



GAVI Alliance

2011 Annual Progress Report

submitted by

the Government of

Senegal

Reporting on year: **2011**

Requesting for support year: **2013**

Submitted on: **24/05/2012**

Deadline for submission: 22/05/2012

Please submit the 2011 annual status report via the online platform

<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. Documents may be provided to GAVI partners, their staff and the public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

NB: *We invite you to 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/performance/country_results/index.php*

The GAVI Secretariat is unable to return documents and attachments submitted to the country. Unless specified otherwise, the documents will be forwarded to the partners of the GAVI Alliance and to the public.

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 programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement. The reimbursed funds must 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 purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

FIGHT AGAINST CORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR the country will inform GAVI about :

accomplishments using GAVI resources in the past year

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

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

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

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

1. Features of the Support

Report covering 2011

Requesting for support year: 2013

1.1. SVN and SSI

Type of support	Current vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTC-HepB-Hib, 1 doses/vial, LIQUID	DTC-HepB-Hib, 1 doses/vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV 13): one dose/vial, LIQUID	Pneumococcal (PCV 13): one dose/vial, LIQUID	2016
Preventive campaign support	Meningococcal: 10 dose(s)/vial, LIQUID		2012

1.2. Extension of the program

No New Vaccine Support is eligible for an extension this year.

1.3. ISS, HSS, CSO support

Type of support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	Repayment of ISS for 2011 results. Yes
RSS	Yes	Next instalment of the HSS allocation N/A
CSO type A:	No	Not applicable N/A
CSO type B	No	Extension of support to CSO type B by resolution of the Board of Directors in July 2011. N/C

1.4. Previous monitoring IRC report

APR Monitoring IRC Report for year 2010 is available here in English.

2. Signatures

2.1. Government signatures page for all GAVI support methods (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of **Senegal** affirms the validity of the information provided in the report, including all attachments, appendices, the financial statements and/or the account audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Senegal**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mr. Moussa Mbaye, Secretary General	Name	Mr. Ngouda Fall Kane
Date		Date	
Signature		Signature	

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

Full name	Post	Telephone No.	E-mail
Dr. Aboubacry FALL	Director of Medical Prevention	00221 33 8694231	guelewy@gmail.com
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Mr. Ibrahima AW	Director of Administration and Equipment	00221 33	awibrahim@yahoo.fr

2.2. ICC Signatures Page

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

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

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

2.2.1. ICC Report Endorsement

We, the undersigned members of the Interagency Coordination Committee (ICC), endorse this report. The signature of this document does not involve any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organisation	Signature	Date
Mr. Moussa MBAYE	Secretary General, Ministry of Health and Social Action		
Mr. Secretary General	Secretary-General of the Economy and Finances Ministry		
Mrs. Alimata Jeanne DIARRA NAMA	Representative of the WHO		

Mrs. Giovanna Barberis	Representative of UNICEF		
Mr. Boubacar Seck	CONGAD/RESSIP (Civil Society)		

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

All comments will be treated confidentially.

Partner comments:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordination Committee (HSCC) ICC/HSS Steering Committee, endorse this report relative to the health system strengthening. The signature of this document does not involve any financial (or legal) commitment on the part of the partner agency or individual. The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organisation	Signature	Date
Mr. Moussa Mbaye, Secretary General	Ministry of Health and Social Action		
Mr. Secretary General	Ministry of Economy and Finances		
Dr. Alimata Jeanne DIARRA NAMA	Representative of the WHO		
Mrs. Giovanna Barberis	Representative of UNICEF		
Mr Boubacar Seck	RESSIP/CONGAD		

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

All comments will be treated confidentially.

Partner comments:

Comments from the Regional Working Group:

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

Senegal is not submitting a report on the use of CSO funds (Types A & B) in 2012.

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4. Baseline & annual targets

Number	Achievements as per joint WHO/UNICEF report		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total number of births	N/A	499 279	501 856	501 856	515 406	515 406	529 322	529 322	543 614	543 614
Total infants' deaths	N/A	23 466	30 613	30 613	31 440	31 440	32 289	32 289	33 160	33 160
Total number of surviving infants	N/A	475 813	471 243	471 243	483 966	483 966	497 033	497 033	510 454	510 454
Total pregnant women	N/A	475 813	501 856	501 856	515 406	515 406	529 322	529 322	543 614	543 614
Number of infants vaccinated (to be vaccinated) with BCG	0	474 315	451 670	451 670	489 636	489 636	502 856	502 856	516 433	516 433
BCG coverage	0 %	95 %	90 %	90 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3		347 343	451 670	451 670	489 636	489 636	502 856	502 856	516 433	516 433
OPV3 coverage	0 %	73 %	96 %	96 %	101 %	101 %	101 %	101 %	101 %	101 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	447 264	447 681	447 681	474 287	474 287	487 092	487 092	500 245	500 245
Number of infants vaccinated (to be vaccinated) with DTP3		394 924	424 118	424 118	459 768	459 768	472 182	472 182	484 931	484 931
DTP3 coverage	0 %	83 %	73 %	90 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	1	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	422 850	447 264	393 175	393 175	474 287	474 287	487 092	487 092	500 245	500 245
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	422 850	394 924	344 028	344 028	459 768	459 768	472 182	472 182	484 931	484 931
DTP-HepB-Hib coverage	0 %	83 %	73 %	73 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	1	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		196 958	223 841	223 841	474 287	474 287	487 092	487 092	500 215	500 215
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		196 070	212 059	212 059	459 768	459 768	472 182	472 182	484 931	484 931
Pneumococcal (PCV13) coverage		41 %	45 %	45 %	95 %	95 %	95 %	95 %	95 %	95 %

Wastage[1] rate in base-year and planned thereafter (%)		5	5	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1.05	1.05	1.05	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	390 166	376 944	376 944	411 371	411 371	447 330	447 330	459 408	459 408
Measles coverage	0 %	82 %	80 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %
Pregnant women vaccinated with TT +	0	401 485	401 485	401 485	438 095	438 095	476 390	476 390	489 252	489 252
TT+ coverage	0 %	84 %	80 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	401 485	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	390 166	N/A	376 944	N/A	411 371	N/A	447 330	N/A	449 408
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100		12 %	5 %	5 %	3 %	3 %	3 %	3 %	3 %	3 %

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Total number of births		558 296
Total infants' deaths		34 056
Total number of surviving infants		524 240
Total pregnant women		558 296
Number of infants vaccinated (to be vaccinated) with BCG	530 377	530 377
BCG coverage	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	530 377	530 377
OPV3 coverage	101 %	101 %
Number of infants vaccinated (to be vaccinated) with DTP1	513 755	513 755
Number of infants vaccinated (to be vaccinated) with DTP3	498 024	498 024
DTP3 coverage	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be		

vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	513 755	513 755
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	499 024	499 024
Pneumococcal (PCV13) coverage	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	471 812	471 812
Measles coverage	90 %	90 %
Pregnant women vaccinated with TT +	502 462	502 462
TT+ coverage	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0
Vit A supplement to infants after 6 months	N/A	471 812
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	3 %

*

* Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated Baseline and Annual Targets

NB: Fill in the table in Section 4 "Baseline and Annual Targets" before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**
No change
- Justification for any changes in **surviving infants**
No change
- Justification for any changes in **targets by vaccine**
No change
- Justification for any changes in **wastage by vaccine**
No change

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

The targets were attained in 2011 for BCG (95%), MCV (82%) which is not the case for penta and OPV. In 2011, we referred to the DHS V because administrative data were not available.

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

These are survey data, and therefore they are more refined, and there was a reporting problem with immunization cards which in certain cases did not mention the OPV antigen, which explains certain discrepancies.

5.3. Oversight of the implementation of GAVI policy regarding gender equality

During the past three years, were data available data broken down by sex regarding access to immunization services in your country? Chose one of the three responses: **No, not available**

If yes, please provide all the data available for 2009 through 2011

Data source	Data schedule	Coverage estimate

How did you use the above data to overcome gender-specific obstacles in access to immunization?

Not applicable

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

What action have you taken to achieve that goal?

Not applicable

5.4. Data assessments

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

We observed no differences because it is the source based on census data

Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**
If yes, please the assessment(s) and when they took place.

5.4.3. Please describe any activities undertaken to improve administrative data systems from 2009 to the present.

Implementation of tools such as TACOJO, training of agents in SMT.

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

On-going training of agents planned in the context of the HSS and the introduction of new vaccines.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 455	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

Expenditures by Category	Expenditure year 2011	Source of funding:						
		Country	GAVI	UNICEF	WHO	NONE	NONE	NONE
Traditional vaccines	1 086 701	1 086 701	0	0	0	0	0	0
New and Under-used Vaccines	4 378 942	281 883	4 097 059	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	125 713	39 468	86 245	0	0	0	0	0
Cold chain equipment	292 537	0	0	292 537	0	0	0	0
Personnel	2 126 575	2 126 575	0	0	0	0	0	0
Other routine recurrent costs	471 259	0	0	471 259	0	0	0	0
Other capital costs	537 419	0	0	537 419	0	0	0	0
Campaign costs	1 718 986	0	0	1 468 986	250 000	0	0	0
To be filled out by the country		0	0	0	0	0	0	0
Total immunisation expenses	10 738 132							
Total public health expenses		3 534 62	4 183 30	2 770 20	250 000	0	0	0

		7	4	1				
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* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Not available

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded

It must be noted that there are still budget levies that cause the amounts allocated to always exceed actual expenses.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The purchase of traditional vaccines is the responsibility of the government.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditures by Category	Budgeted Year {0} 2012	Budgeted Year {0} 2013
Traditional vaccines	1 470 300	624 822
New and Under-used Vaccines	6 316 136	3 097 581
Injection supplies (both AD syringes and syringes other than ADs)	669 485	271 271
Injection supplies with other than AD syringes	125 446	271 271
Cold chain equipment	1 128 604	1 210 501
Personnel	600 567	612 578
Other routine recurrent costs	6 280	6 575
Supplemental Vaccination Activities	16 636 916	9 980 851
Total immunisation expenses	26 953 734	16 075 450

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

YES

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

NO

5.6. Financial management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully implemented**

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

Action plan from Aide Mémoire	Implemented?
Recasting of rules to allow diligent performance of programmed activities	Yes

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

At an ICC meeting, we proposed an amendment of certain clauses of the aide mémoire that had prevented the performance of activities. This allowed certain provisions to be reduced and procedures facilitated; a redirection then occurred for certain activities that were blocked.

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

Not applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC met in 2011? **2**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, 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 updated annual objectives](#) to [Overall Expenditures and Financing for Immunisation](#).

Dissemination of the cMYP among the Partners
Integration of maintenance aspects
Review of the memorandum connecting GAVI and the country in order to simplify procedures

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

If yes, which ones?

List CSO member organisations:
RESSIP/CONGAD

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for **2012** to **2013**?

The objective of the EPI is to contribute to the reduction of infant and juvenile mortality and the improvement of maternal health by immunisation and surveillance of targeted EPI diseases and potentially epidemic diseases In specific terms, through 2016 this will involve:

1. Achieving vaccine coverage of at least 95% for BCG, penta 3, polio 3, pneumo 3 and Rota 2 among children 0 to 11 months of age at the national level
2. Attaining vaccine coverage of at least 90% for MCV and YFV among children aged 0 to 11 months at the national level;
3. Achieving vaccine coverage of at least 90% for BCG, penta 3, polio 3, pneumo 3 and Rota 2 among children 0 to 11 months of age in all districts;
4. Attaining vaccine coverage of at least 85% for MCV and YFV among children aged 0 to 11 months in all districts;
5. Attaining at least 90% vaccine coverage for VAT 2+ for pregnant women in each district;
6. Maintain the interruption in the circulation of autochthon wild polio virus;
7. Interrupt the transmission of the autochthon morbillous virus;

8. Eliminating maternal and neonatal tetanus (TMN);
9. Ensuring the prevention of yellow fever epidemics;
10. Ensuring the prevention of meningitis epidemics;
11. Introducing the anti-pneumococcus vaccine into the routine EPI in 2012;
12. Introducing the rotavirus vaccine into the routine EPI in 2013;
13. Ensuring 100% financing for traditional vaccines and consumables and cofinancing of new vaccines by the national budget.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
FR BCG	ALS	GOVERNMENT
FR Measles	ALS	GOVERNMENT
FR TT	ALS	GOVERNMENT
FR DTP-containing vaccine	ALS	GOVERNMENT GAVI

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

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

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

Repairs and maintenance of De Montfort-type incinerators. Similarly, the new districts do not have incinerators. All waste may not be processed by the Montfort incinerators due to poor performance.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Without adequate incineration capacity, certain sharp waste must be buried, because the De Montfort-type incinerators are not suited to this activity.

6. Immunization services support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount in US\$	Amount in local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C = A+B)	0	0
Total expenditures in 2011 (D)	0	0
Total expenditures in 2012 (D)	0	0

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

The country did not receive ISS funds in 2011

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

No ISS funds were received in 2011

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

No ISS funds were received in 2011

6.1.4. Is HSS support from GAVI recorded in the budget of the national health sector? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement on the use of ISS funds during the 2011 calendar year (Document No. 2). (The instructions for this financial statement are attached in Annex 2). Financial reports shall be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B, programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document No.:).

6.3. Request for ISS reward

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

- if the number of children that received the three doses of the DTP vaccine is higher than the previous year (or if the initial objective appearing in the ISS proposal is approved), and
- if the declared coverage with the three doses of the DTC vaccine (administrative figures appearing in the joint report of immunization activities) corresponds to the WHO/UNICEF estimate of coverage for the same year, which will be published at the address:

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below.

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

			Base year	2011
			to	B
1	Number of infants vaccinated with DTP3* (from JRF) specify		348082	394924
2	Number of additional infants that are reported to be vaccinated with DTP3			46842
3	Calculating	\$20 Per additional child vaccinated with DTP 3		936840
4	Rounded up estimate of expected reward			937000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with the 3 doses of combined DTP-HepB3, DTP-HepB-Hib3 vaccine.

** The reference year is the last year during which the country immunized the largest number of infants with three doses of DTP of the initial target set in the approved ISS proposal, whichever is greater. Specify the year and the number of infants receiving the three doses of DTP, as specified in the joint report.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

7. New and Under-Used Vaccine Support (NVS)

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Type of Vaccine	Total doses for 2011 in decision letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		1 196 000	0
Pneumococcal (PCV13)		0	0

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

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

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

- What measures have you taken to improve the vaccine management, for example adjust the shipping plan for the vaccines? (in the country and with the Division for the UNICEF supplies)

We are working with UNICEF in this regard and we are taking all suitable measures whenever problems arise and we resolve them together.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Not selected**

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

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels

Not applicable

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	N/A	
Phased introduction:	No	08/07/2012
Nationwide introduction	No	01/07/2012
The time and scale of introduction was as planned in the proposal? If No, why?	No	Not applicable

7.2.2. When is the Post introduction evaluation (PIE) planned? **December 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20)

Not applicable

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant Lump Sums 2011

7.3.1. Financial Management Reporting

	Amount in US\$	Amount in local currency
Funds received during 2011 (A)	837234	410176878
Remaining funds (carry over) from 2020 (B)	614573	311564865
Total funds available in 2011 (C = A+B)	1451807	721741743
Total expenditures in 2011 (D)	344492	174643872
Balance carried over to 2012 (E=C-D)	1107315	547 097 871

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No. 14). Terms of reference for this financial statement are available 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.

No activity

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

None

Please describe the activities that will be undertaken with the funds carried over to 2012:

Management of activities eligible for the HSS and that were not carried out in 2012

7.4. Report on country co-financing in 2011

Table 7.4: Five questions regarding country co-financing

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2011?	
	Total Amount in US\$	Total Amount in Doses
1st vaccine allocated Pneumococcus (VPC13), 1 dose(s) per vial, LIQUID		
1 st vaccine allocated, DTC-HepB-Hib, 1 doses/vial, LIQUID	315 809	82 300

	Q0.2: Which were the sources of funding for co-financing in reporting year 2011	
Government	Government	
Donor	none	
Other		
	Q0.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1 st vaccine allocated, DTC-HepB-Hib, 1 doses/vial, LIQUID	11 761	
	Q0.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed payment date for 2013	Source of funding:
1st vaccine allocated Pneumococcus (VPC13), 1 dose(s) per vial, LIQUID	March	GOVERNMENT
1 st vaccine allocated, DTC-HepB-Hib, 1 doses/vial, LIQUID	March	GOVERNMENT
	Q0.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	APR	

the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements.

NOT APPLICABLE

Is new vaccine support from GAVI recorded in the budget of the national health sector? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **November 2009**

Please attach:

- EVM assessment (**Document No. 15**)
- Improvement plan after EVM (**Document No. 16**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table

Deficiency noted in EVM assessment	Action recommended in the improvement plan	Implementation status and reasons for delay, if any
Vaccines delivered with reports that were not standardised	Use standardized reports	Carried out
Absence of acceptance documents	Include documents for acceptance of vaccines	Carried out
Lack of recording devices	Include temperature recording devices	Carried out
Insufficient capacities	Sufficient capacities	Carried out at the region and district levels

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

If yes, provide details

New districts are being created, requiring new equipment.

When is the next Effective Vaccine Management (EVM) assessment planned? **December 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.6.1. Vaccine delivery

Did you receive the approved amount of vaccine doses for Meningococcal Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	Campaign start date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
4426700	01/11/2012	0

If numbers [A] and [B] above are different, what were the main problems encountered, if any?

Vaccines will be received in October 2012

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

None

7.6.2. Programmatic results of the Meningococcal preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e. vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine

*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal? **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

The campaign will take place in November 2012

Did the result of the campaign attain the target described in the approved proposal? (did not attain the target / exceeded target / attained target. If you did not attain / exceeded the target, what were the reasons for this (inferior / superior) result?

The campaign will take place in November 2012

What lessons have you learned from the campaign?

The campaign will take place in November 2012

7.6.3. Fund utilization of operational cost of Meningococcal preventive campaigns

Category	Expenditure in local currency	Expenditure in USD
Total	0	0

7.7. Change of vaccine presentation

Senegal is not requesting a change in vaccine presentation in the next several years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year support for Senegal is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements:

Yes

If you don't confirm, please explain why:

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimate of price of supplies and related transport expenses: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
Yellow fever, 10 doses/vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow fever, 5 doses/vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Meningococcal: 10 dose(s)/vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10): 2 dose(s)/vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV 13): one dose/vial, LIQUID	1		3.500	3.500	3.500	3.500
Measles, 10 dose(s)/vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
DTP-HepB, 10 dose(s)/vial, LIQUID	10					
DTP-HepB, 2 dose(s)/vial, LIQUID	2					
DTC-HepB-Hib, 1 doses/vial, LIQUID	1		2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/vial, LIQUID	10		2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose(s)/vial, LIQUID	10					
Monovalent HepB, 1 dose(s)/vial, LIQUID	1					
Monovalent HepB, 2 dose(s)/vial, LIQUID	2					
Monovalent Hib, 1 dose(s)/vial, LYOPHILISED	1					
Rota virus, 2 dose schedule	1		2.550	2.550	2.550	2.550
Rota virus, 3 dose schedule	1		5.000	3.500	3.500	3.500
Auto-destruct syringes	0		0.047	0.047	0.047	0.047
Pentavalent reconstitution syringe	0		0.047	0.047	0.047	0.047
Yellow fever reconstitution syringe	0		0.004	0.004	0.004	0.004
Safety Boxes	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

Estimate of price of supplies and related transport expenses: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
Yellow fever, 10 doses/vial, LYOPHILISED	10	0,900
Yellow fever, 5 doses/vial, LYOPHILISED	5	0,900
Meningococcal: 10 dose(s)/vial, LIQUID	10	0,520
Pneumococcal (PCV10): 2 dose(s)/vial, LIQUID	2	3,500
Pneumococcal (PCV 13): one dose/vial, LIQUID	1	3,500
Measles, 10 dose(s)/vial, LYOPHILISED	10	0,219
DTP-HepB, 10 dose(s)/vial, LIQUID	10	
DTP-HepB, 2 dose(s)/vial, LIQUID	2	
DTC-HepB-Hib, 1 doses/vial, LIQUID	1	1,850
DTC-HepB-Hib, 10 doses/vial, LIQUID	10	1,850
DTC-HepB-Hib, 2 doses/vial, LYOPHILISED	2	1,850
DTP-Hib, 10 dose(s)/vial, LIQUID	10	
Monovalent HepB, 1 dose(s)/vial, LIQUID	1	
Monovalent HepB, 2 dose(s)/vial, LIQUID	2	
Monovalent Hib, 1 dose(s)/vial, LYOPHILISED	1	
Rota virus, 2 dose schedule	1	2,550
Rota virus, 3 dose schedule	1	3,500
Auto-destruct syringes	0	0,047
Pentavalent reconstitution syringe	0	0,047
Yellow fever reconstitution syringe	0	0,004
Safety Boxes	0	0,006

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

Table 7.10.2: Transport Expenses

Vaccine Antigens	Vaccine Types	No Threshold	200 000\$		500 000\$		2 000 000\$	
			<=	>	<=	>	<=	>
Yellow Fever	YF		20.00 %				10.00 %	5.00 %
Meningococcal	Meninga Conjugate		15.00 %	10.00 %				
Pneumococcal (PCV10)	PNEUMOCOC CUS	3.00 %						
Pneumococcal (PCV13)	PNEUMOCOC CUS	6.00 %						
Rota Virus	ROTA	5.00 %						
Measles	MEASLES	10.00 %						
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		

7.11. Calculation of Requirements

Table 7.11.1: DTC-HepB-Hib, 1 doses/vial, LIQUID

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Total number of surviving infants	Table 4	#	475 813	471 243	483 966	497 033	510 454	2 438 509
	Number of children to be vaccinated with the first dose	Table 4	#	447 264	393 175	474 287	487 092	500 245	2 302 063
	Number of children to be vaccinated with the third dose	Table 4	#	394 924	344 028	459 768	472 182	484 931	2 155 833
	Immunisation coverage with the third dose	Table 4	%	83,00 %	73,00 %	95,00 %	95,00 %	95,00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	441 830					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.47	2.32	2.03	1.85	
cc	Country co-financing per dose	Co-financing table	\$		0.23	0.26	0.30	0.35	
ca	Unit price of auto destruct syringes	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Unit price of reconstitution syringes	Table 7.10.1	\$		0	0	0	0	
cs	Unit price of safety boxes	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as% of vaccines value	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	Freight cost as% of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing Group	Intermediate
---------------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2010			0.26	0.30	0.35
Your co-financing	0.20	0.23	0.26	0.30	0.35

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

		2012	2013	2014	2015
Number of vaccine doses	#	727 300	1 393 000	1 329 500	1 304 200
Number of AD syringes	#	1 195 300	1 475 600	1 405 900	1 379 200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	13 275	16 400	15 625	15 325
Total co-financing amount	\$	1 920 500	3 420 500	2 865 500	2 568 000

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

		2012	2013	2014	2015
Number of vaccine doses	#	69 400	165 000	215 000	282 000
Number of AD syringes	#	114 100	174 800	227 400	298 200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1 275	1 950	2 525	3 325
Total co-financing by country	\$	183 500	405 500	463 500	555 500

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
to Country Co-financing	V	0.00 %	8.71 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	447 264	393 175	34 246	358 929
C Number of doses per child	Vacc. parameter (schedule)	3	3		
D Number of doses necessary	B X C	1 341 792	1 179 525	102 738	1 076 787
E Estimated vaccine wastage factor	Table 4:	1	1		
F Number of doses needed including wastage	D X E	1 355 210	1 238 502	107 875	1 130 627
G Vaccines buffer stock	(F - F of previous year) * 0.25		0	0	0
H Stock on 1 January 2012	Table 7.11.1:	441 830			
I Total vaccine doses needed	F + G - H		796 672	69 391	727 281
J Number of doses per vial	Vaccine parameter		1		
K Number of AD syringes (+ 10% wastage) necessary	(D + G - H) * 1.11		1 309 273	114 039	1 195 234
L Number of reconstitution syringes (+10% wastage) necessary	I / J x 1.11		0	0	0
M Total number of safety boxes (+10% additional) necessary	(K + L) / 100 x 1.11		14 533	1 266	13 267
N o Cost of necessary vaccines	I x price of vaccine per dose (g)		1 967 780	171 395	1 796 385
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		60 882	5 303	55 579
P Cost of necessary reconstitution syringes	L x reconstitution price per unit (cr)		0	0	0
Q Cost of necessary safety boxes	M x safety box price per unit (cs)		85	8	77
R Freight cost for vaccines needed	N x freight cost as % of vaccines value (fv)		68 873	5 999	62 874
S Freight cost for devices needed	(O+P+Q) x * freight cost as % of devices value (fd)		6 097	532	5 565
T Total fund needed	(N+O+P+Q+R+S)		2 103 717	183 235	1 920 482
U Total country co-financing	I x country co-financing per dose (cc)		183 235		
V Country co-financing % of GAVI supported proportion	U / T		8.71 %		

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

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI
to Country Co-financing	V	10.59 %			13.92 %		

B	Number of children to be vaccinated with the first dose	Table 5.2.1	474 287	50 221	424 066	487 092	67 802	419 290
C	Number of doses per child	Vacc. parameter (schedule)	3			3		
D	Number of doses necessary	$B \times C$	1 422 861	150 663	1 272 198	1 461 276	203 406	1 257 870
E	Estimated vaccine wastage factor	Table 4:	1			1		
F	Number of doses needed including wastage	$D \times E$	1 494 005	158 196	1 335 809	1 534 340	213 577	1 320 763
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	63 876	6 764	57 112	10 084	1 404	8 680
H	Stock on 1 January 2012	Table 7.11.1:						
I	Total vaccine doses needed	$F + G - H$	1 557 881	164 959	1 392 922	1 544 424	214 980	1 329 444
J	Number of doses per vial	Vaccine parameter	1			1		
K	Number of AD syringes (+ 10% wastage) necessary	$(D + G - H) \times 1.11$	1 650 279	174 743	1 475 536	1 633 210	227 339	1 405 871
L	Number of reconstitution syringes (+10% wastage) necessary	$I / J \times 1.11$	0	0	0	0	0	0
M	Total number of safety boxes (+10% additional) necessary	$(K + L) / 100 \times 1.11$	18 319	1 940	16 379	18 129	2 524	15 605
N	Cost of necessary vaccines	$I \times \text{price of vaccine per dose (g)}$	3 614 284	382 705	3 231 579	3 135 181	436 409	2 698 772
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3 614 284	8 126	68 612	3 135 181	10 572	65 373
P	Cost of necessary reconstitution syringes	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of necessary safety boxes	$M \times \text{safety box price per unit (cs)}$	107	12	95	106	15	91
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	126 500	13 395	113 105	109 732	15 275	94 457
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	7 685	814	6 871	7 606	1 059	6 547
T	Total fund needed	$(N+O+P+Q+R+S)$	3 825 314	405 051	3 420 263	3 328 570	463 328	2 865 242
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	405 050			463 328		
V	Country co-financing % of GAVI supported proportion	U / T	10.59 %			13.92 %		

Table 7.11.4: Calculation of Requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

	Formula	2015		
		Total	Government	GAVI
to Country Co-financing	V	17.78 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	500 245	88 925	411 320
C Number of doses per child	Vacc. parameter (schedule)	3		
D Number of doses necessary	$B \times C$	1 500 735	266 775	1 233 960
E Estimated vaccine wastage factor	Table 4:	1		
F Number of doses needed including wastage	$D \times E$	1 575 772	280 114	1 295 658
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	10 358	1 842	8 516
H Stock on 1 January 2012	Table 7.11.1:			
I Total vaccine doses needed	$F + G - H$	1 586 130	281 956	1 304 174
J Number of doses per vial	Vaccine parameter	1		
K Number of AD syringes (+ 10%	$(D + G - H) \times 1.11$	1 677 314	298 165	1 379 149

	wastage) necessary				
L	Number of reconstitution syringes (+10% wastage) necessary	$I / J \times 1.11$	0	0	0
M	Total number of safety boxes (+10% additional) necessary	$(K + L) / 100 \times 1.11$	18 619	3 310	15 309
N o	Cost of necessary vaccines	$I \times \text{price of vaccine per dose (g)}$	2 934 341	521 617	2 412 724
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	77 996	13 865	64 131
P	Cost of necessary reconstitution syringes	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of necessary safety boxes	$M \times \text{safety box price per unit (cs)}$	108	20	88
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	102 702	18 257	84 445
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	7 811	1 389	6 422
T	Total fund needed	$(N+O+P+Q+R+S)$	3 122 958	555 146	2 567 812
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	555 146		
V	Country co-financing % of GAVI supported proportion	U / T	17.78 %		

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

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Total number of surviving infants	Table 4	#	475 813	471 243	483 966	497 033	510 454	2 962 749
	Number of children to be vaccinated with the first dose	Table 4	#	196 958	223 841	474 287	487 092	500 215	2 396 148
	Number of children to be vaccinated with the third dose	Table 4	#	196 070	212 059	459 768	472 182	484 931	2 324 034
	Immunisation coverage with the third dose	Table 4	%	41.21 %	45.00 %	95.00 %	95.00 %	95,00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.00	1.00	1,00	
	Vaccine stock on 1 January 2012		#	441 830					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3,50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.26	0.30	0,35	
ca	Unit price of auto destruct syringes	Table 7.10.1	\$		0.0465	0.0465	0.0465	0,0465	
cr	Unit price of reconstitution syringes	Table 7.10.1	\$		0	0	0	0	
cs	Unit price of safety boxes	Table 7.10.1	\$		0.0058	0.0058	0.0058	0,0058	
fv	Freight cost as% of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5,00 %	
fd	Freight cost as% of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10,00 %	

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

ID	Source		2016	TOTAL	
	Total number of surviving infants	Table 4	#	524 240	2 962 749
	Number of children to be vaccinated with the first dose	Table 4	#	513 755	2 396 148
	Number of children to be vaccinated with the third dose	Table 4	#	499 024	2 324 034
	Immunisation coverage with the third dose	Table 4	%	95.19 %	
	Number of doses per child	Parameter	#	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	
	Number of doses per vial	Parameter	#	1	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
g	Vaccine price per dose	Table 7.10.1	\$	3.50	
cc	Country co-financing per dose	Co-financing table	\$	0.40	
ca	Unit price of auto destruct syringes	Table 7.10.1	\$	0.0465	

cr	Unit price of reconstitution syringes	Table 7.10.1	\$	0	
cs	Unit price of safety boxes	Table 7.10.1	\$	0.0058	
fv	Freight cost as% of vaccines value	Table 7.10.2	%	5.00 %	
fd	Freight cost as% of devices value	Parameter	%	10.00 %	

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

Co-financing Group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015	2016
Minimum co-financing		0.20	0.23	0.26	0.30	0.35
Recommended co-financing as per 2011 Proposal			0.23	0.26	0.30	0.35
Your co-financing		0.20	0.26	0.30	0.35	0.40

	2016
Minimum co-financing	0.35
Recommended co-financing as per 2011 Proposal	0.35
Your co-financing	0.40

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

		2012	2013	2014	2015
Number of vaccine doses	#	269 600	1 490 700	1 352 700	1 368 900
Number of AD syringes	#	728 600	1 654 700	1 501 500	1 519 400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	8 100	18 375	16 675	16 875
Total co-financing amount	\$	1 028 000	5 563 000	5 048 000	5 108 500

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

		2016
Number of vaccine doses	#	1 385 200
Number of AD syringes	#	1 537 500
Number of re-constitution syringes	#	0
Number of safety boxes	#	17 075
Total co-financing amount	\$	5 169 500

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

		2012	2013	2014	2015
Number of vaccine doses	#	15 000	111 700	118 300	141 700
Number of AD syringes	#	40 400	124 000	131 300	157 300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	450	1 400	1 475	1 750
Total co-financing by country	\$	57 000	417 000	441 500	529 000

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

		2016
Number of vaccine doses	#	166 300
Number of AD syringes	#	184 600
Number of re-constitution syringes	#	0
Number of safety boxes	#	2 050
Total co-financing by country	\$	621 000

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
to Country Co-financing	V	0.00 %	5.24 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	196 958	223 841	11 740	212 101
C Number of doses per child	Vacc. parameter (schedule)	3	3		
D Number of doses necessary	B X C	590 874	671 523	35 219	636 304
E Estimated vaccine wastage factor	Table 4:	1	1		
F Number of doses needed including wastage	D X E	620 418	705 100	36 980	668 120
G Vaccines buffer stock	(F - F of previous year) * 0.25		21 171	1 111	20 060

H	Stock on 1 January 2012	Table 7.11.1:	441 830			
I	Total vaccine doses needed	$F + G - H$		284 441	14 918	269 523
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) necessary	$(D + G - H) * 1.11$		768 891	40 326	728 565
L	Number of reconstitution syringes (+10% wastage) necessary	$I / J * 1.11$		0	0	0
M	Total number of safety boxes (+10% additional) necessary	$(K + L) / 100 * 1.11$		8 535	448	8 087
N	Cost of necessary vaccines	$I * \text{price of vaccine per dose (g)}$		995 544	52 213	943 331
O	Cost of AD syringes needed	$K * \text{AD syringe price per unit (ca)}$		35 754	1 876	33 878
P	Cost of necessary reconstitution syringes	$L * \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of necessary safety boxes	$M * \text{safety box price per unit (cs)}$		50	3	47
R	Freight cost for vaccines needed	$N * \text{freight cost as \% of vaccines value (fv)}$		49 778	2 611	47 167
S	Freight cost for devices needed	$(O+P+Q) * \text{freight cost as \% of devices value (fd)}$		3 581	188	3 393
T	Total fund needed	$(N+O+P+Q+R+S)$		1 084 707	56 890	1 027 817
U	Total country co-financing	$I * \text{country co-financing per dose (cc)}$		56 889		
V	Country co-financing % of GAVI supported proportion	U / T		5.24 %		

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

	Formula	2013			2014			
		Total	Government	GAVI	Total	Government	GAVI	
to	Country Co-financing	V	6.97 %		8.04 %			
B	Number of children to be vaccinated with the first dose	Table 5.2.1	474 287	33 044	441 243	487 092	39 157	447 935
C	Number of doses per child	Vacc. parameter (schedule)	3			3		
D	Number of doses necessary	$B * C$	1 422 861	99 132	1 323 729	1 461 276	117 471	1 343 805
E	Estimated vaccine wastage factor	Table 4:	1			1		
F	Number of doses needed including wastage	$D * E$	1 422 861	99 132	1 323 729	1 461 276	117 471	1 343 805
G	Vaccines buffer stock	$(F - F \text{ of previous year}) * 0.25$	179 441	12 502	166 939	9 604	773	8 831
H	Stock on 1 January 2012	Table 7.11.1:						
I	Total vaccine doses needed	$F + G - H$	1 602 302	111 634	1 490 668	1 470 880	118 243	1 352 637
J	Number of doses per vial	Vaccine parameter	1			1		
K	Number of AD syringes (+ 10% wastage) necessary	$(D + G - H) * 1.11$	1 778 556	123 913	1 654 643	1 632 677	131 250	1 501 427
L	Number of reconstitution syringes (+10% wastage) necessary	$I / J * 1.11$	0	0	0	0	0	0
M	Total number of safety boxes (+10% additional) necessary	$(K + L) / 100 * 1.11$	19 742	1 376	18 366	18 123	1 457	16 666
N	Cost of necessary vaccines	$I * \text{price of vaccine per dose (g)}$	5 608 057	390 717	5 217 340	5 148 080	413 849	4 734 231
O	Cost of AD syringes needed	$K * \text{AD syringe price per unit (ca)}$	5 608 057	5 762	76 941	5 148 080	6 104	69 816
P	Cost of necessary reconstitution syringes	$L * \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0

Q	Cost of necessary safety boxes	$M \times \text{safety box price per unit (cs)}$	115	9	106	106	9	97
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	280 403	19 536	260 867	257 404	20 693	236 711
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	8 282	578	7 704	7 603	612	6 991
T	Total fund needed	$(N+O+P+Q+R+S)$	5 979 560	416 600	5 562 960	5 489 113	441 264	5 047 849
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	416 599			441 264		
V	Country co-financing % of GAVI supported proportion	U / T	6.97 %			8.04 %		

Table 7.11.4: Calculation of Requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)**

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
to	Country Co-financing	V	9.38 %			10.72 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	500 215	46 914	453 301	513 755	55 067	458 688
C	Number of doses per child	Vacc. parameter (schedule)	3			3		
D	Number of doses necessary	$B \times C$	1 500 645	140 742	1 359 903	1 541 265	165 201	1 376 064
E	Estimated vaccine wastage factor	Table 4:	1			1		
F	Number of doses needed including wastage	$D \times E$	1 500 645	140 742	1 359 903	1 541 265	165 201	1 376 064
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	9 843	924	8 919	10 155	1 089	9 066
H	Stock on 1 January 2012	Table 7.11.1:						
I	Total vaccine doses needed	$F + G - H$	1 510 488	141 665	1 368 823	1 551 420	166 290	1 385 130
J	Number of doses per vial	Vaccine parameter	1			1		
K	Number of AD syringes (+ 10% wastage) necessary	$(D + G - H) \times 1.11$	1 676 642	157 248	1 519 394	1 722 077	184 582	1 537 495
L	Number of reconstitution syringes (+10% wastage) necessary	$I / J \times 1.11$	0	0	0	0	0	0
M	Total number of safety boxes (+10% additional) necessary	$(K + L) / 100 \times 1.11$	18 611	1 746	16 865	19 116	2 049	17 067
N	Cost of necessary vaccines	$I \times \text{price of vaccine per dose (g)}$	5 286 708	495 826	4 790 882	5 429 970	582 013	4 847 957
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	77 964	7 313	70 651	80 077	8 584	71 493
P	Cost of necessary reconstitution syringes	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of necessary safety boxes	$M \times \text{safety box price per unit (cs)}$	108	11	97	111	12	99
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	264 336	24 792	239 544	271 499	29 101	242 398
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	7 808	733	7 075	8 019	860	7 159
T	Total fund needed	$(N+O+P+Q+R+S)$	5 636 924	528 671	5 108 253	5 789 676	620 568	5 169 108
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	528 671			620 568		
V	Country co-financing % of GAVI supported proportion	U / T	9.38 %			10.72 %		

8. Injection Safety Support (INS)

Senegal is not submitting any Injection Safety Support (ISS) report in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Only countries whose HSS application **was approved and that received funds before or during the period of January through December 2011**. All countries must supply information on:

- a. Progress made in 2011
- b. Implementation of the HSS from January through April 2012 (interim report)
- c. plans for 2013
- d. Changes proposed for the activities and budget approved (See No. 4 below)

Countries that received HSS funds during the last three months of 2011 or that recorded other types of delays that limited implementation in 2011 may use this section as an initial report in order to report on launch activities.

2. In order to better align the report relative to HSS support with national processes, countries which have a fiscal year beginning in January 2010 and ending in December 2011 must provide their report on HSS to the GAVI Alliance before **15 May 2012**. For other countries, HSS reports must be received by the GAVI Alliance approximately six months after the end of the fiscal year of the country: So, if the fiscal year of the country ends in March 2012, the HSS reports will be expected by the GAVI Alliance by September 2012.

3. Please use your approved proposal to draft this annual status report. Please fill out this form carefully and accurately. If necessary, use more space than is provided on the form.

4. If you propose changes to the approved activities and budget (reprogramming), please describe these changes in this report (Tables 9.5, 9.6 and 9.7 of the report) and justify each change so that the IRC may approve the revised activities and budget. **Please note that if the change in the budget exceeds 15% of the approved allocation for the specific activity during this fiscal year, this change proposal must be submitted to the IRC for approval. Any changes must be discussed and documented in the Health Sector Coordinating Committee (or equivalent) reports.**

5. If you request a new financing allocation, please indicate it clearly in Section 9.1.2.

6. **Before submitting this report to the Secretariat of the GAVI Alliance, ensure that it has been evaluated by the competent national coordinating authorities** (Health Sector Coordinating Committee or equivalent entities), as is specified on the signatures page, in regards to the accuracy and validity of facts, figures and sources used.

7. Please attach all justifying items. These documents are as follows:

- a. Report from meetings of the Health Sector Coordinating Committee held in 2011
- b. Report from the meetings of the Health Sector Coordinating Committee held in 2012, which evaluated this report
- c. The most recent health sector examination report
- d. Financial statement regarding the use of HSS funds during calendar year 2011
- e. Report on the external audit of accounts of HSS funds during the most recent fiscal year (if available).

8. The Independent Review Committee (IRC) of the GAVI Alliance evaluates all annual status reports. In addition to the information listed in the foregoing figure, the IRC requests that the following data be included in this section in order to approve new financing allocations for HSS:

- a. Reports on approved indicators, such as those appearing in the approved framework for monitoring and evaluation, the proposal and the approval letter;
- b. Demonstration (tangible supporting evidence) of close ties between activities, products, results and impact indicators;

c. An overview of technical assistance that may be necessary to support the implementation or the monitoring the HSS investment by GAVI during the next year.

9. An inaccurate, incomplete or unjustified report may cause the IRC to send the report back to the country to obtain clarifications (which risks causing delays in the disbursement of other HSS funds) or recommending that further HSS funds not be released, or even the payment of only a portion of the next allocation.

9.1. Report regarding the use of HSS funds in 2011 and request for a new tranche

9.1.1. Report on the use of HSS funds in 2011

Please fill out [Tables 9.1.3.a](#) and [9.1.3.b](#) (as shown in the annual status report) for each year of the multi-year HSS program approved in USD and in local currency

NB: If you are requesting another financing instalment, please fill out the last line of [Table 9.13.a](#) and [9.1.3.b](#).

9.1.2. Please indicate whether you are requesting another financing allocation / **Yes**

If yes, please specify the amount of financing requested: **543785507** US\$

9.1.3. Is HSS support from GAVI recorded in the budget of the national health sector? **Not selected**

NB: The country must fill out the tables in USD and in domestic currency. This will allow the consistency of data from the perspective of the policy on transparency and responsibility to be verified.

Table 9.1.3.a (USD)

	2007	2008	2009	2010	2011	2012
Original annual budget (as per the originally approved HSS proposal)		1234744	1329388	1028713		
Revised annual budget (if revised during the examination of previous annual reports)		1132944	1347338	1104863		
Total funds received from GAVI during the calendar year (A)			1133000		614573	
Balance carried forward from the previous year (A)				1064940	837234	1079171
Total funds available during the calendar year (C=A+B)			1133000	1064940	1451807	1079171
Total expenses during the calendar year (D)			354	159755	344492	6533
Balance carried forward to the next calendar year (E=C-D)			1132646	905185	1107315	1072535
Amount of financing requested for the next calendar year(s) (ensure that you	0	1132944	1132646	905185	1107315	1072638

correctly fill out this line if you are requesting a further financing instalment)						
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Table 9.1.3.b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budget (as per the originally approved HSS proposal)						
Revised annual budget (if revised during the examination of previous annual reports)						
Total funds received from GAVI during the calendar year (A)			488606137		311564865	
Balance carried forward from the previous year (A)				488443763	410176878	547097871
Total funds available during the calendar year (C=A+B)			488606137	488443763	721741743	547097871
Total expenses during the calendar year (D)			162374	78266885	174643872	3312364
Balance carried forward to the next calendar year (E=C-D)			448443763	410176878	547097871	543785507
Amount of financing requested for the next calendar year(s) (ensure that you correctly fill out this line if you are requesting a further financing instalment)	0	0	448443763	410176878	547097871	543785507

Report on changes in the exchange rate

Please indicate in [Table 9.3.c](#) below the exchange rate used at the start and end of each calendar year.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Start – January 1	450	480	490	492	500	495
End – December 31	480	490	492	500	495	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement regarding the use of HSS funds during calendar year 2011 (instructions for this financial statement are attached in the online appendices to the annual status report). Financial reports shall be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document number: 26)**

If expenses for the period of January through April 2012 are indicated in Table 14 a separate, detailed financial summary of the use of these HSS funds must also be attached **(Document No.:)**

Financial management of HSS funds

Briefly describe the financial management procedures and provisions used for HSS funds. Indicate whether HSS funds were included in the plans and the budget of the national health sector. Also note any problem encountered during the use of HSS funds, for example any delays in the delivery of funds for implementation of the programme:

Please indicate: the type of bank account(s) used (commercial or government account); procedures for approval of budgets; the methods by which funds were forwarded to sub-national levels; provisions for the preparation of financial reports at the sub-national and national levels, and the overall role of the ICC in this process.

1. Type of bank account: commercial account
2. How budgets are approved:
 - 2.a. DPM and CAS NHDP for censuses received from beneficiary services
 - 2.b ICC for annual plans of action
3. Funds are forwarded to the sub-national levels by bank transfer
4. Reporting system Comment: DAGE and DPM

Were accounts verified externally? No

The external verification reports for HSS program accounts must be received by the GAVI Secretariat six months after the end of the fiscal year of your Government. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (Document No.:)

9.2. Progress of HSS activities during fiscal year 2011

Please use Table 9.2 to report on the primary activities conducted to improve immunization using HSS funds. It is very important to accurately report on the scope of progress and the use of the monitoring and evaluation framework for your original request and the award letter.

Please provide the following information for each planned activity:

- The percentage of the activity completed, as applicable
- An explanation of the progress achieved and any obstacles encountered
- The source of information/data, if necessary

Table 9.2: HSS activities in the 2011 reporting year

Primary activities (insert as many lines as needed)	Activity planned for 2011	Percentage of activity completed (annual rate) (if applicable)	Source of information/data (if necessary)
Organize 4 quarterly meetings every year	Organize 4 quarterly meetings every year	0	CAS NHDP
Organize 2 indicator oversight workshops of 1 [sic]	Organize 2 indicator oversight workshops in 15 districts	0	CAS NHDP
Support medical regions in contracting av [sic]	Support medical regions in contracting with private providers	0	CAS NHDP
Support holding a performance analysis	Support holding a performance analysis	0	CAS NHDP

workshop	workshop for health programmes		
Provide support to NGOs/Grassroots Organisations in 15 districts with [sic]	Provide support to NGOs/Grassroots Organisations in 15 districts with low performance for the implementation of mother and child health activities	0	CAS NHDP
Provide 6 BRISE in regions with low performance	Provide 6 BRISE in regions with low performance with vehicles for mobile teams	0	CAS NHDP
Strengthen the procurement line for motorbikes deemed insufficient	Strengthen the procurement line for motorbikes deemed insufficient	0	CAS NHDP
Provide support for the training of NGOs/Grassroots Organisations in [sic]	Provide support for the training of NGOs / Grassroots Organisations in 15 districts for management, planning and monitoring-evaluation of health programmes	0	CAS NHDP
Support the preparation of an integrated plan for communi [sic]	Support the preparation of an integrated communication plan for maternal and infant health programs and their implementation in 15 districts with low performance values.	0	CAS NHDP
Train 200 agents in the management of programs for	Train 200 agents in the management of health programs for mother and child	0	CAS NHDP
Organise 4 meetings for monitoring and [sic]	Organise 4 monitoring-evaluation meetings at the central level for the implementation of activities integrated into health programmes	0	CAS NHDP
Support the completion of the computer conversion of the [sic]	Support the completion of the computer conversion of the management of monitoring data	0	CAS NHDP
Organise a national session for the review of [sic]	Organise a national workshop to review management tools for mother and child health programmes	0	CAS NHDP
Every year support 2 validation meetings of [sic]	Every year support 2 data validation meetings with data managers from programmes at the central level	0	CAS NHDP
Provide support for holding the annual review [sic]	Provide support for holding the annual review of mother and child health programmes	0	CAS NHDP
Strengthen logistical resources for supervision at [sic]	Strengthen logistical resources for supervision at the central level (2 4x4 vehicles)	0	CAS NHDP
Support a joint supervision mission for [sic]	Support a joint supervision mission for priority programmes	0	CAS NHDP

9.2.1 For each objective and each activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress made and any obstacles (e.g. evaluations, Health Sector Coordinating Committee meetings).

Primary activities (insert as many lines as needed)	Describe progress made and any obstacles
-----------------------------------------------------	------------------------------------------

No activity was carried out in 2011	N/A
-------------------------------------	-----

9.2.2 Explain why certain activities were not carried out, or were modified, with references.

The 2011 activities were not carried out because:

1. The country had to provide clarifications after examination of the 2010 Annual Progress Report.
2. The ICC had proposed redirecting activities initially scheduled in the HSS and a review of the memorandum.
3. The acceptance of the clarifications arrived late in 2011 and did not allow the scheduled activities to be carried out on time.
4. As a result, the activities planned for 2011 will not be carried out until 2012, and those planned for 2012 will be carried out in 2013.

9.2.3 If HSS funds from GAVI were used to provide measures of encouragement to national human resources, how did these funds contribute to the implementation of national directives or policy regarding human resources?

Not applicable

9.3. General overview of targets achieved

Please fill out **Table 9.3** for each indicator and objective appearing in the original request that was approved and the award letter. Please use the reference data and objectives for 2010, as they appear in your original HSS proposal.

Table 9.3: Progress made on objectives

Name of the objective or indicator (insert as many lines as necessary)	Reference		Objective accepted through the end of the support in the original HSS application	2011 Objective	2007	2008	2009	2010	2011	Data source	Explanation if objectives were not attained
	Reference value	Source/date of the reference value									
1 for districts attaining $\geq 80\%$ coverage	76%	2006	80%	100%							
2 Percentage of agents coming from health schools	0%	Not app.	80%	100%							
3 Proportion of districts having contracted with [sic]	Not available	2008	100%	100%							
4 Proportion of districts having satisfied [sic]	Not available	N/A	100%	100%							
Mortality rate for children under 5 to [sic]	121 per thousand	2005	105 per thousand	105 per thousand							

9.4. Programme implementation in 2011

9.4.1. Please describe the primary activities in 2011, in particular the impact on health services programs, and notably the organization (immunization) programme.

Not applicable because no activity was carried out

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

Implementation was difficult due to the strictness of the clauses of the memorandum. The solution consisted of submitting the matter to the HSS steering committee and to redirection of activities for 2011.

9.4.3. Describe the exact provisions at various levels for monitoring and evaluation of HSS activities financed by GAVI

Activity reports and Meetings.

9.4.4. Please indicate to what extent monitoring and evaluation activities were integrated into national systems (such as annual sector audits). Describe how the establishment of reports on HSS funds from GAVI may be better harmonized with the existing information systems in your country. This may include the use of the relevant indicators adopted in the sectorial approach, instead of GAVI indicators.

The activities of the HSS were monitored and coordinated by CAS/NHDP. These activities were integrated into the annual work plans and the multi-year plans during evaluation of the various plans, HSS activities could also be strictly taken into consideration.

9.4.5. Describe the participation of key players in the implementation of the HSS proposal (including organizations of civil society). It will be helpful to indicate the type of organization, its name and the function it fulfils in implementation.

The key participants in the HSS are accountable for most of the HSS activities and must give an account by preparing technical and financial reports. In addition, these persons are active in the various periodic meetings. There are departments, divisions or programs in charge of certain activities comprising the HSS.

9.4.6. Please describe the participation of civil society organizations in the implementation of the HSS proposal. Please indicate the name of organizations, the type of activities and the financing supplied to these organizations from HSS funds.

This involves the implementation of activities of the HSS directed at the community: Training and evaluation.

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

- Was the management of HSS funds effective?
- Were there obstacles to the internal disbursement of funds?
- What measures were taken to resolve problems and improve management?
- Are changes anticipated in management procedures for next year?

* Yes, the management was effective.

* There were no obstacles to using the funds.

* The measures consisted of a reorganization/reprogramming of activities and a revision of the memorandum.

* No, no change is noted in the management procedures for next year.

9.5. Planned HSS activities for 2012

Please use **Table 9.4** to report regarding the progress of activities in 2012. If you propose changes to your activities and to the 2012 budget, describe and justify these changes in the following table.

Table 9.4: Activities planned for 2012

Primary activities (insert as many lines as needed)	Activity planned for 2012	Original budget for 2012 (approved in the HSS proposal or as amended during review of prior annual status reports)	2012 actual expenses (April 2012)	Revised activity (as applicable)	Explanation of proposed changes to activities or budget (as applicable)	Revised budget for 2012 (as applicable)
Train 200 agents in the	Train 200 agents in the	63900	0	Not reviewed	N/A	0

management of programs for	management of health programs for mother and child					
: Organise 4 quarterly meetings every year	: Organise 4 quarterly meetings for integrated planning of activities related to mother and new-born health at the central level	7050	0	Not reviewed	N/A	0
Organise 2 indicator oversight workshops of 1 [sic]	Organise 2 workshops on monitoring indicators in 15 health districts with low performance	37800	0	Not reviewed	N/A	0
Support medical regions in contracting av [sic]	Support medical regions in contracting with private maintenance providers for vehicles and cold chain equipment	67372	0	Not reviewed	N/A	0
Support the maintenance and repair of chambers	Support the maintenance and repair of cold chambers at the central and regional levels.	95128	0	Not reviewed	N/A	0
Provide support to NGOs/Grassroots Organisations in 15 districts with [sic]	Provide support to NGOs/Grassroots Organisations in 15 districts with low performance for the implementation of mother and child health activities	150000	0	Not reviewed	N/A	0
Equip districts with vehicles (4x4) for [sic]	Equip districts with vehicles (4x4) for mobile teams	500000	0	Not reviewed	N/A	0
Implementation of the integrated communication plan	Support the implementation of the integrated communication plan for maternal and infant health programs in 15 districts with low performance values.	51000	0	Not reviewed	N/A	0
Organize 4 meetings for	Organise 4 monitorin-	1763	0	Not reviewed	N/A	0

monitoring and [sic]	evaluation meetings at the central level for the implementation of activities integrated into health programmes					
Every year support 1 validation meeting of [sic]	Every year support 1 data validation meetings with data managers from programmes at the central level	34200	0	Not reviewed	N/A	0
Provide support for holding the annual review [sic]	Provide support for holding the joint annual review of the NHDP	4950	0	Not reviewed	N/A	0
: Support a joint supervision mission for [sic]	: Support a joint supervision mission for [sic]	51150	0	Not reviewed	N/A	0
Organise a workshop for preparation of the report [sic]	Organise a workshop for preparation of the CDSMT performance report	14000	0	Not reviewed	N/A	0
		1078313	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.5** to describe the activities planned for 2013. If you propose any changes to your activities and budget (rescheduling), please describe the changes in the table below and justify each change in order that the Independent Review Committee may approve the revised activities and budget.

Please note that if the change in the budget exceeds 15% of the approved allocation for the specific activity during this fiscal year, this change proposal must be submitted to the IRC for approval with the corresponding justifying items required.

Table 9.5: HSS activities planned for 2013

Primary activities (insert as many lines as needed)	Activity planned for 2013	Original budget for 2013 (approved in the HSS proposal or as amended during review of prior annual status reports)	Revised activity (as applicable)	Explanation of proposed changes to activities or budget (as applicable)	Revised budget for 2013 (as applicable)
Train 200 agents in the management of programs for	Train 200 agents in the management of programs for	63900	Not reviewed	N/A	0
Organize 4 quarterly meetings every year	Organize 4 quarterly meetings for integrated planning of activities related to mother and new-born	7050	Not reviewed	N/A	0

	health at the central level				
Organise 2 indicator oversight workshops of 1 [sic]	Organise 2 workshops on monitoring indicators in 15 health districts with low performance	37800	Not reviewed	N/A	0
Support medical regions in contracting av [sic]	Support medical regions in contracting with private maintenance providers for vehicles and cold chain equipment	67372	Not reviewed	N/A	0
Support the maintenance and repair of chambers	Support the maintenance and repair of cold chambers at the central and regional levels.	95128	Not reviewed	N/A	0
Provide support to NGOs/Grassroots Organisations in 15 districts with [sic]	Provide support to NGOs/Grassroots Organisations in 15 districts with low performance for the implementation of mother and child health activities	150000	Not reviewed	N/A	0
Equip districts with vehicles (4x4) for [sic]	Equip districts with vehicles (4x4) for mobile teams	500000	Not reviewed	N/A	0
Implementation of the integrated communication plan	Support the implementation of the integrated communication plan for maternal and infant health programs in 15 districts with low performance values.	51000	Not reviewed	N/A	0
: Organize 4 central level meetings for monitoring and [sic]	: Organize 4 monitoring-evaluation meetings at the central level for the implementation of activities integrated into health programmes	1763	Not reviewed	N/A	0
Every year support 1 validation meeting of [sic]	Every year support 1 data validation meetings with data	34200	Not reviewed	N/A	0

	managers from programmes at the central level				
Provide support for holding the annual review [sic]	Provide support for holding the joint annual review of the NHDP	4950	Not reviewed	N/A	0
Support a joint supervision mission for [sic]	Support a joint supervision mission with the Technical and Financial Partners	51150	Not reviewed	N/A	0
Organise a workshop for preparation of the report [sic]	Organise a workshop for preparation of the CDSMT performance report	14000	Not reviewed	N/A	0
		1078313			

9.6.1. If you reschedule items, please justify the reason.

HSS activities have been delayed by one year.

Because activities for 2011 were not carried out for the reasons stated above; therefore they were rescheduled for 2012.

As a result, activities scheduled for 2012 will be carried out in 2013.

9.6.2. If you reschedule items, please describe the decision-making process for the proposed changes.

No rescheduling.

9.6.3. Have you proposed changes to your activities planned and/or the budget for 2013 in **Table 9.5**? **No**

9.7. Revised indicators in case of reprogramming

If proposed changes to your activities and your budget for 2013 affect the indicators used to measure progress, please use **Table 9.6** to propose revised indicators for the remainder of your HSS allocation for approval by the Internal Review Committee.

Table 9.6: Revised indicators for the HSS allocation in the event of reprogramming

Name of the objective or indicator (insert as many lines as necessary)	Numerator	Denominator	Data source	Amount and ref. date	Source of reference data	Objective accepted through the end of the support in the original HSS application	2013 Objective
% of districts with >80% vaccine coverage	Districts with 80%	Total districts	n/a	76 %	report	80 %	80
% agents trained	agents trained	Total agents in place	n/a	0	report	80 %	80
Percentage of districts that hired [sic]	Districts that signed contracts	Total districts	n/a	N/A	report	100 %	100
Percentage	Districts	Total districts that	n/a	N/A	report	100 %	100

of districts having fulfilled contract	having attained contract objective	signed contracts					
Mortality rate among children under 5 years	Census data	Census data	n/a	121 per 1000	Survey	105 per 1000	105

9.7.1. Please justify any changes proposed to the definition, **the denominator and the data source for indicators** proposed in **Table 9.6**

We do not anticipate any rescheduling of activities for 2013; 2012 activities were postponed, due to a delay in implementation. As a result, we maintain the same objectives.

9.7.2. Please explain how changes to the indicators shown in **Table 9.6** will allow you to achieve your objectives.

This is a consolidation of the supposed gains that will be maintained to attain these objectives.

9.8. Other sources of funding for HSS

If other donors contribute to the attainment of the objectives appearing in the HSS GAVI proposal, indicate the amount and any ties to the contributions mentioned in the report:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Term of support	Type of activities financed
No other donor			

9.8.1. Is HSS support from GAVI recorded in the budget of the national health sector? **Yes**

9.9. Report on the HSS grant

9.9.1. Provide a list of the **primary** sources of information used in this report on the HSS and indicate the following:

- How the information was validated at the national level before presentation to the GAVI Alliance.
- Any question of substance raised in relation to the accuracy or validity of the information (in particular financial data and amounts of indicators) and how these questions were handled or resolved.

Table 9.9: Sources of data

Sources of data used in this report	How was the information validated?	Any problems encountered
Data supplied in the report from DAGE	From the preparation of the annual financial report	Absence of human and financial resources to provide all useful information

9.9.2. Please describe any difficulty encountered in preparing this report that you would like to make known to the GAVI Alliance and the Internal Review Committee. This information will be used to improve the process of preparing reports.

Difficulties in providing human resources to complete the annual progress report on-time.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?

Please attach:

1. Reports of all Health Sector Coordinating Committee meetings held in 2010, in particular for the meeting at which this report was discussed/evaluated (**Document No.: 23**)
2. The most recent health sector examination report (**Document No.:**)

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

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

Senegal is not submitting any report on GAVI Support to Civil Society Organizations, Type A for 2012.

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

Senegal is not submitting any report on GAVI Support to Civil Society Organizations, Type B for 2012.

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These comments will be added to the approved meeting reports, which must be included as attachments.

none

12. Annexes

12.1. Annex 1 – Terms of reference ISS

INSTRUCTIONS

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: salaries and treatment). The cost categories will be based on your Government's own system of economic classification. 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 2011 (referred to as the "variance").

IV. The financial statements must be drawn up in local currency, indicating the exchange rate applied to the United States dollar. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA Francs)	Value in USD
Balance brought forward from 2010 (balance as of 31 December 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total receipts	38,987,576	81,375
Total expenditure in 2011	30,592,132	63,852
Balance as of 31 December 2011 (carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification - GAVI ISS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of Reference HSS

INSTRUCTIONS

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

Other income received during 2011 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). The cost categories will be based on your Government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. The financial statements must be drawn up in local currency, indicating the exchange rate applied to the United States dollar. The countries will explain how and why a specific exchange rate was applied and will supply any additional note that may assist the GAVI Alliance in its examination of financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure - GAVI HSS		
	Local Currency (CFA)	Value in USD
Balance brought forward from 2010 (balance as of 31 December 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total receipts	38,987,576	81,375
Total expenditure in 2011	30,592,132	63,852
Balance as of 31 December 2011 (carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of Reference CSO

INSTRUCTIONS

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

Other income received during 2011 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by applicable cost category (for example: salaries and treatment). The cost categories will be based on your Government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. The financial statements must be drawn up in local currency, indicating the exchange rate applied to the United States dollar. The countries will explain how and why a specific exchange rate was applied and will supply any additional note that may assist the GAVI Alliance in its examination of financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for Civil Society Organisation support, Type B, are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure - GAVI CSO		
	Local Currency (CFA)	Value in USD
Balance brought forward from 2010 (balance as of 31 December 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total receipts	38,987,576	81,375
Total expenditure in 2011	30,592,132	63,852
Balance as of 31 December 2011 (carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification - GAVI CSO						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS for 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document number	Document	Section	Required	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signatures Ministres et Partenaires.jpg File desc.: Signatures of Ministers and Partners Date/time: 22/05/2012 13:15:19 Size: 215311
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures Ministres et Partenaires.jpg File desc.: Signatures of Ministers and Partners Date/time: 22/05/2012 13:16:33 Size: 215311
3	Signature of members of ICC	2.2	✓	Signature membres CCIA.doc File desc.: Signature of ICC members Date/time: 22/05/2012 13:18:27 Size: 245248
4	Signature of members of HSCC	2.3	✗	Liste membres csss.doc File desc.: List of CSSS members Date/time: 22/05/2012 13:19:35 Size: 317440
5	Minutes of ICC meetings in 2012	2.2	✓	Procès validation 2011.doc File desc.: Minutes of 2012 APR validation meeting Date/time: 22/05/2012 13:21:57 Size: 36864
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Procès validation 2011.doc File desc.: Minutes of 2012 APR validation meeting Date/time: 22/05/2012 13:23:18 Size: 36864
7	Minutes of HSCC meetings in 2011	2.3	✗	Procès 2011.doc File desc.: 2011 meeting reports Date/time: 22/05/2012 13:24:50 Size: 625664
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Procès validation 2011.doc File desc.: 2012 APR validation meeting report Date/time: 22/05/2012 13:25:58 Size: 36864
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Etat financier RSS 2011.doc File desc.: HSS 2011 financial statements Date/time: 22/05/2012 13:54:12 Size: 240640
10	new cMYP APR 2011	7.7	✓	PPAC SENEGAL 31 mai 2011.doc File desc.: 2012-2016 cMYP Date/time: 22/05/2012 13:30:50

				Size: 1683456
11	New cMYP financial analysis tool – 2011 progress report	7.8	✓	cMYP_Costing_Tool_Vs 2 5_Fr (Enregistré automatiquement) ok (Enregistré automatiquement).xls File desc.: cMYP costing tool Date/time: 22/05/2012 13:33:52 Size: 3287552
12	Financial Statement for CSO Type B grant - APR 2011	10.2.4	✗	Etat financier RSS 2011.doc File desc.: File description Date/time: 23/05/2012 05:50:15 Size: 240640
13	Financial Statement for ISS grant - APR 2011	6.2.1	✗	Etat financier RSS 2011.doc File desc.: ISS 2011 financial statement Date/time: 23/05/2012 05:50:15 Size: 240640
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Etat financier RSS 2011.doc File desc.: File description Date/time: 23/05/2012 05:52:59 Size: 240640
15	EVSM/VMA/EVM report APR 2011	7.5	✓	RAPPORT GEV SENEGAL.doc File desc.: EVM Date/time: 22/05/2012 13:36:21 Size: 942080
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	situation du plan amélioration GEV.ppt File desc.: EVM improvement plan Date/time: 22/05/2012 13:38:14 Size: 1008128
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Recommandations GEV.doc File desc.: EVM improvement plan status Date/time: 22/05/2012 13:39:34 Size: 87552
18	New Complete Multi-Year Plan – cMYP starting in 2012	7.8	✗	PPAC SENEGAL 31 mai 2011.doc File desc.: New 2012-2016 cMYP Date/time: 24/05/2012 07:50:45 Size: 1683456
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	audit 2012.jpg File desc.: File description Date/time: 24/05/2012 08:24:40 Size: 114157
20	Post Introduction Evaluation Report	7.2.2	✓	Recommandations GEV.doc File desc.: EVM recommendations follow-up Date/time: 24/05/2012 08:33:11

				Size: 87552
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Procès 2011.doc File desc.: ICC 2011 Minutes Date/time: 24/05/2012 08:27:20 Size: 625664
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	audit 2012.jpg File desc.: DHL audit delivery number Date/time: 24/05/2012 08:28:54 Size: 114157
23	HSS Health Sector review report	9.9.3	✗	Rapport_Preliminaire_EDS-V-MICS_2010-2011 (1).pdf File desc.: DHS report Date/time: 24/05/2012 08:41:58 Size: 649235
24	Report for Mapping Exercise CSO Type A	10.1.1	✗	APR validation meeting minutes.pdf File desc.: File description Date/time: 04/07/2012 09:55:05 Size: 271363
25	External Audit Report (Fiscal Year 2011) for CSO Type B grant	10.2.4	✗	Tableau 9.3 - progress on HSS achieved targets.pdf File desc.: File description Date/time: 04/07/2012 09:55:31 Size: 76586
26	HSS expenditures for the January-April 2012 period	9.1.3	✗	HSS Financial Statement 2011.pdf File desc.: File description Date/time: 04/07/2012 09:58:02 Size: 117855