCs on the development and evaluation of the micro plans	0				
	Review the training modules on interpersonal communication for the various stakeholders in 2014	5,880				
	Organize a validation workshop for the training modules on interpersonal communication for the various stakeholders in 2014	9,520				
	Train 2 trainers for RDPH and 2 for each of the 21 health districts in communication for development including vaccination in two 4-day sessions.	16,275				

	Train one health worker per IHC for each of the 21 health districts (419 health workers) in communication for development including vaccination in a 3-day session	0				
	Train 10 community volunteers per IHC (4190 volunteers) on vaccination communication in 21 health districts in 1 session lasting 2 days	346,094				
	Train 20 facilitators/ health columnists of public and private media per region (160 participants) in vaccination communication in 1 session lasting three days	15,240				
	Sign radio message broadcasting contracts with eight regional radio stations and 64 local radio stations of the 21 health districts	195,840				
	Evaluate the integrated communication plan for immunization in 2014	45,747				
	Develop the integrated communication plan 2016-2020 on immunization in 2015	5,880				

	Organize a validation workshop on integrated communication 2016-2020 on immunization in 2015	7,366				
	Strengthen community level monitoring and the change of behavior across the CSOs	36,000				
	Provide the health sector CSOs with communication equipment in the (15x21 districts)	0				
	Provide the 419 IHCs and 1340 health posts with communication kits	158,310				
	Support the organization of an information and awareness meeting on the importance of vaccination by the CSOs (trade unions, Religious Orders, NGOs and Association of Health Professionals) at the 8 regions and 21 districts once a year.	242,899				
	Provide the 8 regions, 21 districts and 419 IHCs with educational communication support kits (Booklet for community mobilizers, flip charts, image box, etc.)	0				

	Provide the DI with audiovisual equipment (digital camera, mounting table, sound system, scanner, radio, external drives/ recorder and TVs in 2015)	50,000				
	Conduct a KAP survey on immunization in 2014 and 2018	79,412				

	Conduct a study on the determinants of low immunization coverage in the ten worst performing districts	750,000				
	Support the 8 regions and 21 health districts in conducting operational research programs (RH/ vaccination)	507,500				
	Support the development and validation of the cMYP 2016-2020 in 2015	16,732				
	Support the final assessment of the PDS 2011-2015 in 2015	75,000				
	Support the drafting of the PDS 2011-2015 in 2015	150,000				
	Train 60 central and regional staff on the planning tool ONEHEALTH in two sessions	21,749				

	Organize a workshop in 2016 for the revision of the NHIS data collection tools.	0				
	Bi-annually, organize a quality control (DQS) survey on immunization and surveillance data at the 21 Hds from 2014 to 2018	99,691				
	Organize one meeting every six months on the harmonized management of immunization and surveillance data in the 8 regions from 2014- 2018 (detailed budget required) (5 days, including: 1 MCD, 1 CSE, 1 CDI for 42 HDs and 8 regions: DRSP, SPIS, CRI)	52,848				
		15,422,320	0			0

### 8.6. HSS activities planned for 2016

Please use **Table 8.6** to indicate the planned activities for 2016. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

**Please note that the change in the budget is over 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.**

**Table 8.6:** HSS Activities planned for 2016

Major activities (insert as many rows as necessary)	Activity planned for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2016 (if required)
	Transform 30 health posts into IHCs	828,000			
	Study and monitoring of transformation works for the health posts into IHCs by the research wings	60,000			
	Equip health posts transformed into IHCs	160,000			
	Provide each of the 21 mobile teams on reproductive health and immunization with medical kits, consumables and laboratory reagents.	336,000			
	Ensure the provision of fuel for the 21 mobile teams for their weekly visits in the RH (4 visits per month and 450 dollars per visit per team for remote areas)	37,800			
	Ensure the 21 mobile teams members' daily allowances in RH (4 visits per month and 450 dollar per visit per team for remote areas)	37,800			
	Provide maintenance (preventive and curative) for the vehicles of the 21 mobile teams in RH / Immunization (\$ 300 per vehicle per quarter)	75,600			

	Support the fairground or advanced strategy act immunization activities at 419 IHCs (1 visit/week/IHC)	762,580			
	Support integrated supervision twice a year from the central level to the 8 regions (ID, HD and DMCH)	12,480			
	Support integrated supervision or monitoring of activities in the 21 districts by the regions twice a year.	8,518			
	Support integrated supervision or monitoring of activities at the 419 IHCs by the districts four times a year.	139,108			
	Support, once a month, the integrated supervision activities of IHC heads of the health units (1340)	241,200			
	Buy two Pick up vehicles, 4x4 double cabin, for each of the 21 districts and one for each of the 7 regions for supervision activities	308,000			
	Buy a 4x4 station Wagon, for the Statistics Directorate	0			
	But 275 registered Motorcycles of the type TT 125	400,000			



	Acquire 21 complete maintenance kits for the cold chain (maintenance tools + oxygen and acetylene shells)	0			
	Acquire spare parts for the 36 solar refrigerators (BLF100 DC)	0			
	Acquire spare parts for the 135 refrigerators (RCW 50 EG)	0			
	Purchase and install three cold rooms (both positive and negative) of size 40 cubic meters to enhance the storage capacity of the Immunization Directorate	0			
	Acquire temperature monitoring equipment for the 1,340 health posts, 419 IHCs, 21 Health Districts (3 per district) and 11 cold chambers	0			
	Equip new solar refrigerators to the 19 IHCs (type 100 DC BLF)	0			
	Replace the 339 solar refrigerators (type 100 DC BLF) already provided to the IHCs.	474,000			
	Provide 1340 health posts with refrigerators (type RCW 50 EG)	823,600			

	Provide the 419 IHCs and 1,340 health posts with vaccine carriers (giostyle)	9,680			
	Provide the 419 IHCs and 1340 health posts with vaccine carriers (blowking)	0			
	Provide the 419 IHCs with freezers RCW 12	153,300			
	Provide 1340 health posts with freezers RCW 12	215,600			
	Provide 21 health districts with electric and gas type refrigerators marked for 200 to 300 liters	0			
	Provide each of the 21 health districts with a freezer for freezing briquettes from 200 to 300 liters	0			
	Provide the DI with two (2) registered refrigerated vans	0			
	Provide the DI with a generator for the cold chain	0			
	Equip 21 Health Districts with electrical incinerators	0			
	Equip the laboratories in 21 districts with medical Consumables and reagents within the epidemiological surveillance framework for diseases preventable by immunization in 2014 and 2017	0			

	Train 50 Multi-skilled Workers in cold chain maintenance.	0			
	Train 116 health workers in EPI/ACD/RED management (4 in each of the 21 health districts and 4 per RDPH) in 4 Train the trainer sessions	34,633			
	Train 838 officers of the IHCs in ACD/RED Management (2 agents CSI)	265,649			
	Train 63 officers of the health posts in vaccine technology in each of the 21 health districts	51,066			
	Incorporate the guidelines on immunization in the training curricula of the public and private health schools and the Faculty of Health Sciences in 2015	0			
	Organize a validation workshop on the document integrating the guidelines on immunization in the training curricula of public and private health schools and the Faculty of Health Sciences in 2015	0			
	Train 42 officers of the MPH on the methodology and the use of the software SARA in two sessions	13,283			

	Train 58 officers (2 for each of the 21 districts and 2 per RDPH) on the monitoring of EPI activities	13,039			
	Train 50 officers on the joint assessment methodology of the National Health Strategy (NHS)	0			
	Support community diagnostic activities to develop microphone plans for the 419 IHCs in the 21 health districts	0			
	Support the development and annual evaluation of the microphone plans for the 419 IHCs	297,717			
	Train 4 members per Regional Directorate of the Public Health and 5 members of the Executive Teams of the 21 health districts on the development and evaluation of the micro plans (one training session per region or 8 sessions)	79,984			
	Train 2 health workers and 2 members of the MC per IHC for each of the 419 IHCs on the development and evaluation of the micro plans	106,720			
	Review the training modules on interpersonal communication for the various stakeholders in 2014	0			

	Organize a validation workshop for the training modules on interpersonal communication for the various stakeholders in 2014	0			
	Train 2 trainers for RDPH and 2 for each of the 21 health districts in communication for development including vaccination in two 4-day sessions.	16,275			
	Train one health worker per IHC for each of the 21 health districts (419 health workers) in communication for development including vaccination in a 3-day session	57,516			
	Train 10 community volunteers per IHC (4190 volunteers) on vaccination communication in 21 health districts in 1 session lasting 2 days	0			
	Train 20 facilitators/ health columnists of public and private media per region (160 participants) in vaccination communication in 1 session lasting three days	15,240			

	Sign radio message broadcasting contracts with eight regional radio stations and 64 local radio stations of the 21 health districts	195,840			
	Evaluate the integrated communication plan for immunization in 2014	0			
	Develop the integrated communication plan 2016-2020 on immunization in 2015	0			
	Organize a validation workshop on integrated communication 2016-2020 on immunization in 2015	0			
	Strengthen community level monitoring and the change of behavior across the CSOs	36,000			
	Provide the health sector CSOs with communication equipment in the (15x21 districts)	28,350			
	Provide the 419 IHCs and 1340 health posts with communication kits	0			
	Organize a national caravan for sensitizing and social mobilization for a week on immunization at nomad district level.	26,201			

	Support the organization of an information and awareness meeting on the importance of vaccination by the CSOs (trade unions, Religious Orders, NGOs and Association of Health Professionals) at the 8 regions and 21 districts once a year.	121,450			
	Provide the 8 regions, 21 districts and 419 IHCs with educational communication support kits (Booklet for community mobilizers, flip charts, image box, etc.)	0			
	Provide the DI with audiovisual equipment (digital camera, mounting table, sound system, scanner, radio, external drives/ recorder and TVs in 2015)	0			
	Conduct a KAP survey on immunization in 2014 and 2018	0			
	Conduct a study on the determinants of low immunization coverage in the ten worst performing districts	0			
	Support the 8 regions and 21 health districts in conducting operational research programs (RH/ vaccination)	253,750			

	Support the development and validation of the cMYP 2016-2020 in 2015	0			
	Support the final assessment of the PDS 2011-2015 in 2015	0			
	Support the drafting of the PDS 2011-2015 in 2015	0			
	Train 60 central and regional staff on the planning tool ONEHEALTH in two sessions	21,749			
	Organize a workshop in 2016 for the revision of the NHIS data collection tools.	14,312			
	Bi-annually, organize a quality control (DQS) survey on immunization and surveillance data at the 21 Hds from 2014 to 2018	66,461			
	Organize one meeting every six months on the harmonized management of immunization and surveillance data in the 8 regions from 2014- 2018 (detailed budget required) (5 days, including: 1 MCD, 1 CSE, 1 CDI for 42 HDs and 8 regions: DRSP, SPIS, CRI)	35,232			



	Perform annual Financial Controls on GAVI HSS management	0			
	Improve the financial management skills of the staff at the Common Fund (monitoring and audit)	0			
	Perform annual financial audits as part of the GAVI-HSS interventions	0			
	Conduct an annual inventory of the assets acquired as part of the GAVI HSS and update the MOH database	0			
	Provide the health sector CSOs with communication equipment in the (15x21 districts)	0			
	Organize at the end of every two years, a data quality audit (DQA) including immunization.	0			
	Equip the 21 districts and the statistics directorate with 27 complete desktops Kits (1 per district and 6 for the HD)	0			

	Train 75 national and regional trainers on DQS / DQA (6 per region: RDPH, SPIS, CRI, RH, RHC, reference maternity) and 27 from the central level: 4 DI, 4 Hds, 4 RDPH, 2 DSP, DMCH 2, DN 2, 3 NH, 1 MIG) in three 10-day sessions	21,883			
	Train 105 members of the 21 Health Districts (MCD, CSE, CDI, Midwife supervisor, the Major Hospital of the HD) on DQS / DQA in five 10-day sessions	26,714			
	Provide the 21 health districts, 419 IHCs and 1340 health posts with NHIS/EPI support every year.	213,600			
	Production of a quarterly bulletin on NHIS Information at all levels, also taking the community data into account	20,000			
	Support the drafting and distribution of the statistical yearbook	15,000			
	Conduct an immunization coverage survey every two years (2015 and 2017)	0			
	Organize a workshop for validating the report on immunization coverage surveys every two years (2015 and 2017)	0			

	Organize a workshop in 2015 to validate the report on the satisfaction survey conducted on the implementation of the PDS 2011-2015	0			
	Organize an EPI review every 5 years.	0			
	Organize every year a monitoring mission for the implementation of HSS activities from 2014 to 2018	65,312			
	Organize the mid-term review of the implementation of HSS activities in 2016	29,934			
	Organize a final assessment of the implementation of HSS activities in 2018	0			
	Organize an annual parliamentary day on immunization by the CSOs	6,800			
	Develop partnerships with State and private companies to mobilize the resources for immunization	550			
	Support the advocacy and social mobilization activities of the health sector journalists network in favor of immunization every year	7,500			

	Support the advocacy and social mobilization activities of the health sector champions network in favor of immunization every year	7,500			
	Support the monitoring of the implementation of the COMPACT and the commitments of other TFPs every year.	6,000			
	Extend support for the additional wages of the contract workers of the Common Fund	210,000			
	Contribute to the operation of the Common Fund in implementing HSS activities from 2014 to 2018	67,778			
	Improve the skills of the staff at the Common Fund in financial management (monitoring and audit)	40,000			
	Improve the skills of the staff at the Common Fund in financial management (monitoring and audit)	40,000			
	Perform annual financial audits as part of the GAVI-HSS interventions	17,778			
		7630082			

## 8.7. Revised indicators in case of reprogramming

Countries planning to request reprogramming can do so at any time of the year. Please ask the person responsible for your country at the GAVI Secretariat for reprogramming guidelines or send an email at [gavihss@gavi.org](mailto:gavihss@gavi.org).

## 8.8. Other sources of funding for HSS

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

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in USD	Duration of support	Type of activities funded
GAVI	40025094	5 YEARS	

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

## 8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How the 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 questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Financial Monitoring Report, Common Fund; DSP/MOH	Validation of PAA by CNTS, Certification of financial reports by TFPs	- Delay in the implementation of activities related to the procurement process. - Extension of time for the implementation of activities

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

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? Please attach:

1. The minutes from all the HSCC meetings held in 2015, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

## **9. Strengthening the involvement of the Civil Society Organizations (CSO): type A and type B**

### **9.1. TYPE A: Support to strengthen the coordination and representation of the CSOs**

**Niger has not received GAVI Type A support to CSOs**

Niger will not present a report on GAVI Type A support to CSOs for 2014

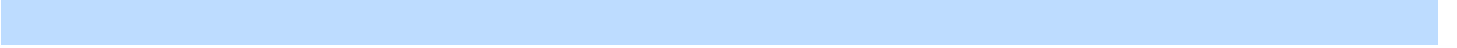
## 9.2. TYPE B: CSO support to help implement the GAVI HSS proposal or CMYP

Niger **has NOT received GAVI Type B support to CSOs**

Niger will not present a report on GAVI Type B support to CSOs for 2014

## 10. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC and any comments or information you may wish to share in relation to the challenges you have encountered during the year under review. These could be in addition to the approved minutes, which should be included in the attachments.





# 11. Appendices

## 11.1. Annex 1: ISS instructions

### INSTRUCTIONS:

#### FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION UNDER IMMUNIZATION SERVICES SUPPORT (ISS)**

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the 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 2014 calendar year, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
  - a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. other income received during 2014 (interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 2014 (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 be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

## 11.2. Annex 2 - Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR **ISS FINANCIAL STATEMENTS** AND FOR THE ALLOCATION OF A **VACCINE INTRODUCTION 1**

#### *An example of income & expenditure statement*

Summary Table of income & expenditure -- GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
<b>Summary of income received in 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2014</b> (Balance carried over to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 11.3. Annex 3 - Instructions for HSS support

### INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2014, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
  - a. Funds carried forward from calendar year 2013 (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc.)

- d. Total expenditure during the calendar year
- e. Closing balance as of 31 December 2014
- f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize the 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: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 2014 (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 exchange rate has been applied, and any additional 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 financial statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

#### 11.4. Annex 4 - HSS income & expenditure example

##### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

*An example of income & expenditure statement*

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
<b>Summary of income received in 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2014 (Balance carried over to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\*The expense categories are indicative and included only as an example. Each

Government will provide financial statements in compliance with their own economic classification system.

## 11.5. Annex 5 - Instructions for CSO support

### INSTRUCTIONS:

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

- I. All countries that have received Type B support to CSOs grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2014, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
  - a. Funds carried forward from calendar year 2013 (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014(interest, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. 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 2014(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 exchange rate has been applied, and any additional 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 financial statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

## 11.6. Annex 6 - CSO income & expenditure example

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

*An example of income & expenditure statement*



Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
<b>Summary of income received in 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure in 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Closing Balance on 31 December 2014 (Balance carried over to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US\$	Actual expenses in CFA	Actual expenses in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-Salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenses</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\*The expense categories are indicative and included only as an example. Each Government will provide financial statements in compliance with their own economic classification system.

## 12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1		<a href="#">Signatures MSP MF Niger 2014.bmp</a> File desc: Date/Time: 14/05/2015 08: 05: 13 Size: 6 MB
2	Signature of the Finance Minister (or delegated authority)	2.1		<a href="#">Signatures MSP MF Niger 2014.bmp</a> File desc: Date/Time: 14/05/2015 08: 19: 33 Size: 6 MB

3	Signatures of the ICC members	2.2	✓	<a href="#">signature membre CCIA.jpg</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 10: 17: 36 <b>Size:</b> 292 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014.	5.4	✓	<a href="#">COMPTE RENDU REUNION DU CCIA 6 MAI 2015..doc</a> <b>File desc:</b> <b>Date/Time:</b> 14/05/2015 07: 10: 45 <b>Size:</b> 107 KB
5	Signature of the HSCC members	2.3	✓	<a href="#">signature membre CCIA.jpg</a> <b>File desc:</b> The same ICC committee plays the role of the HSCC <b>Date/Time:</b> 15/05/2015 01: 02: 56 <b>Size:</b> 292 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	<a href="#">COMPTE RENDU REUNION DU CCIA 6 MAI 2015..doc</a> <b>File desc:</b> The same ICC committee plays the role of the HSCC <b>Date/Time:</b> 15/05/2015 01: 05: 32 <b>Size:</b> 107 KB
7	Financial statements for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	No file downloaded
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	No file downloaded
9	Post-introduction Evaluation Report	7.2.1	✗	No file downloaded
10	Financial statements of grants for introducing new vaccines (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	<a href="#">SITUATION FINANCIERE GAVI 2014 RMB_RASS.xls</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 01: 57: 09 <b>Size:</b> 610 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than USD 250,000	7.3.1	✓	<a href="#">Rapports Audit externe GAVI.docx</a> <b>File desc:</b> REPORT IS NO LONGER AVAILABLE AS THE AUDIT IS CURRENTLY IN PROGRESS <b>Date/Time:</b> 15/05/2015 06: 21: 57 <b>Size:</b> 10 KB
12	EVSM/EVM/VMA report	7.5	✓	<a href="#">Rapport Final GEV NIGER 26 Juin 16 Juillet 2014 1.pdf</a> <b>File desc:</b> <b>Date/Time:</b> 14/05/2015 08: 24: 55 <b>Size:</b> 1 MB



13	Latest EVSM/EVM/VMA improvement plan	7.5		<a href="#">GEV NIGER-Plan-Amelioration.xls</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 06: 10: 16 <b>Size:</b> 202 KB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5		<a href="#">Etat de MEO GEV.doc</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 07: 44: 06 <b>Size:</b> 28 KB
16	The cMYP is valid if the country requests for extension of support	7.8		No file downloaded
17	Costing tool for the cMYP is valid if the country requests for extension of support.	7.8		No file downloaded
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8		No file downloaded
19	Financial statements for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3		<a href="#">SITUATION FINANCIERE GAVI 2014 RMB_RASS.xls</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 07: 48: 33 <b>Size:</b> 610 KB
20	Financial statements for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3		<a href="#">SITUATION FINANCIERE GAVI 2014 RMB_RASS.xls</a> <b>File desc:</b> This document is attached just for the submission and will be replaced shortly <b>Date / time:</b> 15/05/2015 01: 48: 23 <b>Size:</b> 610 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3		<a href="#">Rapports Audit externe GAVI.docx</a> <b>File desc:</b> REPORT IS NO LONGER AVAILABLE AS THE AUDIT IS CURRENTLY IN PROGRESS <b>Date/Time:</b> 15/05/2015 06: 30: 56 <b>Size:</b> 10 KB

22	Review report of the health sector-HSS	8.9.3		<a href="#">RAPPORT FINAL EVALUATION PROJETS OMD 5 1ER NOVEMBRE Titre amendé.docx</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 01: 54: 34 <b>Size:</b> 186 KB
23	Listing Report - Type A - CSO support	9.1.1		No file downloaded

24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	X	No file downloaded
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	X	No file downloaded
26	Bank statements for each program funded in cash or a cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2014 as on i) January 1, 2014 and ii) as on December 31, 2014 appear.	0	✓	<a href="#">solde du compte du FC au 30 avril 2015.pdf</a> <b>File desc:</b> <b>Date/Time:</b> 15/05/2015 07: 44: 59 <b>Size:</b> 193 KB
27	minutes_of_icc meeting_change_vaccin_presentation	7.7	X	No file downloaded
28	Justification for changes in target population	5.1	X	No file downloaded
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