



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Senegal

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 10:02:20 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
INS			
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

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

For the Government of **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	Monsieur Moussa MBAYE Secrétaire Général	Name	Monsieur 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	Position	Telephone	Email
Dr Elhadji Mamadou NDIAYE	Directeur de la Prévention	00221 33 8694231	mamamorph@yahoo.fr
Dr Amadou Djibril BA	Directeur de la DPRS	00221 33 869 42 74	amadoudjibril@gmail.com
Madame Coumba Guissé DRAME	Directeur de l'Administration Générale et de l'Équipement	00221 338694264	Coumba.guisse@gouv.sn

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Monsieur Moussa MBAYE	Secrétaire Général Ministère de la Santé et de l'Action Sociale		
Monsieur Ngouda FALL KANE	Secrétaire Général du Ministère de l'Economie et des Finances		

Madame Alimata Jeanne DIARRA NAMA	Représentant OMS		
Madame Giovanna BARBERIS	Représentant UNICEF		
Monsieur Boubacar SECK	CONGAD/RESSIP (Société Civile)		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Mr Moussa MBAYE Secrétaire Général	Ministère de la Santé et de l'Action Sociale		
Monsieur Ngouda FALL KANE le Secrétaire Général	Ministère de l'Economie et des Finances		
Dr Alimata Jeanne DIARRA NAMA	Représentant OMS		
Madame Giovanna BARBERIS	Représentant UNICEF		

Mr Boubacar SECK	RESSIP/CONGAD		
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HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

[Redacted]

Comments from the Regional Working Group:

[Redacted]

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

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	501,856	515,406	515,406	529,434	529,322	543,728	543,614	543,614	558,296	573,487
Total infants' deaths	30,613	24,224	31,440	24,883	32,289	25,555	33,160	33,160	34,056	26,953
Total surviving infants	471243	491,182	483,966	504,551	497,033	518,173	510,454	510,454	524,240	546,534
Total pregnant women	501,856	515,406	515,406	529,434	529,322	543,728	543,614	543,614	558,296	573,487
Number of infants vaccinated (to be vaccinated) with BCG	451,670	463,865	489,636	502,962	502,856	516,542	516,433	516,433	530,377	544,812
BCG coverage	90 %	90 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	451,670	392,945	489,636	428,868	502,856	543,728	516,433	516,433	530,377	573,487
OPV3 coverage	96 %	80 %	101 %	85 %	101 %	105 %	101 %	101 %	101 %	105 %
Number of infants vaccinated (to be vaccinated) with DTP1	447,681	463,865	474,287	502,962	487,092	516,542	500,245	500,245	513,755	544,813
Number of infants vaccinated (to be vaccinated) with DTP3	424,118	463,865	459,768	502,962	472,182	516,542	484,931	484,931	498,024	544,813
DTP3 coverage	90 %	94 %	95 %	100 %	95 %	100 %	95 %	95 %	95 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10	0	10	0	10	0	0	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.11	1.00	1.11	1.00	1.11	1.00	1.00	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	393,175	494,182	474,287	504,551	487,092	516,542	500,245	500,245		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	393,175	442,064	474,287	479,323	472,182	516,542	484,931	484,931		
DTP-HepB-Hib coverage	73 %	90 %	95 %	95 %	95 %	100 %	95 %	95 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	0	5	10	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.11	1	1.05	1.11	1.05	1.05	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	5 %	0 %	5 %	25 %	5 %	25 %	5 %	25 %	5 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		463,865	474,287	504,551	487,092	516,542	500,215	500,215	513,755	544,813
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		463,865	474,287	454,096	472,182	516,542	484,931	484,931	499,024	544,813

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	45 %	94 %	95 %	90 %	95 %	100 %	95 %	95 %	95 %	100 %
Wastage[1] rate in base-year and planned thereafter (%)		5	0	5	0	5	0	0	0	5
Wastage[1] factor in base-year and planned thereafter (%)		1.05	1.05	1.05	1	1.05	1	1	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	376,944	339,945	411,371	428,868	447,330	489,355	459,408	459,408	471,812	516,137
Measles coverage	80 %	69 %	85 %	85 %	90 %	94 %	90 %	90 %	90 %	94 %
Pregnant women vaccinated with TT+	401,485	412,325	438,095	450,019	476,390	489,355	489,252	489,252	502,462	516,137
TT+ coverage	80 %	80 %	85 %	85 %	90 %	90 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	376,944	0	411,371	0	447,330	0	449,408	449,408	471,812	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	0 %	3 %	0 %	3 %	0 %	3 %	3 %	3 %	0 %

** 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

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

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

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

- Justification for any changes in **births**

la différence entre les chiffres du PPAC et ceux du RAS est due au fait que les données annuelles de population pour le PPAC ont été estimées sur la base du taux d'accroissement annuel alors que pour le RAS nous avons utilisé les données officielles fournies par l'Agence Nationale de la Statistique et de la Démographie(ANSD). Ce n'est qu'en début de chaque année que l'ANSD fournit les données officielles concernant la population. Ce qui explique le décalage toujours constaté entre les projections contenues dans le PPAC et le RAS. les population seront réajustée dans le PPAC au cours de la révision prévue en Aout 2013.

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

RAS

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

RAS

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

Nous sommes passés du penta monodose au penta dix doses ce qui a fait que le taux de perte a été revu à la hausse (de 5 à 10)

5.2. Immunisation achievements in 2012

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

Durant l'année 2012, nous n'avons pas pu avoir les données de vaccination à cause d'un mouvement d'humeur du personnel de la santé qui a décrété un mot d'ordre de "rétention des données" sur l'ensemble du territoire national. Cependant l'enquête nationale de couverture vaccinale réalisée en Mars 2013 a montré que les objectifs ont été atteints pour tous les antigènes (BCG 97% ; VPO3 89%, Penta 3 91%; VAR 85%). Il n' y a pas eu de problèmes majeurs pour la mise en oeuvre du programme en 2012.

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

idem

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

NA

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

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

5.4. Data assessments

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

les données administratives n'étaient pas disponibles du fait du mot d'ordre syndical de "rétention de données"

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

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

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.

il est prévu de généraliser le DQS à tous les niveaux et tenir régulièrement les revues trimestrielles au niveau des régions dès la levée de la rétention. Un bulletin mensuel de rétro information sera diffusé par le niveau central pour consolider les données mensuelles de vaccination. Il est également prévu de recycler le personnel sur le DVD MT.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 500	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\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	COMMU NAUTE	LUXDEV	NEANT
Traditional Vaccines*	750,247	750,247	0	0	0	0	0	0
New and underused Vaccines**	3,058,236	267,889	2,790,347	0	0	0	0	0

Injection supplies (both AD syringes and syringes other than ADs)	244,782	67,129	177,653	0	0	0	0	0
Cold Chain equipment	620,731	56,430	56,430	338,581	22,572	0	146,718	0
Personnel	3,245,876	2,385,225	0	765,915	94,736	0	0	0
Other routine recurrent costs	1,107,410	145,784	0	402,844	518,631	40,151	0	0
Other Capital Costs	83,778	38,072	0	42,850	2,856	0	0	0
Campaigns costs	17,355,405	714,272	4,239,000	9,155,193	3,134,432	112,508	0	0
NEANT		0	0	0	0	0	0	0
Total Expenditures for Immunisation	26,466,465							
Total Government Health		4,425,048	7,263,430	10,705,383	3,773,227	152,659	146,718	0

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

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

NA

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
les fonds sont logés dans une banque commerciale et gérés directement par le Ministère de la santé	Yes
le pilotage assure la planification et le suivi du programme en matière de dépense et de développement du programme	Yes
les activités du RSS sont alignées sur le PNDS et sont pris en compte dans les PTA des régions et districts	Yes
les activités du RSS sont incluses dans le CDSMT et le PTIP	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

selon le rapport d'audit les comptes annuels sont au regard des règles et principes comptables édictés par le système comptable ouest africain (SYSCOA) réguliers et sincères et donnent une image fidèle du résultat des opérations de l'exercice écoulé ainsi que de la situation financière et du patrimoine du programme d'appui à la fin de cet exercice.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

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

- rédiger une lettre au Ministre des finances via son collègue de la santé afin qu'il s'engage sur la base des clarifications nécessaires à supporter les couts relatifs à l'introduction du vaccin contre le pneumocoque

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

If **Yes**, which ones?

List CSO member organisations:

Coordination des organisations non gouvernementales pour l'appui au développement (CONGAD)
--

5.8. Priority actions in 2013 to 2014

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

OBJECTIFS

1. Atteindre une couverture vaccinale d'au moins 95% au BCG, penta 3, polio 3, pneumo 3 et Rota 3 chez les enfants âgés de 0 à 11 mois, au niveau national
2. Atteindre une couverture vaccinale d'au moins 90% pour le VAR/Rubéole et le VAA chez les enfants âgés de 0 à 11 mois, au niveau national ;
3. Atteindre une couverture vaccinale d'au moins 90% au BCG, au penta 3, polio 3, pneumo 3 et Rota 2 chez les enfants âgés de 0 à 11 mois dans tous les districts ;
4. Atteindre une couverture vaccinale d'au moins 85% pour le VAR/Rubéole et le VAA chez les enfants âgés de 0 à 11 mois dans tous les districts ;
5. Atteindre une couverture vaccinale d'au moins 90 % au VAT 2+ chez les femmes enceintes dans chaque district ;
6. Maintenir l'interruption de la circulation de poliovirus sauvage autochtone ;
7. Interrompre la transmission du virus morbilleux autochtone ;
8. Maintenir le statut d'élimination du tétanos maternel et néonatal (TMN) ;
9. Assurer la prévention des épidémies de fièvre jaune ;
10. Assurer la prévention des épidémies de méningite
11. Introduire le vaccin anti pneumococcique dans le PEV de routine en 2013
12. Introduire le vaccin contre la rubéole dans le PEV de routine 2014
13. Introduire le vaccin contre le rotavirus dans le PEV de routine 2014
14. Assurer 100% du financement des vaccins traditionnels et consommables et le cofinancement des nouveaux vaccins par le Budget national.

- ACTIVITES PRIORITAIRES

- élaboration plan d'amélioration de la GEV
- inventaire de la logistique et élaboration du plan de réhabilitation
- organisation d'une enquête de couverture vaccinale
- organisation de la semaine mondiale de la vaccination
- organisation de campagnes préventives contre la poliomyélite intégrées à la VITA et déparasitage
- organisation d'une campagne de rattrapage rougeole rubéole
- introduction du RR dans la routine
- introduction du PCV et du Rota dans la routine
- introduction d'une deuxième dose de Rougeole dans la routine
- démonstration de l'introduction du HPV
- mise en œuvre ACD dans tous les districts

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	SAB 0,05	ETAT
Measles	SAB 0,5	ETAT
TT	SAB 0,5	ETAT
DTP-containing vaccine	SAB 0,5	ETAT/GAVI
FR YF	SAB 0,5	ETAT

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)

Insuffisance dans la disponibilité et la fonctionnalité des incinérateurs.

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

Les incinérateurs existants ont été utilisés et un appui a été sollicité auprès des structures hospitalières publiques et privées. il était prévu dans le dernier plan de réhabilitation de construire 63 incinérateurs et d'en réparer 15. ces activités n'ont pas pu être réalisées faute de financement. Elles seront reconduite dans le prochain plan. Nous comptons aussi profiter des campagnes préventives pour améliorer la disponibilité des incinérateurs.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Senegal is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Senegal is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	1,238,501	1,238,600	0	No
Pneumococcal (PCV13)	881,373	0	0	No

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

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

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

L'introduction du PCV 13 initialement prévue a été reportée en 2013

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

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

Le pays a opté pour les présentation dix doses à partir de 2013 afin d'augmenter les capacités de stockage pour l'introduction des nouveaux vaccins.

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

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	On ne prévoit d'introduire de vaccins

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	on ne prévoit pas d'introduire de vaccins

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 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° 9)

NA

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

NA

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

NA

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

NA

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

NA

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	267,899	108,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	267899	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,711	114,700
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0

	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	February	Gouvernement
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	February	gouvernement
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	NA	

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

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

NA

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2012**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

Le plan d'amélioration est en cours d'élaboration. Le retard s'explique par les activités préparatoires et de mise en oeuvre de la campagne MenA et de l'enquête nationale de couverture vaccinale.

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A 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)

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

Les besoins ont été couverts

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?

NA

7.6.2. Programmatic Results of Meningococcal type A 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
FATICK	10 JOURS	564657	0	0	97	0	54	44
KAOLACK	10 JOURS	596854	0	0	94	0	28	23
DIOURBEL	10 JOURS	1024117	0	0	96	0	2	2
KAFFRINE	10 JOURS	418486	0	0	94	0	4	2
TAMBACOUN DA	10 JOURS	483024	0	0	95	0	25	19
KEDOUGOU	10 JOURS	97614	0	0	95	0	34	30
KOLDA	10 JOURS	453206	0	0	99	0	4	3
SEDHIOU	10 JOURS	323599	0	0	99	0	0	0

*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?" **Yes**

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

Nous n'avons pas pu disposer des données administratives de la campagne à cause de la "rétention d'information"

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

OUI

What lessons have you learned from the campaign?

- nécessité d'une bonne préparation et d'un suivi rigoureux
- nécessité de démarrer précocement les activités préparatoires (au moins six mois avant la campagne)
- difficulté à atteindre les 15 - 29 ans
- utilité de la mise en place d'un dispositif de gestion des MAPI
- nécessité d'avoir un bon plan de gestion des déchets avec suffisamment d'incinérateurs fonctionnels

7.6.3. Fund utilisation of operational cost of Meningococcal type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
microplanification	8286948	16574
MOBILISATION SOCIALE	77940400	155881
FORMATION	53946396	107893
MOTIVATION	318246800	636494
GESTION DES DECHETS	9776392	19553
CARBURANT	38831147	77662

EVALUATION	7941370	15883
SUPERVISION REGION	25137340	50275
Total	540106793	1080215

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N°) that has endorsed the requested change.

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

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

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

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

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

		2013	2014	2015
Number of vaccine doses	#	177,900	239,600	254,400
Number of AD syringes	#	197,400	240,300	268,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	2,200	2,675	3,000
Total value to be co-financed by the Country ^[1]	\$	396,000	532,000	552,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	11.69 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	494,182	504,551	58,958	445,593
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	1,482,546	1,513,653	176,873	1,336,780
E Estimated vaccine wastage factor	Table 4	1.00	1.00		
F Number of doses needed including wastage	$D \times E$	1,482,546	1,513,653	176,873	1,336,780
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		7,777	909	6,868
H Stock on 1 January 2013	Table 7.11.1	729,694			
I Total vaccine doses needed	$F + G - H$		1,521,930	177,840	1,344,090
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		1,688,788	197,338	1,491,450
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		18,746	2,191	16,555
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,098,650	362,082	2,736,568
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		78,529	9,177	69,352
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		10,873	1,271	9,602
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		198,314	23,174	175,140
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		3,386,366	395,702	2,990,664
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		395,702		
V Country co-financing % of GAVI supported proportion	U / T		11.69 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	13.52 %			16.14 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	516,542	69,822	446,720	500,245	80,721	419,524
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,549,626	209,466	1,340,160	1,500,735	242,161	1,258,574
E	Estimated vaccine wastage factor	Table 4	1.11			1.05		
F	Number of doses needed including wastage	$D \times E$	1,720,085	232,508	1,487,577	1,575,772	254,269	1,321,503
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	51,608	6,976	44,632	0	0	0
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,772,193	239,551	1,532,642	1,576,272	254,350	1,321,922
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,777,370	240,251	1,537,119	1,665,816	268,798	1,397,018
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	19,729	2,667	17,062	18,491	2,984	15,507
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,608,185	487,726	3,120,459	3,130,477	505,138	2,625,339
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,608,185	11,172	71,476	3,130,477	12,500	64,961
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11,443	1,547	9,896	10,725	1,731	8,994
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	230,924	31,215	199,709	200,351	32,329	168,022
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,933,200	531,659	3,401,541	3,419,014	551,696	2,867,318
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	531,658			551,696		
V	Country co-financing % of GAVI supported proportion	U / T	13.52 %			16.14 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	491,182	504,551	518,173	510,454	546,534	2,570,894
	Number of children to be vaccinated with the first dose	Table 4	#	463,865	504,551	516,542	500,215	544,813	2,529,986
	Number of children to be vaccinated with the third dose	Table 4	#	463,865	454,096	516,542	484,931	544,813	2,464,247
	Immunisation coverage with the third dose	Table 4	%	94.44 %	90.00 %	99.69 %	95.00 %	99.69 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.00	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	729,694					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	729,694					
	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	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	0.00 %	

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

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

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

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

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

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

		2013	2014	2015	2016
Number of vaccine doses	#	1,537,000	1,525,300	1,382,900	1,607,200
Number of AD syringes	#	1,624,700	1,611,100	1,533,200	1,699,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	18,050	17,900	17,025	18,875
Total value to be co-financed by GAVI	\$	5,788,500	5,744,000	5,212,000	6,053,000

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

		2013	2014	2015	2016
Number of vaccine doses	#	86,300	113,200	119,600	164,700
Number of AD syringes	#	91,200	119,500	132,600	174,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,025	1,350	1,475	1,950
Total value to be co-financed by the Country ^[1]	\$	325,000	426,000	451,000	620,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	5.31 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	463,865	504,551	26,796	477,755
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	1,391,595	1,513,653	80,387	1,433,266
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	$D \times E$	1,461,175	1,589,336	84,406	1,504,930
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		32,041	1,702	30,339
H Stock on 1 January 2013	Table 7.11.1	729,694			
I Total vaccine doses needed	$F + G - H$		1,623,177	86,203	1,536,974
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		1,715,721	91,118	1,624,603
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		19,045	1,012	18,033
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		5,681,120	301,710	5,379,410
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		79,782	4,238	75,544
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		11,047	587	10,460
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		340,868	18,103	322,765
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		6,112,817	324,636	5,788,181
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		324,636		
V Country co-financing % of GAVI supported proportion	U / T		5.31 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	6.90 %			7.96 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	516,542	35,663	480,879	500,215	39,819	460,396
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,549,626	106,987	1,442,639	1,500,645	119,457	1,381,188
E	Estimated vaccine wastage factor	Table 4	1.05			1.00		
F	Number of doses needed including wastage	$D \times E$	1,627,108	112,337	1,514,771	1,500,645	119,457	1,381,188
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	9,443	652	8,791	0	0	0
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,638,351	113,113	1,525,238	1,502,445	119,600	1,382,845
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,730,567	119,479	1,611,088	1,665,716	132,597	1,533,119
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	19,210	1,327	17,883	18,490	1,472	17,018
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,734,229	395,894	5,338,335	5,258,558	418,599	4,839,959
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	5,734,229	5,556	74,916	5,258,558	6,166	71,290
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11,142	770	10,372	10,725	854	9,871
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	344,054	23,754	320,300	315,514	25,116	290,398
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	6,169,897	425,972	5,743,925	5,662,253	450,734	5,211,519
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	425,972			450,734		
V	Country co-financing % of GAVI supported proportion	U / T	6.90 %			7.96 %		

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	9.29 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	544,813	50,634	494,179
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	1,634,439	151,900	1,482,539
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,716,161	159,495	1,556,666
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	53,879	5,008	48,871
H	Stock on 1 January 2013	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	1,771,840	164,670	1,607,170
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,874,033	174,167	1,699,866
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	20,802	1,934	18,868
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	6,201,440	576,344	5,625,096
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	87,143	8,099	79,044
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	12,066	1,122	10,944
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	372,087	34,581	337,506
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	6,672,736	620,144	6,052,592
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	620,144		
V	Country co-financing % of GAVI supported proportion	U / T	9.29 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

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

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

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

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

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

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

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

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

9.1.1. Report on the use of HSS funds in 2012

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

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

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

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

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

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)		1234744	1329388	1028713		
Revised annual budgets (if revised by previous Annual Progress Reviews)		1132944	1347338	1104863		
Total funds received from GAVI during the calendar year (A)			1133000		673750	1778750
Remaining funds (carry over) from previous year (B)			0	1132669	974873	1321529
Total Funds available during the calendar year (C=A+B)			1133000	1132669	1648623	3100279
Total expenditure during the calendar year (D)			331	157796	327094	514563
Balance carried forward to next calendar year (E=C-D)			1132669	974873	1321529	2585716
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)	2585716			
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)		617372000	664694000	514356500		
Revised annual budgets (if revised by previous Annual Progress Reviews)		566472000	673669000	514356500		
Total funds received from GAVI during the calendar year (A)			488606137		299650178	900935452
Remaining funds (carry over) from previous year (B)			0	488443763	410176878	547097871
Total Funds available during the calendar year (C=A+B)			488606137	488443763	709827056	1448033323
Total expenditure during the calendar year (D)			162374	78266885	162729185	254965741
Balance carried forward to next calendar year (E=C-D)			488443763	410176878	547097871	1193067582
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)	1193067582			
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	450	480	490	492	500	495
Closing on 31 December	480	490	492	500	495	496

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

Le compte utilisé est un compte du ministère de la santé .Le budget RSS est inclut dans le budget de la santé. le budget est approuvé par le CCIA et les bénéficiaires élaborent des requêtes en conformité avec les activités et le budget prévus dans le plan d'action. Les requêtes sont validées par le point focal RSS qui donne l'ordre de décaissement . La DAGE (direction de l'administration générale) emet l'ordre de virement qui est co signé par la Direction de le Prévention. Les fonds sont alors virés dans le comptes des bénéficiaires. Après exécution des activités, les pièces justificatives sont acheminées au niveau de la DAGE. Un audit externe des fonds commandité par le Ministère de l'économie et des finances est réalisée chaque année par un cabinet indépendant.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Objectif 1: Renforcer les compétences en gestion des programmes de santé de la mère et de l'enfant des agents prestataires de services de santé	1.1 Former 200 agents sur la gestion des programmes de santé de la mère et de l'enfant	100	Rapport de formation
Objectif 2: Renforcer la coordination, la gestion, le partenariat et la logistique dans les districts du pays	2. 1:Organiser chaque année 04 réunions trimestrielles de planification intégrée des activités des programmes impliqués dans la santé de la mère, du nouveau né et de l'enfant au niveau central	0	
	2.2: Organiser 2 ateliers de suivi des indicateursde 15 districts sanitaires à faibles performances	0	
	2.4 : Compléter le montant destiné à l'achat du camion frigorifique	100	PV de réception
	2.5 : Appuyer les régions médicales à contractualiser avec les prestataires privés la maintenance de la logistique roulante et de la chaine de froid	100	contrat de maintenance
	2.6 : Appuyer la tenue d'un atelier bilan des performances des programmes de santé	0	

	2.8: Apporter un appui aux ONG/OCB dans 15 districts à faibles performances pour la mise en œuvre d'activités de santé de la mère et de l'enfant	50	Rapport d'activités
	2.8 bis : Doter 6 BRISE des régions à faibles performances de véhicules pour les équipes mobiles	0	
	2.8 ter: renforcer la ligne achat des motos jugée insuffisante	100	Plan d'action 2013
	2.9 : apporter un appui à la Formation des ONG/OCB dans 15 districts en gestion, planification et suivi évaluation des programmes de santé	100	rapport financier
	2.9 bis: Organiser avec les ECR et ECD des réunions de monitoring des données des programmes de santé de la mère et de l'enfant	100	Rapport de réunion
	2.9 ter: Appuyer la synthèse des PTA au niveau des 14 régions médicales	100	rapport atelier
	2.10 : Appuyer l'élaboration et la mise en œuvre du plan intégré de communication des programmes de santé maternelle et infantile dans 15 districts à faibles performances	100	rapport d'atelier
Objectif 3: Assurer le suivi et l'évaluation des programmes de santé de la mère et de l'enfant à tous les niveaux	3. 1 : Organiser au niveau central, 4 réunions de suivi évaluation pour la mise en œuvre des activités intégrées des programmes de santé	0	
	3.4 : Appuyer la finalisation de l'informatisation de la gestion des données du monitoring	0	
	3.5 : Organiser un atelier national de révision des outils de gestion des programmes de santé de la mère et de l'enfant	0	
	3. 6 : Appuyer chaque année 02 réunions de validation des données avec les gestionnaires des données des programmes au niveau central	100	Rapport d'atelier
	3 .7 : Apporter un appui à la tenue de la Revue annuelle conjointe des PNDS	100	Rapport d'activités
	3.8 : Renforcer les moyens logistiques de supervision au niveau central (2 véhicules 4x4)	0	
	3 9 Appuyer une mission conjointe de supervision avancée	100	Rapport de supervision

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
1.1 Former 200 agents sur la gestion des programme	200 agents ont été formés sur la gestion du programme au niveau de 16 district ce qui a permis de renforcer leurs compétence et d'améliorer la qualité de l'offre de service de vaccination
2.4 : Compléter le montant destiné à l'achat du ca	le camion frigorifique a été acheté et est actuellement utilisé pour la mise en place des vaccins au niveau des régions
2.5 : Appuyer les régions médicales à contractuali	des contrats de maintenance ont été signés au niveau des régions ciblées ce qui a amélioré la fonctionnalité de la logistique roulante et de la chaine du froid.
2.8: Apporter un appui aux ONG/OCB dans 15 distric	les OCB ont été appuyés et les activités sont en cours de réalisation
2.8 ter: renforcer la ligne achat des motos jugée	la ligne a été renforcer et l'acquisition est prévue courant 2013
2.9 : apporter un appui à la Formation des ONG/OCB	les OCB ont été formées et sont en train de dérouler les activités
2.9 bis: Organiser avec les ECR et ECD des réunion	les réunions de monitoring des données ont été organiser et ont permis de partager les réalisations et les contraintes liées à l'exécution des programmes mais aussi de proposer des solutions pour améliorer la gestion des programmes.
2.9 ter: Appuyer la synthèse des PTA au niveau d	les ateliers ont été tenus et ont permis une meilleure consolidation des PTA
2.10 : Appuyer l' élaboration et la mise en œuvre	les plan ont été élaborés et sont en train d'être déroulés sur le terrain.
3. 6 : Appuyer chaque année 02 réunions de validat	les reunions ont été tenues et ont permis de consolider les données
3 .7 : Apporter un appui à la tenue de la Revue an	le revue a été tenue et a permis de faire le point sur la situation des programmes prioritaires de santé
3 9 Appuyer une mission conjointe de supervision	la supervision a permis d'apprécier l'état d'avancement de l'exécution des programmes prioritaires au niveau des régions ciblées

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

- la lourdeur des procédures de passation des marchés publics a retardé l'acquisition des équipements
- la réforme au niveau institutionnel et le mouvement du personnel n'a pas permis une bonne appropriation des activités programmées par les équipes précédente. IL s'y ajoute le contexte pré et post électoral de 2012.
- le retard d'exécution du plan d'action initialement approuvé en 2009 a rendu certaines activités caduques. Ces dernières ont été remplacées par de nouvelles activités plus pertinentes dans le contexte et plus facilement réalisables.
- Pour certaines activités le montant initialement approuvé était insuffisant pour la mise en oeuvre

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

Sans objet

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									

1- Couverture nationale au Penta 3	89%	Les rapports PEV SNIS 2009	90%	90%	88%	87%	74% (Revue externe)	83% (EDSV)	96%	Enquête nationale de couverture Mars 2013	
2-Pourcentage de districts atteignant une couverture ≥80% pour le penta 3 santé ayant bénéficié de formation dans la gestion des programmes de santé de la mère et de l'enfant	76%	Les rapports PEV SNIS 2009	80%	80%	49%	71%	23% (revue externe)	ND	86,8%	Enquête nationale de couverture Mars 2013	
3-Taux de mortalité des enfants de moins de 5 ans	121 pour mille	EDS 4 2005	105 pour mille	105 pour mille	121 pour mille	121 pour mille	72 pour mille	72 pour mille	72 pour mille	EDS V	
4-Pourcentage de districts ayant un taux de CPN4 supérieur à 50%	ND		50%	50%					ND		réention des données
5-Pourcentage d'OCB ayant mené des activités intégrées conformément aux contrats établis avec les districts	100%	Données administratives RM et DS	100%	100%					100%	rapport d'activité du RESSIP CONGAD	
6-Proportion de districts ayant satisfait au contrat de performance	ND		80%	80%					NA		le processus a été abandonné par le Ministère.

9.4. Programme implementation in 2012

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

- *la formation de 200 agents a permis le renforcement des compétences des agents chargés de la la gestion des programmes de santé de la mère et de l'enfant;
- *la tenue de la Revue Annuelle Conjointe du PNDS a permis de faire un échange sur les performances des programmes;
- *l'appui aux ONG/OCB a contribué au renforcement de la mise en oeuvre d'activités de santé de la mère et de l'enfant niveau de 15 districts à faible performance;
- *la tenue de deux réunions de validation des données permis la consolidation des données;
- *le complément du montant destiné à l'achat du camion frigorifique a permis d'acquérir le camion qui actuellement est utilisé pour mettre en place les vaccins;
- *la tenue d'atelier d'élaboration de plan intégré de communication a permis de disposer d'un plan opérationnel au niveau de 15 districts à faible performance;
- *la contractualisation avec les prestataires privées pour la maintenance de la logistique roulante et de la chaîne de froid de 03 régions médicales a permis d'améliorer la fonctionnalité des équipements et par conséquent l'offre des services de vaccination;
- *le renforcement des les fonds destinés à l'achat de motos permettra d'acquérir des motos pour renforcer les stratégies avancées;
- *l' appui à la formation des ONG/OCB a permis de renforcer les capacités des ONG/OCB en gestion planification et suivi évaluation des programmes de santé;
- *la tenue de réunions de monitoring des données a permis de partager avec les ECD et ECR les résultats;obstacles et contraintes rencontrées lors de la mise en oeuvre des activités;
- * l'organisation d'atelier de synthèse des PTA a permis de finaliser le plan d'action global;

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

Pour contourner les problèmes rencontrés, l'achat des équipements sera fait par le canal du système des Nations Unis
 Les activités dont les montants alloués étaient insuffisants ont été renforcés et reprogrammés. Certaines activités jugées peu pertinentes actuellement ont été supprimées. Les activités programmées ont été affectées à des centres de responsabilité avec plan de mise en oeuvre et chronogramme précis permettant la réalisation dans les délais. Un plan de suivi est élaboré et fera l'objet d'évaluation périodique lors de des réunions de CCIA

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

La tenue périodique des réunions de CCIA
 Les réunion de coordination au niveau central régional et district
 Les supervisions, missions
 Les audits internes et externes
 Les revues annuelles conjointes

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

Les activités du RSS sont suivies et coordonnées par la Direction de la Planification de la Recherche et de la Statistique . Ces activités sont intégrées dans les plans de travail annuels et les plans pluriannuels lors des évaluation des différents plans.

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

Les acteurs clés du RSS sont comptables de la plupart des activités RSS et doivent rendre compte en établissant des rapports techniques et financiers. De plus ces acteurs participent aux différentes réunions périodiques. Les différentes directions, divisions ou programmes se retrouvent périodiquement dans le CCIA en même temps que les acteurs de la société civile (RESSIP CONGAD) pour le pilotage des activités planifiées.

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

Le RESSIP CONGAD membre de la société civile collabore avec les autres Organisations Communautaires de Base (OCB) dans le cadre de la mise en oeuvre des activités RSS. Le montant du financement est de 34 271 000 000 Fcfa

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

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

la gestion des fonds a été jugée efficace par les rapports d'audit. Il n'y a pas eu d'obstacles au décaissement interne. il n'est pas prévu de changements dans les procédures de gestion.

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
1. renforcer les compétences en gestion des programmes de santé de la mère et de l'enfant des agents prestataire de service	1.3. Appuyer la formation des agents sur la gestion des programmes de santé de la mère et de l'enfant	63900			La même activité a été reconduite compte tenu de sa pertinence tout en révisant le budget à la hausse car il reste encore beaucoup d'agents à former	125000
	1.5. Finaliser la révision du manuel de procédure du PNDS	0			Il s'agit d'une activité nouvelle qui présentement a été jugée pertinente pour aider à la politique de transparence et aider à la connaissance des procédures nouvelles de gestion	10417

2. Renforcer la coordination, la gestion, le partenariat et la logistique dans les districts du pays	2.1. Organiser chaque année 04 réunions trimestrielles de planification intégrée des activités des programmes impliquées dans la santé de la mère du nouveau né et de l'enfant	7050			La même activité a été reconduite compte tenu de sa pertinence mais les besoins sont importants si on considère les coûts actualisés	41667
	2.5 Apporter un appui à l'outillage des techniciens de maintenance des équipements des 14 Médicales	95128			Il a été recommandé d'outiller les techniciens de maintenance d'outillage pour l'entretien des équipements sur place mais le budget a été revu à la baisse	29167
	2.8 Apporter un appui aux ONG/OCB dans 15 districts à faibles performances pour la mise en œuvre d'activités de santé de la mère et de l'enfant				La même activité a été reconduite compte tenu de sa pertinence tout en révisant le budget à la baisse pour permettre la réalisation d'autres activités	125000
	Appuyer l'élaboration et la mise en œuvre du plan intégré de communication des programmes de santé	51000			La même activité a été reconduite compte tenu de sa pertinence tout en révisant le budget à la hausse pour une meilleure efficacité.	83333
	2.11. Acquérir des véhicules 4X4 double cabine pour les activités mobiles et avancées	500000			La même activité a été reconduite compte tenu de sa pertinence tout en révisant le budget à la baisse car d'autres équipements sont aussi à prendre en compte à côté des véhicules.	327083
	2.12 Acquérir 2 camions secs pour le transport des intrants des programmes de santé vers les régions et districts	0			Il s'agit d'une activité nouvelle qui renforce les équipements à travers l'achat de camions secs en compléments du camion frigorifique acquis lors de la première année	208333
	2.13 Acquérir des motos 125 pour les activités avancées et mobiles des districts	0			Il s'agit d'une activité nouvelle qui préconise un renforcement des équipements roulants des unités de services pour une atteinte des zones difficile d'accès	208333
	2.14 Acquérir des Réfrigérateurs pour la conservation des vaccins dans les postes de santé	0			Il s'agit d'une activité nouvelle qui préconise un renforcement des équipements destinés à une bonne conservation des vaccins conformément aux recommandations de la GEV	187500

	2.15. Assurer la location des moyens de transport pour l'acheminement des équipements, vaccins et consommables acquis au niveau des régions bénéficiaires		0		Il s'agit d'une activité nouvelle qui préconise un appui au transport des équipements, vaccins et consommables dans le cadre des acquisitions en attendant la livraison des 2 camions secs	54167
3. Assurer le suivi et l'évaluation des programmes de santé de la mère et de l'enfant	3.6. Organiser des ateliers d'appui à la synthèse régionale des PTA		0		Il s'agit d'une activité nouvelle qui préconise un appui à la synthèse des PTA qui est un moment important dans la planification des activités.	81250
	3.7 Apporter un appui à la tenue de la revue annuelle des Programmes de santé de la mère et de l'enfant		4950		La même activité a été reconduite compte tenu de sa pertinence tout en révisant le budget à la hausse	10360
			722028	0		1491610

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

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

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
NEANT			

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

9.9. Reporting on the HSS grant

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

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
rapport d'audit externe	auditeurs indépendant	
rapports financier de la DAGE	validé en CCIA	

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

insuffisance de ressources humaines et financières pour disposer à temps des informations utiles.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

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

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

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

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

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

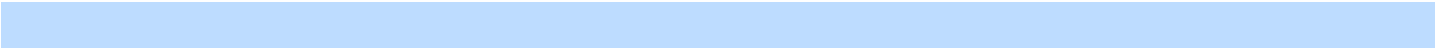
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

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

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure


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







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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		signature raport GAVI 2012.JPG File desc: Date/time: 7/2/2013 6:23:12 AM Size: 612367
2	Signature of Minister of Finance (or delegated authority)	2.1		signature raport GAVI 2012.JPG File desc: Date/time: 7/2/2013 6:23:20 AM Size: 612367
3	Signatures of members of ICC	2.2		Rapport signature RSS 2012 (2).jpg File desc: Date/time: 5/14/2013 5:31:05 PM Size: 750226
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		RAPPORT REUNION GAVI.doc File desc: Date/time: 5/15/2013 5:33:27 AM Size: 2078720
5	Signatures of members of HSCC	2.3		CCSS.docx File desc: Date/time: 5/15/2013 7:02:07 AM Size: 10087
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		CCSS.docx File desc: Date/time: 5/15/2013 7:02:43 AM Size: 10087
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		SSV.docx File desc: Date/time: 5/15/2013 7:08:53 AM Size: 10162
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		SSV.docx File desc: Date/time: 5/15/2013 7:09:23 AM Size: 10162
9	Post Introduction Evaluation Report	7.2.2		INTRODUCTION NV.docx File desc: Date/time: 5/15/2013 8:24:56 AM Size: 10259
				INTRODUCTION NV.docx

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		File desc: Date/time: 5/15/2013 7:23:22 AM Size: 10228
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		INTRODUCTION NV.docx File desc: Date/time: 5/15/2013 7:23:42 AM Size: 10228
12	Latest EVSM/VMA/EVM report	7.5		Rapport_GEV_Senegal_Sep12.doc File desc: Date/time: 5/15/2013 8:37:12 AM Size: 13084160
13	Latest EVSM/VMA/EVM improvement plan	7.5		PLAN AMELIORATION GEV.docx File desc: Date/time: 5/15/2013 8:39:15 AM Size: 10212
14	EVSM/VMA/EVM improvement plan implementation status	7.5		PLAN AMELIORATION GEV.docx File desc: Date/time: 5/15/2013 8:39:52 AM Size: 10212
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		RAPPORT AUDIT CAMPAGNE.docx File desc: Date/time: 5/15/2013 8:44:00 AM Size: 10281
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		SOUTIEN AU VACCIN.docx File desc: Date/time: 5/15/2013 8:47:28 AM Size: 10313
17	Valid cMYP if requesting extension of support	7.8		1 PPAC révisé.doc File desc: Date/time: 5/13/2013 8:43:47 AM Size: 2032128
18	Valid cMYP costing tool if requesting extension of support	7.8		4_Costing_lundi_13_aout_2012.xls File desc: Date/time: 5/13/2013 8:48:54 AM Size: 3304448
				ETAT FINANCIER.doc

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	File desc: Date/time: 5/15/2013 5:25:44 AM Size: 1412096
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	ETAT FINANCIER.doc File desc: Date/time: 5/15/2013 5:27:32 AM Size: 1412096
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	DHL (2).jpg File desc: Date/time: 5/14/2013 7:34:03 PM Size: 392346
22	HSS Health Sector review report	9.9.3	X	Rapport RAC 16 et 17 07 2012 version finale.doc File desc: Date/time: 5/15/2013 5:18:13 AM Size: 297472
23	Report for Mapping Exercise CSO Type A	10.1.1	X	OSC DE TYPE A.docx File desc: Date/time: 5/15/2013 7:34:01 AM Size: 10265
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	OSC DE TYPE B.docx File desc: Date/time: 5/15/2013 7:37:04 AM Size: 10307
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	OSC DE TYPE B.docx File desc: Date/time: 5/15/2013 7:37:41 AM Size: 10307
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	RELEVES BANCAIRES.docx File desc: Date/time: 5/15/2013 5:58:50 AM Size: 4862436