



The GAVI Alliance

Annual Progress Report 2013

Submitted by
the Government of
Senegal

Reporting on year: **2013**

Support request for the year

Date of submission: **09/05/2014**

Deadline for submission: 22/05/2014

Please submit the annual progress report 2013 by using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

The annual progress report and its annexes must be presented in English, Spanish, French or Russian.

Electronic copies of the previous annual reports and approved support requests are available at the following address:
<http://www.gavialliance.org/country>

The GAVI Secretariat is unable to return the documents presented and attachments to the countries.

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 if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this 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 this application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement. Any funds repaid will be deposited into the account or accounts designated 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 this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this application if a misuse of GAVI Alliance funds is confirmed.

FIGHT AGAINST CORRUPTION

The country confirms that the funds provided by GAVI Alliance will not be given by it to third parties under any circumstances, and that it will not attempt to obtain gifts, payments or benefits directly or indirectly linked to this request which could be considered to be an illegal or corrupt practice.

VERIFICATION OF ACCOUNTS AND RECORDS

The country will carry out annual verifications of the accounts and will transmit them to GAVI Alliance, in accordance with the specified terms. The Alliance, on its own or through a representative, reserves the right to conduct verifications or assessments of the way finances are managed, in order to carry out the obligation to account for funds disbursed to the country.

The country will keep accurate accounting books justifying the use of funds from GAVI Alliance. The country will keep its accounting records in accordance with accounting standards approved by its government for at least three (3) years after the date of the last disbursement of funds from GAVI Alliance.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

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 this 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 this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

By filling out 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 a 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: **2013**

Requesting support for the year: **2015**

1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DPT-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
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2016
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012

DTP-HepB-Hib (pentavalent) vaccine: per your Country's current preferences, the vaccine is available as a liquid from UNICEF in 1- or 10-dose vials or as lyophilised/liquid vaccine in 2-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

1.2. Programme extension

No NVS eligible for extension this year.

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible for 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS grant: N/A	N/A
CSO Type A	No	N/A	N/A
CSO Type B	No	Extension of CSO Type B support by decision of the GAVI Alliance Board in July 2013: N/A	N/A
HSFP	No	Next tranche of HSFP Grant N/C	N/A
VIG	No	N/A	N/A
COS	Yes	N/A	N/A

VIG: GAVI Vaccine Introduction Grant; COS: Operational support for campaign

1.4. Previous Monitoring IRC Report

The IRC Annual Progress Report (APR) for the year 2012 is available here. It is also available here in French.

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 & the Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Moussa Mbaye	Name	Ousmane Guèye
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	Title	Telephone	Email address
Dr. Ousseynou Badiane	Head of Immunization Unit	00221776514376/00221338694231	ouzbad@hotmail.com

2.2. ICC Signatures Page

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

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, once for HSCC signatures and once for ICC signatures

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

2.2.1. ICC Report Endorsement

We, the undersigned members of the 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
See attachments	See attachments		

The ICC may 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), 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
See attachments	See attachments		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Senegal is not submitting a report on the use of type A and B CSO funds in 2014

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4. Baseline and 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 in the Wastage Rate Table in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	529,434	529,434	543,728	549,731	543,614	564,574	573,487	579,817
Total infants' deaths	24,883	24,883	25,555	33,534	33,160	34,439	26,953	35,369
Total surviving infants	504,551	504,551	518,173	516,197	510,454	530,135	546,534	544,448
Total pregnant women	529,434	529,434	543,728	549,731	543,614	564,574	573,487	579,817
Number of infants vaccinated (to be vaccinated) with BCG	502,962	502,962	516,542	522,245	516,433	536,345	544,812	550,826
BCG coverage	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	428,868	502,962	543,728	522,245	516,433	536,345	573,487	550,826
OPV3 coverage	85%	100%	105%	101%	101%	101%	105%	101%
Number of infants vaccinated (to be vaccinated) with DTP1	502,962	502,962	516,542	522,245	500,245	536,345	544,813	550,826
Number of infants vaccinated (to be vaccinated) with DTP3	502,962	502,962	516,542	522,245	484,931	536,345	544,813	550,826
DTP3 coverage	100%	100%	100%	101%	95 %	101%	100%	101%
Wastage[1] rate in base-year and planned thereafter (%) for DTP	10	10	10	10	0	10	10	10
Wastage[1] factor in base-year and planned thereafter for DTP	1,11	1,11	1,11	1,11	1,00	1,11	1,11	1,11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	474,287	502,962	516,542	522,245	500,245	536,345		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	474,287	502,962	516,542	522,245	484,931	536,345		
DTP-HepB-Hib coverage	94%	100%	100%	101%	95 %	101%	0%	0%
Wastage[1] rate in base-year and planned thereafter (%)	10	10	10	10	5	10		
Wastage factor [1] in base-year and planned thereafter (%)	1,11	1,11	1,11	1,11	1,05	1,11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25%	0%	25%	25%	25%	25%	25%	25%
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	474,287	83,827	516,542	522,245	500,215	536,345	544,813	550,826
Number of infants	474,287	0	516,542	522,245	484,931	536,345	544,813	550,826

vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)								
Pneumococcal (PCV13) coverage	94%	0%	100%	101%	95 %	101%	100%	101%
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	0	5	5	5
Wastage factor [1] in base-year and planned thereafter (%)	1,05	1,05	1,05	1,05	1	1,05	1,05	1,05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5%	5%	5%	5%	5%	5%	5%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus vaccine		0	260,935	87,040	484,931	536,345	498,024	550,826
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Rotavirus vaccine		0	260,935	87,040	484,931	536,345	498,024	550,826
Rotavirus coverage		0%	50%	17%	95 %	101%	95 %	101%
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	5	5	5	5
Wastage factor [1] in base-year and planned thereafter (%)		1	1,05	1,05	1,05	1,05	1,05	1,05
Maximum wastage rate value for the Rotavirus vaccine 2 dose schedule	0%	5%	5%	5%	5%	5%	5%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	428,868	450,019	489,355	494,758	459,408	508,116	516,137	521,835
Measles coverage	85%	89%	94%	96%	90%	96%	94%	96%
Pregnant women vaccinated with TT+	450,019	450,019	489,355	494,758	489,252	508,116	516,137	521,835
TT+ coverage	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
Vit A supplement to infants after 6 months	0	0	0	0	449,408	0	0	0
Annual DTP Dropout rate [(DTP1 - DTP3) / DTP1] x 100	0%	0%	0%	0%	3%	0%	0%	0%

* Number of infants vaccinated out of total births ** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$, whereby A = the number of doses distributed for use according to procurement 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 2013 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2013 immunisation activities. The numbers for 2014 - 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 the space below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in the number of births

The difference between the cMYP figures and the APR figures is due to the fact that the annual population data for the cMYP were estimated based on the annual growth rate, whereas for the APR we used the official data supplied by the National Agency for Statistics and Demographics (ANSD). The ANSD only supplies official population data at the beginning of every year. This explains the discrepancy that is always noted between the projections contained in the cMYP and the APR. The population numbers will be readjusted in the cMYP during the revision planned for July 2014 and could possibly take into account the data for the census of the population carried out in November 2013.

- Justification for any changes in the number of surviving infants

There is an option for Senegal to use live births as a target for all of the antigens, for the 0-11 months group as well as for pregnant women.

- Justification for any changes in targets by vaccine. **Please note that targets that surpass the previous years' results by more than 10 % must be justified.**

N/A

- Justification for any changes in wastage by vaccine

N/A

5.2. Immunisation Achievements in 2013

5.2.1. Please comment on the achievements of the immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

From 2009 to 2013, Senegal experienced a difficult period marked by the retention of healthcare data in response to a union watchword. The retention was lifted during the first quarter of the year 2013, but data collection was difficult at the operational level. The 2013 data was only made available in March 2014. The completeness of the intra-district data was 76%, whereas at the national level it was 83%. No indicator was able to be reached on account of the low rate of completeness. However, the demographic health survey (continued 2013 DHS) gave the following results in terms of coverages by antigen BCG 96%, Penta3 89%, Polio 83%, Measles 79%, and ECV 70%. There were no major obstacles in the implementation of Programme activities.

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

The main reasons for not reaching the targets are related to the quality and the completeness of data due to the long period of data retention.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data available in your country from administrative data sources and/or studies on DTP3 coverage? Yes, available

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

Data Source	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
Continued DHS 2013	2012	88.9	88.1

5.3.2. How have you been using the above data to address gender-related barriers to immunisation access?

The survey data showed that there were no gender-related barriers to immunisation access.

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

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (for example, mothers not having access to such services, the sex of service providers, etc.) been addressed programmatically? For more extensive information on these gender-related barriers, please see the GAVI form "Gender and Immunisation" on this web page <http://www.gavialliance.org/fr/librairie/>

N/A

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).

Administrative coverages are below the coverage survey data and the WHO/UNICEF estimates because of low completeness and the poor quality of data collection following information retention.

Please note that the WHO/UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

N/A

5.4.3. Please describe any activities undertaken to improve administrative data systems from 2011 to the present.

N/A

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.

N/A

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 in the table using US\$.

Exchange rate used	1 USD = 477	Only enter the exchange rate; do not list the name of the local currency
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditures by Category	Expenditure Year 2013	Funding source						
		Country	GAVI	UNICEF	WHO	community	intrahealth	N/A
Traditional Vaccines*	1,547,366	1,547,366	0	0	0	0	0	0
New and underused Vaccines**	465,000	465,000	0	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0

Cold chain equipment	127,546	0	127,546	0	0	0	0	0
Staff	2,126,567	576,607	0	504,050	1,045,910	0	0	0
Other routine recurrent costs	6,004	6,004	0	0	0	0	0	0
Other capital costs	1,372,680	628,931	743,749	0	0	0	0	0
Campaign costs	11,517,089	0	8,457,289	1,075,589	1,843,297	119,950	20,964	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunisation	17,162,252							
Total Government Health Expenditures		3,223,908	9,328,584	1,579,639	2,889,207	119,950	20,964	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 is no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

N/A

5.6. Financial management

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

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?
Support of VAT by the Senegalese Government and reimbursement of the VAT deducted on partner financing	Yes
involvement of internal auditing in the disbursement process of GAVI activities	Yes

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

The reimbursement of the VAT deducted on partner financing is in the process of being carried out in the Senegalese State budget, a funds transfer will be made onto the special account opened to receive GAVI funds. Support of the VAT by the Senegalese government and the involvement of internal audit in the disbursement process are in effect

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

N/A

5.7. Inter-Agency Coordinating Committee

How many times did the ICC meet in 2013? **6.**

Please attach the minutes (Document #4) from the ICC meeting held in 2014 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 Overall Expenditures and Financing for Immunisation.

We can add the following points to the chapter of recommendations resulting from this political ICC:

Continue to think about how to find a solution to discrepancies noted on population data

Strongly advocate for an urgent mobilization of funds to purchase vaccines and to increase the budget line for vaccine purchases in

order to support new introductions.

Ask the technical ICC to reschedule activities on deferred funds

See to it that the State's portion is paid

See to it that the monitoring committees are meeting regularly

Ask GAVI to propose a standard rate for the dollar

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

If Yes, which ones?

List the CSO member organizations belonging to the ICC:
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5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015?

Objectives

- Attain 95% coverage for BCG, OPV3, Penta3, and 90% for Measles/Rubella dose 1 and VAT2+ at the national level
- Attain 80% coverage for all antigens at the district level
- Improve logistics (vehicles and equipment) as well as the cold chain,
- Strengthen service providers' competencies
- Strengthen coordination at all levels
- Increase the range of vaccines offered
- To maintain the blockage of the circulation of the wild autochthonous polio virus
- To break the transmission of the autochthonous measles virus;
- Maintain the elimination status of maternal and neonatal tetanus (MNT)
- Cover 100% of financing for traditional vaccines and consumables and the co-financing of new vaccines through the national budget

Activities

- Training
 - DVD-MT
 - Continuous temperature recorders
 - EPI modules/Epidemiological Surveillance
 - DQS
- Coordination
 - Periodic ICC meeting
 - Quarterly monitoring meeting
 - Biannual meeting of vaccine managers
- Biannual supervision
- Implementation of RED approach
- Implementation of the DQS
- Introduction of new vaccines
 - Second dose of Measles/Rubella
 - Rotavirus vaccine
 - IPV
 - HPV Demo
 - Post Introduction Assessments

- Acquisition
 - Cold chain
 - Vehicle
 - Incinerators
 - Cold chain monitoring equipment
 - Update rehabilitation plan
- EVM Assessment
- External review

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 2013.

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	SAB 0.05	State
Measles	SAB 0.5	State
TT	SAB 0.5	State
DTP-containing vaccine	SAB 0.5	State/GAVI
PCV13	SAB 0.5	State
AAV	SAB 0.5	State

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 an injection safety policy/plan? (Please report in box below)

Lack of availability and operability of incinerators

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Existing incinerators have been used and support was requested from public and private hospital facilities. In the last rehabilitation plan, the construction of 63 incinerators and the repair of 15 incinerators was planned. These actions were not able to be carried out because of a lack of financing. However, with the GAVI funds for the 2012 Men A and 2013 MR campaigns, we planned to set up at least one large capacity incinerator in each region. Three of these incinerators are already in place and the others are in the process of being acquired.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Senegal is not submitting a report on the use of funds for immunization services support (ISS) in 2013

6.2. Detailed expenditure of ISS funds during the calendar year

Senegal is not submitting a report on the use of funds for immunization services support (ISS) in 2013

6.3. Request for ISS reward

The ISS reward request does not apply to Senegal in 2013

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccination programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine Type	Total doses for 2013 in the Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the company record any stock shortages at any level during 2013?
DTP-HepB-Hib	1,532,500	1,520,550	0	No
Pneumococcal (PCV 13)	468,000	468,000	0	No
Rotavirus vaccine		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 color or because of the expiry date?. etc.)

N/A

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

GAVI would also appreciate receiving comments and suggestions from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

The use of ten-dose vials for the Pentavalent reduced the storage capacity required and thus made it easier to resolve gaps for the introduction of new vaccines. Adhering to the open-vial policy allowed losses to be limited and to reduce missed immunisation opportunities.

If Yes, for any immunisation 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 health center level.

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you were approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the approved proposal and report on achievements:

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	05/11/2013
The time and scale of introduction were as planned in the proposal? If No, Why?	No	The introduction planned in 2012 was delayed by one year because the vaccine was not available.

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction were as planned in the proposal? If No, Why?	No	The introduction is planned in 2014

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction were as planned in the proposal? If No, Why?	Yes	

7.2.2. For when is the Post Introduction Evaluation (PIE) planned? July 2014

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

N/A

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? **No**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhoea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhoea? **No**

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

If so, does the National Immunisation Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems 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? **Yes**

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

Sentinel surveillance results

- rotavirus diarrhoea for 2013
 - Susp. Cases 116
 - Positive cases: 47
- paediatric bacterial meningitis:
 - Susp. Cases: 119
 - Positive cases: 12 (5 pneumo, 06 W135, and 01 other)

7.3. New Vaccine Introduction Grant Lump Sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	\$4,972,500	2,450,687,458
Remaining funds (carry over) from 2012	0	0
Total funds available in 2013 (C=A+B)	\$4,972,500	2,450,687,458
Total Expenditures in 2013 (D)	3,556,922	1,695,378,225
Carry over to 2014 (E=C-D)	1,415,578	755,309,233

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document Nos. 10, 11). (The instructions for this financial statement are attached in Annex 1). Financial statements should be signed by the Finance Manager of the EPI Programme and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Programmatic Reporting

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

The key activities carried out are:

- Steering committee and sub-committee (technical, logistics, communication and surveillance) meetings for new vaccine introduction
- Micro planning workshop for the campaign at all levels
- Orientation for district and regional management teams on the campaign and on new vaccine introduction
- Revision of tools and training modules
- Creation of communications materials
- Training of providers
- Production of communications materials and management tools
- Implementation of the communication plan
- Strengthen rolling logistical support cold chain incinerator
- Implementation of the campaign
- Official launch for the introduction of PCV13 chaired by the Head of State

- Post MR campaign immunisation coverage survey
- Revision of tools for routine immunisation accounting for new vaccines
- Set up revised tools for routine

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

There were no major problems in the implementation of activities.

Please describe the activities that will be undertaken with any remaining balance of funds carried over to 2014

An ICC is to be organised in the month of May to re-plan activities with carried over funds.

7.4. Report on Country Co-financing in 2013

Table 7.4: Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	86,850	25,200
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	341,083	169,150
Q.2: What were the co-financing amounts throughout the targeted year 2013 from the following sources?		
Government	100%	
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
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	7,150	26,500
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	29,917	178,400
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	State
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	March	State
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	State
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunisation, including for co-financing.		

No

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/>

N/A

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

7.5. Vaccine management (EVSM/EVM/VMA)

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 the 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 support for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and a schedule. The progress report included in the implementation of this plan must be included in the annual report. The EVM assessment is valid for a period of three years.

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

Please attach:

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

Progress report on EVM/VMA/EVSM Improvement Plan¹ is a mandatory requirement

Are there any changes to the Improvement Plan, with reasons provided? **No**

If yes, provide details.

N/A

For when is the next Effective Vaccine Management (EVM) assessment scheduled? September 2015

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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)
0	11/01/2013	0

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

N/A

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?

N/A

7.6.2. Programmatic Results of Meningococcal Type A preventive campaigns

Geographical Area covered	Duration of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Vaccine wastage rate	Total number of AEFI	Number of AEFI attributed to MenA vaccine

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

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

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

N/A

Did the campaign result achieve the objective described in the approved proposal? (did not achieve objective/surpassed objective/achieved objective) If you did not achieve/surpass the objective, what are the reasons for this result (lower/higher)?

N/A

What lessons have you learned from the campaign?

N/A

7.6.3. Fund utilization of operational cost of Meningococcal Type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
0	0	0
Total	0	0

7.7. Change of vaccine presentation

Because of the high demand during the first years of introduction and to guarantee the safety of introduction for this new vaccine, applications for countries wishing to change the presentation of the pneumococcal vaccine (PCV10 or PCV13) will not be examined before 2015.

Countries wishing to change from one pneumococcal vaccine to another will be able to make the request in the annual progress report 2014 so that it may be reviewed by the IRC for changes.

For vaccines other than PCV, if in 2013 you prefer to receive a vaccine presentation which is different from that which is currently provided to you (for example, number of doses per vial, form (liquid or lyophilised), etc.), please give the properties of the vaccine and attach the minutes of the ICC meeting which recommended the change of the vaccine presentation. It would be advisable to give the reasons for the request change in vaccine presentation (for example, cost to administer, epidemiological data, number of children per session). Requests for changes in vaccine presentation will be noted and reviewed depending on availability and the overall objective of GAVI, which is to shape the vaccine market, in particular existing contractual commitments. The country will be informed if it is possible to reply favorably to the request, in particular the supply availability schedule. If the vaccine is provided by UNICEF, planning for a presentation change should begin after the DL for the following year has been received. The country should advise on the time needed to undertake the activities required for the presentation change, as well as the availability of supplies.

You requested (a) change(s) in presentation; here is/are the new presentation(s)

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

Please attach the minutes for the ICC meeting and the National Immunisation Technical Advisory Group (NITAG)

(if necessary) (Document #27 which endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Senegal is not eligible for renewal of multi-year support in 2014.

7.9. Request for continued support for vaccines for 2015 immunisation programme

In order to request NVS support for immunisation in 2015, please do the following:

Confirm below that your vaccine support request 2015 is in compliance with table 7.11 Calculation of Needs No

If not confirmed, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	\$200,000		\$250,000	
			<=	>	<=	>
Yellow fever	YF	7.80%				
Meningococcal type A	MENINACONJUGATE	10.20%				
Pneumococcal (PCV10)	PNEUMO	3.00%				
Pneumococcal (PCV13)	PNEUMO	6.00%				
Rotavirus	ROTA	5.00%				
Measles, 2nd dose	MEASLES	14.00%				
DTP-HepB	HEPBHIB	2.00%				
HPV bivalent	HPV2	3.50%				
HPV quadrivalent	HPV2	3.50%				
MR	MM	13.20%				

Vaccine Antigens	Vaccine Types	\$500,000		2,000,000	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles, 2nd dose	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50%	6.40%		
HPV bivalent	HPV2				
HPV quadrivalent	HPV2				
MR	MM				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	504,551	518,173	530,135	1,552,859
	Number of children to be vaccinated with the first dose	Table 4	#	474,287	516,542	536,345	1,527,174
	Number of children to be vaccinated with the third dose	Table 4	#	474,287	516,542	536,345	1,527,174

	Immunisation coverage with the third dose	Table 4	%	94.00%	99.69%	101.17%	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1,11	1,11	1,11	
	Vaccine stock on 31 December 2013 * (see note)		#	282,080			
	Vaccine stock on 1 January 2014 * (see note)		#	282,080			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0,30	0,35	
ca	AD syringe price per unit	Table 7.10.1	\$		0,0450	0,0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0,0050	0,0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		6.40%	6.40%	
fd	Freight cost as % of devices' value	Parameter	%		0.00%	0.00%	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

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

	2013	2014	2015
Minimum co-financing	0,23	0,26	0,30
Recommended co-financing as per APR 2012			0,35
Your co-financing	0,26	0,30	0,35

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

		2014	2015
Number of vaccine doses	#	1,518,900	1,787,000
Number of AD syringes	#	1,510,000	1,803,000
Number of reconstitution syringes	#	0	0

Number of safety boxes	#	16,625	19,850
Total value to be co-financed by GAVI	\$	3,179,000	3,787,000

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

		2014	2015
Number of vaccine doses	#	254,200	353,600
Number of AD syringes	#	252,700	356,700
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	2,800	3,925
Total value to be co-financed by country	\$	532,000	749,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	14.33%		
B	Number of children to be vaccinated with the first dose of vaccine	Table 4	474,287	516,542	74,039	442,503
B1	Number of children to be vaccinated with the third dose	Table 4	474,287	516,542	74,039	442,503
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,422,861	1,549,626	222,117	1,327,509
E	Estimated vaccine wastage factor	Table 4	1,11	1,11		
F	Number of doses needed including wastage	$D \times E$		1,720,085	246,550	1,473,535
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		52,766	7,564	45,202
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1 January	Table 7.11.1	441,830	282,080		
H3	Shipment plan	UNICEF shipment report		1,779,600		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,773,000	254,134	1,518,866
J	Number of doses per vial	Vaccine parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		1,762,632	252,648	1,509,984
L	Number of reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		19,389	2,780	16,609
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,413,025	489,208	2,923,817
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		79,319	11,370	67,949
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		97	14	83
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		218,434	31,310	187,124
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		3,710,875	531,900	3,178,975
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		531,900		
V	Country co-financing as % of GAVI supported proportion	U / T		14.33%		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan becomes available.

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-financing	V	16.52%		
B	Number of children to be vaccinated with the first dose	Table 4	536,345	88,582	447,763
B1	Number of children to be vaccinated with the third dose	Table 4	536,345	88,582	447,763
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,609,035	265,744	1,343,291
E	Estimated vaccine wastage factor	Table 4	1,11		
F	Number of doses needed including wastage	$D \times E$	1,786,029	294,976	1,491,053
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	24,729	4,085	20,644
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	- 329,548	- 54,427	- 275,121
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	322,604	53,281	269,323
H2	Stock on 1st January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,140,500	353,519	1,786,981
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,159,644	356,681	1,802,963
L	Number of reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	23,757	3,924	19,833
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,171,835	689,009	3,482,826
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	97,184	16,051	81,133
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution syringes price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	119	20	99
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	266,998	44,097	222,901
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	4,536,136	749,175	3,786,961
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	749,175		
V	Country co-financing % of GAVI supported proportion	U / T	16.52%		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan becomes available.

The calculated stock which is the stock level estimated by the end of the year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

N/A

The calculated stock which is the stock level estimated by the end of the year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

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

ID	Source		2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	504,551	518,173	530,135	544,448	2,097,307
	Number of children to be vaccinated with the first dose of vaccine	Table 4	#	474,287	516,542	536,345	550,826	2,078,000
	Number of children to be vaccinated with the third dose	Table 4	#	474,287	516,542	536,345	550,826	2,078,000
	Immunisation coverage with the third dose	Table 4	%	94.00%	99.69%	101.17%	101.17%	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1,05	1,05	1,05	1,05	
	Vaccine stock on 31 December 2013 * (see note)		#	107,550				
	Vaccine stock on 1 January 2014 * (see note)		#	107,550				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0,26	0,30	0,35	
ca	AD syringe price per unit	Table 7.10.1	\$		0,0450	0,0450	0,0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0,0050	0,0050	0,0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		6.00%	6.00%	6.00%	
fd	Freight cost as % of devices' value	Parameter	%		0.00%	0.00%	0.00%	

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

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

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

Co-financing group	Intermediate
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	2013	2014	2015	2016
Minimum co-financing	0,20	0,23	0,26	0,30
Recommended co-financing as per APR 2012			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)

		2014	2015	2016
Number of vaccine doses	#	1,442,500	1,565,000	1,578,400
Number of AD syringes	#	1,507,100	1,639,000	1,652,900
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	16,600	18,050	18,200

Total value to be co-financed by GAVI	\$	5,253,000	5,664,500	5,698,000
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Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2014	2015	2016
Number of vaccine doses	#	111,000	141,500	169,500
Number of AD syringes	#	115,900	148,200	177,500
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	1,275	1,650	1,975
Total value to be co-financed by country <i>[1]</i>	\$	404,000	512,000	612,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	7.14%		
B	Number of children to be vaccinated with the first dose of vaccine	Table 4	474,287	516,542	36,881	479,661
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	1,422,861	1,549,626	110,642	1,438,984
E	Estimated vaccine wastage factor	Table 4	1,05	1,05		
F	Number of doses needed including wastage	$D \times E$		1,627,108	116,174	1,510,934
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		33,276	2,376	30,900
H	Stock to be deducted	$H2 \text{ of previous year} - .25 \times F \text{ of previous year}$				
H2	Stock on 1st January	Table 7.11.1	0			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,553,400	110,911	1,442,489
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		1,622,888	115,872	1,507,016
L	Number of reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		17,852	1,275	16,577
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		5,267,580	376,098	4,891,482
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		73,030	5,215	67,815
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution syringe price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		90	7	83
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		316,055	22,566	293,489
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		5,656,755	403,884	5,252,871
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		403,884		
V	Country co-financing as % of GAVI supported proportion	U / T		7.14%		

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-financing	V	8.29%			9.70%		
B	Number of children to be vaccinated with the first dose of vaccine	Table 4	536,345	44,457	491,888	550,826	53,407	497,419
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,609,035	133,369	1,475,666	1,652,478	160,220	1,492,258
E	Estimated vaccine wastage factor	Table 4	1,05			1,05		
F	Number of doses needed including wastage	$D \times E$	1,689,487	140,037	1,549,450	1,735,102	168,231	1,566,871
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	15,595	1,293	14,302	11,404	1,106	10,298
H	Stock to be deducted	$H2 \text{ of previous year} - .25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Stock on 1 January	Table 7.11.1						
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,706,400	141,439	1,564,961	1,747,800	169,462	1,578,338
J	Number of doses per vial	Vaccine parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,787,094	148,127	1,638,967	1,830,271	177,458	1,652,813
L	Number of reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	19,659	1,630	18,029	20,133	1,953	18,180
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,750,568	476,648	5,273,920	5,874,356	569,561	5,304,795
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	80,420	6,666	73,754	82,363	7,986	74,377
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	99	9	90	101	10	91
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	345,035	28,599	316,436	352,462	34,174	318,288
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 funding needed	$(N+O+P+Q+R+S)$	6,176,122	511,920	5,664,202	6,309,282	611,730	5,697,552
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	511,920			611,730		
V	Country co-financing as % of GAVI supported proportion	U / T	8.29%			9.70%		

Total value to be co-financed by GAVI	\$	1,706,500	3,117,500	2,864,500
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Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2014	2015	2016
Number of vaccine doses	#	51,000	109,200	111,600
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country <i>[1]</i>	\$	137,500	293,000	303,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	7.44%		
B	Number of children to be vaccinated with the first dose of vaccine	Table 4	0	260,935	19,408	241,527
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	$B \times C$	0	521,870	38,815	483,055
E	Estimated vaccine wastage factor	Table 4	1,00	1,05		
F	Number of doses needed including wastage	$D \times E$		547,964	40,756	507,208
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		136,991	10,189	126,802
H	Stock to be deducted	$H2 \text{ of previous year} - .25 \times F \text{ of previous year}$				
H2	Stock on 1 January	Table 7.11.1	0			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		685,500	50,985	634,515
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
L	Number of reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	$I / 100 \times 1.11$		0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,755,566	130,572	1,624,994
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution syringe price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		87,779	6,529	81,250
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		1,843,345	137,100	1,706,245
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		137,100		
V	Country co-financing % of GAVI supported proportion	U / T		7.44%		

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-financing	V	8.58%		9.57%			
B	Number of children to be vaccinated with the first dose of vaccine	Table 4	536,345	46,019	490,326	550,826	52,703	498,123
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	1,072,690	92,037	980,653	1,101,652	105,406	996,246
E	Estimated vaccine wastage factor	Table 4	1,05			1,05		
F	Number of doses needed including wastage	$D \times E$	1,126,325	96,639	1,029,686	1,156,735	110,677	1,046,058
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	144,591	12,406	132,185	7,603	728	6,875
H	Stock to be deducted	$H2 \text{ of previous year} - .25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Stock on 1 January	Table 7.11.1						
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,272,000	109,138	1,162,862	1,165,500	111,515	1,053,985
J	Number of doses per vial	Vaccine parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0	0	0	0
L	Number of reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	$I / 100 \times 1.11$	0	0	0	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,247,416	278,629	2,968,787	3,016,314	288,600	2,727,714
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	162,371	13,932	148,439	150,816	14,431	136,385
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	3,409,787	292,560	3,117,227	3,167,130	303,030	2,864,100
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	292,560			303,030		
V	Country co-financing % of GAVI supported proportion	U / T	8.58%			9.57%		

8. Injection Safety Support (ISS)

This type of support is no longer available.

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 2013. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January - April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013, fiscal year starts in January 2013, and ends in December 2013, HSS reports should be received by the GAVI Alliance before 15th May 2014. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you would like to change the previously approved objectives, activities and budget (reprogramming), please request reprogramming directives from your Country Responsible Officer at the GAVI Secretariat or send an e-mail to this address: gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please indicate this 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 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. The latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries having already received the final payment of all GAVI financing approved in the framework of the HSS grant and not requesting any other financing: Is the implementation of the HSS grant complete? YES/NO If replying NO, please indicate the anticipated date for completion of the HSS grant. **Yes**

If NO, please indicate the anticipated date for completion of the HSS grant.

N/A

Please attach all of the studies and assessments related to or financed by the GAVI HSS grant.

Whenever possible, please provide data disaggregated by sex, rural/urban areas, and by district/country, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS grants are used to target specific populations and/or geographical areas in the country.

If CSOs have been involved in the implementation of the HSS grant, please attach a list of those involved in implementing the grant, the financing received by the CSOs from the GAVI HSS grant and the activities they carried out. If the involvement of CSOs was already planned in the initial proposal approved by GAVI, but no funding was supplied to the CSOs, please explain. Please see <http://www.gavialliance.org/support/cso> where you will find GAVI's CSO Implementation Framework.

N/A

Please see <http://www.gavialliance.org/support/cso> for GAVI's CSO Implementation Framework.

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

Please attach the latest report on national results/healthcare sector monitoring and evaluation framework (with actual data reported for the last year available in the country).

9.1.1. Report on the use of HSS funds in 2013

Please complete Tables 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

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: **0 USD**

These funds should be sufficient to guarantee the implementation of the funding allocation for HSS until December 2015.

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

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

Table 9.1.3a (US)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (per the originally approved HSS proposal)	1234744	1329388	1028713			
Revised annual budgets (if revised by previous Annual Progress Reviews)	1132944	1347338	1104874			
Total funds received from GAVI during the calendar year (A)	0	1133000		673750	1778750	

Remaining funds (carry over) from previous year (A)	0	0	1132669	974873	1321529	2585716
Total Funds available during the calendar year (C=A+B)	0	1133000	1132669	1648623	3100279	2585716
Total expenditure during the calendar year (D)	0	331	157796	327094	514563	905001
Balance carried forward to next calendar year (E=C-D)	0	1132669	974873	1321529	2585716	1598067
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (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 (A)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
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)

	2008	2009	2010	2011	2012	2013
Original annual budgets (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)	0	488606137		299650178	900935452	
Remaining funds (carry over) from previous year (A)	0	0	488443763	410176878	547097871	1193067582
Total Funds available during the calendar year (C=A+B)	0	488606137	488443763	709827056	1448033323	1193067582
Total expenditure during the calendar year (D)	0	162374	78266885	162729185	254965741	431361597
Balance carried forward to next calendar year (E=C-D)	0	488443763	410176878	547097871	1193067582	761705985
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (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 (A)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Exchange Rate Fluctuations Report

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	480	490	492	500	495	497
Closing on 31 December	490	492	500	495	496	477

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 to April 2014 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached (Document Number: 20)

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 indicate the type of bank account(s) used (business or government account); budget approval process; how funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the overall role of ICC in the process.

The account used is a Ministry of Health account. The HSS budget is included in the health budget. The budget is approved by the ICC and the beneficiaries draw up requests in accordance with activities and the budget planned in the action plan. Requests are validated by the Director of the DPRS (Directorate of Statistics Research and Planning) and the HSS focal point (Director of Prevention) who gives the disbursement order. The DAGE (General Administration Directorate) issues the transfer order, which is co-signed by the Prevention Directorate. The funds are then transferred to the beneficiaries' accounts. After carrying out these

activities, the supporting documents are sent by the DAGE. An external audit of funds financed by the Ministry of Economy and Finances is carried out each year by an independent firm.

Has an external audit been conducted? **No**

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

9.2. Progress on HSS activities in the 2013 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 from your original application and decision letter.

Please provide the following information for each activity planned:

- 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 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual rate) (where applicable)	Source of information/data (if relevant)
Objective 1: Between now and the end of 2013, strengthen providers' management skills for children's and maternal healthcare programmes.	Support training for workers on managing maternal and children's healthcare programmes.	100	Training reports
	1.2 Support for training equipment maintenance technicians	100	Training reports
	1.3 Finalize the revision of the PNDS procedures manual	100	Training report
Objective 2: Strengthen coordination, management, partnerships, and logistics in the country's districts by the end of 2013	Every year, organize 4 quarterly integrated planning meetings for activities of programmes involving maternal, neonatal and children's health.	0	N/A
	2.2 Support providing tools for the equipment maintenance technicians of the 14 Medical regions	100	Shipping forms
	2.3 Provide support to NGOs/CBOs in 15 low-performing districts for the implementation of children's and maternal health activities	79	Activity reports
	2.4 Support the development and implementation of the integrated communication plan for health programmes	55	Activity reports
	2.5 Purchase double cab 4x4 vehicles for mobile and advanced activities	100	Shipping forms
	2.6 Purchase 2 dry freight trucks to transport health program inputs to the regions and districts	100	Shipping forms
	2.7 Purchase 125 motorcycles for districts' mobile and advanced activities	100	Shipping forms
	2.8 Purchase SIBIR refrigerators to store vaccines	100	Shipping forms

	in the health posts		
	2.9 Provide the rental of transportation means for delivering equipment, vaccines and consumables acquired in the beneficiary regions	100	Invoice
Objective 3: Provide the monitoring and evaluation of children's and maternal health programmes at every level by the end of 2013	3.1 Organize support workshops at the regional summary of AWP	69	Workshop report
	Provide support for holding the annual review of children's and maternal Health Plans	100	Workshop report

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 Support management training for workers	440 workers were trained on programme management in 19 districts which strengthened their skills and improved the quality of immunisation services provided
1.2 Support for training maintenance technicians	Maintenance workers from the medical regions and the central level were trained on maintaining EPI cold chain equipment. Which will make a considerable contribution to improving preventive and corrective maintenance of equipment at the operational level.
1.3 Finalize the revision of the procedures manual	Revising the manual enabled management procedures to be standardized for the Ministry of Health.
2.3 Provide support to NGOs/CBOs in 15 districts	The supported CBOS implemented communication activities which contributed to an increase in demand for immunisation services
2.4 Support the development and implementation of p	The communication plan is in the process of being finalized and will contribute to improving the demand for services
2.5 Purchase double cab 4x4 vehicles	The vehicles are in the process of being purchased. Establishing them at the operational level will make it easier to carry out advanced and mobile strategies as well as supervision
2.6 Purchase 2 dry freight trucks for transporting i	Dry freight trucks are in the process of being purchased Purchasing them will enable consumables to be dispatched at the health district level
2.7 Purchase 125 motorcycles for activities	The motorcycles are in the process of being purchased. Placing them at the health facility level will make it easier to carry out advanced strategies as well as supervision
2.8 Purchase SIBIR refrigerators for the co	The SIBIR refrigerators purchased enabled cold chain gaps to be reduced and vaccine management and supply to be improved
2.9 Supply rental of transportation means for	renting means of transportation enabled the dispatch of vaccines and consumables at the health district and medical regions level, especially during campaigns
3.1 Organize support workshops at the summary	Holding these workshops enabled AWP that were developed at the operational level to be consolidated
3.2 Provide support for holding the annual review	Holding the review made it possible to take stock of the status of priority programmes

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

Quarterly integrated planning meetings were not able to be held due to a scheduling conflict

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

N/A

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 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
1. National Penta 3 coverage	89%	2009 EPI SNIS reports	90%	95%	87%	74% External review	83% DHS V	92%	92%	National survey of vaccination coverage	Low data completeness caused us to use the data from the national vaccination coverage survey
2. Percentage of districts reaching $\geq 80\%$ coverage for penta 3	76%	2009 EPI SNIS reports	80 %	80 %	71%	23% External review	N/A	86.8%	86.8	National survey of vaccination coverage	Low data completeness caused us to use the data from the national vaccination coverage survey
3. Under-five mortality rate	121 per thousand	DHS 4 2005	105 per thousand	60 per thousand	121 per thousand	72 per thousand	72 per thousand	72 per thousand	61 per thousand	Continued DHS	
4. - Percentage of districts with ANC4 rate above 50%	N/A	N/A	50%	50%				N/A	N/A	N/A	Data collection is in progress
5. Percentage of CBOs that conducted integrated activities in accordance with contracts made with the districts	100%	HD and MR administrative data	100%	100%				100%	100%	RESSIP CONGAD activity reports	
6. Proportion of districts satisfying the performance contract	N/A	N/A	80 %	N/A				N/A	N/A	N/A	The activity was not retained for 2013

9.4. Programme Implementation in 2013

9.4.1. Please describe the main achievements in 2013, in particular the consequences to the health services programmes and show how the funds allocated as HSS contributed to strengthening the immunisation programme

- Training workers on programme management enabled the quality of immunisation services to be improved
- Training medical regions and central level maintenance workers and equipping them with tools contributed to improving preventive and corrective maintenance of equipment at the operational level and the quality of immunisation services provided
- Finalizing the procedures manual enabled management procedures to be standardized for the Ministry of Health.
- Finalizing and implementing the communication plan will enable an increase in the demand for immunisation services
- Support to CBOs in the 15 low-performing districts allowed for improving the demand for services
- Purchasing vehicles, motorcycles and dry freight trucks will facilitate the execution of advanced

mobile strategies and supervision activities

- The purchase of refrigerators will improve the quality of vaccines and services
- Renting means of transportation allowed vaccines and consumables to be dispatched under good conditions and in time
- Holding summary workshops enabled AWP's to be compiled
- Holding the review made it possible to take stock of the status of priority programmes

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

Delays experienced in the validation of the action plan and the authorization and use of funds had an impact in how the activities began and proceeded, because of this most of the activities planned in 2013 were brought back for 2014. There was a delay in justifying funds transferred at the operational level. Fluctuating exchange rates posed a problem at the time of reporting, which is why it is necessary to set a standard rate or one on a specific date.

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

For monitoring and evaluation of activities the following arrangements were made

- regularly holding the ICC
- holding coordination meetings at the central, regional and district level
- carrying out supervision missions
- organizing internal and external audits and
- organizing joint annual reviews

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 consistent 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.

HSS activities are monitored and coordinated by the Directorate of Planning Research and Statistics. These activities are incorporated in the annual work plans and the multi-year plans and are evaluated during the reviews of the different plans.

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

The key HSS players are accountants for most of the HSS activities and must account for them by preparing technical and financial reports. In addition these players participate in the different regularly scheduled meetings. The different directorates, divisions or programmes meet regularly in the ICC at the same time as the civil society players (RESSIP CONGAD) for managing planned activities.

9.4.6. Please describe the participation of Civil Society Organizations 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.

RESSIP CONGAD a member of civil society is collaborating with the other Community Based Organizations (CBOs) in the the framework of implementing HSS activities. The amount of funding throughout the year 2013 is 94704561 CFA F

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
- List actions taken to address any issues and to improve management.
- Any changes to management processes in the coming year

according to the 2012 audit, the management of funds was deemed to have been effective, for the year 2013 the audit has not yet been performed. There have not been any constraints to internal fund disbursement. There is no plan to change management procedures.

9.5. Planned HSS activities for 2014

Please use Table 9.4 to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014, please describe and explain these changes in the table below.

Table 9.4: Planned 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)	2014 actual expenditure (as of April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
N/A	N/A	0	0		N/A	0
		0	0			0

9.6. Planned HSS activities for 2015

Please use Table 9.6 to list the activities planned for 2015. If you would like to make changes in your activities and budget, please explain the reasons why in the table below and provide an explanation for each change, so that the IRC can recommend that the revised activities and the budget be approved.

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 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (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 2015 (if relevant)
N/A	N/A	0	N/A	N/A	N/A
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so at 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 US\$	Duration of support	Type of activities funded
N/A	0	0	N/A

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. 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
External audit report	Independent auditors	
DAGE financial report	Validated in ICC	

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.

Lack of human and financial resources in order to have relevant information in time

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. HSCC meeting minutes for 2014 showing endorsement of this report (Document number: 6)
2. The latest Health Sector Review report (Document Number: 22)

10. Increasing civil society organization (CSO) participation: type A and type B

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

Senegal did NOT receive GAVI Type A CSO support

Senegal is not submitting a report on GAVI Type A CSO support for 2013.

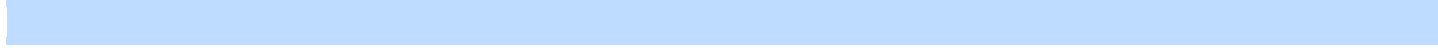
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Senegal did NOT receive GAVI Type B CSO support

Senegal is not submitting a report on GAVI Type B CSO support for 2013.

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. Appendices

12.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR NEW VACCINE INTRODUCTION GRANT IN THE FRAMEWORK OF IMMUNISATION SERVICES SUPPORT (ISS)

I: Every country that has received a new vaccine introduction grant/ISS for the 2013 calendar year, or that had a funding balance remaining from a vaccine introduction grant/ISS in 2013, is required to present financial statements for these programmes within their annual progress report.

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 2013 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 2012 calendar year (opening balance as at 1 January 2013)

b. Income received from GAVI during 2013

Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as at 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for the year by your government's own system of economic classification, with a breakdown of relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. 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 2013 (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 2013 financial year. Audit reports for ISS funds accounts are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND VACCINE INTRODUCTION GRANT 1

An example statement of income & expenditure

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	Value in \$USD*
Balance carried forward from 2012 (balance as at 31 December 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as at 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI ISS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in US\$	Variance in CFA	Variance in US\$
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	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.

INSTRUCTIONS:

Health Systems Strengthening (HSS) Financial Statements

I: All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as at 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as at 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize 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 will be based on your government's own system of economic classification. If possible, please report on the budget for each objective, activity and cost 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 2013 (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 of accounts for the 2013 financial year. Audit reports for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure - GAVI HSS		
	Local Currency (CFA)	Value in \$USD*
Balance carried forward from 2012 (balance as at 31 December 2012)	25,392,830	53,000
Summary table of income received in 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as at 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in US\$	Variance in CFA	Variance in US\$
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	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.

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR TYPE B CIVIL SOCIETY ORGANIZATIONS (CSO) SUPPORT

I: All countries that have received Type B CSO support grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed Type B CSO grants in 2013, 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 2013 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 2012 calendar year (opening balance as at 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as at 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis is to summarize total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by applicable cost category (for example: wages and salaries). Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each objective, activity and cost 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 2013 (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 of accounts for the 2013 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure - GAVI CSO		
	Local Currency (CFA)	Value in \$USD*
Balance carried forward from 2012 (balance as at 31 December 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as at 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in US\$	Variance in CFA	Variance in US\$
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	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	Attachment	Section	Mandatory	File
1	Minister of Health Signature (or delegated authority)	2.1	✓	APR 2013 page signed by ministerial authorities 002.jpg File desc: Date/time: 09/05/2014 01:10:35 Size: 258 KB
2	Minister of Finance Signature (or delegated authority)	2.1	✓	APR 2013 page signed by ministerial authorities 002.jpg File desc: Date/time: 09/05/2014 01:11:23 Size: 258 KB
3	ICC member signatures	2.2	✓	APR 2013 signed by the ICC 001.jpg File desc: Date/time: 09/05/2014 01:19:14 Size: 408 KB
4	Minutes of the ICC meeting in 2014 that endorsed the 2013 APR	5.7	✓	ICC minutes for validating RSA 2013.doc File desc: Date/time: 09/05/2014 08:25:46 Size: 181 KB
5	HSCC member signatures	2.3	✓	ICC minutes for validating RSA 2013.doc File desc: Date/time: 09/05/2014 08:26:53 Size: 181 KB
6	Minutes of the HSCC meeting in 2014 that endorsed the 2013 APR	9.9.3	✓	ICC minutes for validating RSA 2013.doc File desc: Date/time: 09/05/2014 08:37:22 Size: 181 KB
7	Financial statement for ISS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1	✗	etat financier SNV.jpg File desc: Date/time: 23/04/2014 07:45:53 Size: 273 KB
8	External audit report on ISS grant (fiscal year 2013)	6.2.3	✗	NON APPLICABLE.docx File desc: Date/time: 23/04/2014 07:54:13 Size: 13 KB

9	Post-introduction assessment report	7.2.2	✓	NON APPLICABLE.docx File desc: Date/time: 23/04/2014 07:52:10 Size: 13 KB
10	Financial statement for new vaccine introduction grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	✓	etat financier SNV.jpg File desc: Date/time: 23/04/2014 07:48:50 Size: 273 KB
11	External audit report for new vaccine introduction grant (fiscal year 2013), if total expenditures for 2013 were greater than \$US 250,000	7.3.1	✓	audit.docx File desc: Date/time: 23/04/2014 07:56:08 Size: 13 KB
12	EVSM/EVM report	7.5	✓	Rapport GEV Senegal Sep12 File desc: Date/time: 11/04/2014 09:53:55 Size: 13 MB
13	Latest EVSM/EVM improvement plan	7.5	✓	PLAN DAMELIORATIONrevu22_07_2013.doc File desc: Date/time: 11/04/2014 09:54:01 Size: 108 KB
14	Progress report on EVSM/EVM improvement plan	7.5	✓	MISE A JOUR GEV VF.doc File desc: Date/time: 11/04/2014 09:58:07 Size: 96 KB
16	Valid cMYP if the country is requesting continued support	7.8	✗	PPAC RÉVISE Vs 30 JUIL2013 final.pdf File desc: Date/time: 11/04/2014 10:01:49 Size: 13 MB
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	✗	cMYP Costing Tool Vs 2 5 Fr.xls File desc: Date/time: 11/04/2014 10:04:05 Size: 3 MB
18	Minutes from the ICC meeting approving the extension of support for immunizations, as needed	7.8	✗	NON APPLICABLE.docx File desc: ,,,,, Date/time: 23/04/2014 07:53:17 Size: 13 KB

19	Financial statement for HSS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3	✓	etat financier RSS.jpg File desc: Date/time: 23/04/2014 07:47:45 Size: 282 KB
20	Financial statement for HSS grant for January-April 2014 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3	✓	NON APPLICABLE.docx File desc: , Date/time: 23/04/2014 07:53:48 Size: 13 KB
21	External audit report for HSS grant (fiscal year 2013)	9.1.3	✓	audit externe.docx File desc: Date/time: 11/04/2014 10:13:52 Size: 12 KB
22	Health Sector Review Report - HSS	9.9.3	✓	Rapport RAC 17 et 18 06 2013vf.doc File desc: Date/time: 25/04/2014 01:20:19 Size: 557 KB
23	Census report - CSO-type A support	10.1.1	✗	NA.docx File desc: Date/time: 11/04/2014 10:14:42 Size: 12 KB
24	Financial statement CSO-type B support grant (fiscal year 2013)	10.2.4	✗	NA.docx File desc: Date/time: 11/04/2014 10:15:27 Size: 12 KB
25	External audit report for CSO-type B support (fiscal year 2013)	10.2.4	✗	NA.docx File desc: Date/time: 11/04/2014 10:16:25 Size: 12 KB
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 2013 on (i) January 1st, 2013 and (ii) December 31st, 2013	0	✓	relevés bancaires.doc File desc: Date/time: 23/04/2014 07:50:11 Size: 837 KB
27	compte_rendu_reunion_ccia_changement_presentation_vaccin	7.7	✗	NA.docx File desc: Date/time: 11/04/2014 10:17:21 Size: 12 KB
	Other document		✗	feuille de présence.docx File desc: Date/time: 09/05/2014 01:20:05 Size: 859 KB

