*GAVI Alliance*

# Annual Progress Report 2011

Submitted by

## The Government of

## *Burkina Faso*

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **06/01/2012**

**Deadline for submission: 5/15/2012**

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

**GAVI ALLIANCE**
**GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

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

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

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

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

# 1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

## 1.1. NVS & INS support

| Type of Support | Current Vaccine | Preferred presentation | Active until |
|---|---|---|---|
| Routine New Vaccines Support | DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 2015 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 1.2. Programme extension

No NVS eligible for extension this year

## 1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2011 | Request for Approval of |
|---|---|---|
| ISS | Yes | Award for ISS for 2011 results: Yes |
| HSS | Yes | Next HSS allocation tranche: N/C |
| CSO Type A | No | Not applicable: N/C |
| CSO Type B | No | Extension of CSO type B support by decision of the Administration Council in July 2011: N/C |

## 1.4. Previous Monitoring IRC Report

Pr. Adama TRAORE

# 2. Signatures

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

By signing this page, the Government of Burkina Faso 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 Burkina Faso

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

| Minister of Health (or delegated authority) | | Minister of Finance (or delegated authority) | |
|---|---|---|---|
| **Name** | Prof. Adama TRAORE | **Name** | Mr. Lucien Marie BEMBAMBA |
| **Date** | | **Date** | |
| **Signature** | | **Signature** | |

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

| Full name | Position | Telephone | Email |
|---|---|---|---|
| Dr Sylvain ZEBA | Director of Vaccine Prevention | 0022670240561 | zebasylvain@yahoo.fr |
| M.P. Prosper TAPSOBA | Director of Administration and Finance | 0022670200122 | tapspiga@yahoo.fr |
| Dr Mâ OUATTARA | EPI/WHO focal point | 0022670200907 | ouattaram@bf.afr.who.int |
| Dr Maurice HOURS | Administrator, Health and Nutrition | 0022670472306 | mhours@unicef.org |

## 2.2. ICC signatures page

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

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

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

### 2.2.1. ICC report endorsement

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

| Name/Title | Agency/Organization | Signature | Date |
|---|---|---|---|
| Prof. Adama TRAORE | Ministry of Health | | |
| Dr Djamila K CABRAL | World Health Organization | | |

| | | | |
|---|---|---|---|
| Dr Aboubakry TALL | Unicef | | |
| Mr.Ousmana OUEDRAOGO | ROTARY International | | |
| Mr. Denis BATIONO | Red Cross | | |
| Dr Souleymane SANOU | Ministry of Health | | |
| Dr Amedée Prosper DJIGUEMDE | Ministry of Health | | |
| Mr. T. Romaric SOME | Ministry of Health | | |
| Mr.P Prosper TAPSOBA | Ministry of Health | | |
| Mr.Zacharie BALIMA | Ministry of Health | | |
| Mr.Léné SEBGO | Ministry of Economy and Finance | | |
| Mr.Moumouni OUIMINGA | Ministry of Economy and Finance | | |

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

All comments will be treated confidentially

Comments from Partners:

## 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 |
|---|---|---|---|
| BAKOUAN Didier R. | DSS-SP/CNLS-IST | | |
| TAPSOBA P. Prosper | DAF/MoH | | |
| NITIEMA P. Abdoulaye | SP/NHDP | | |
| NIKIEMA Michel D.M | PSLS | | |
| DIPAMA Sylvain | IGSS/ITSS | | |
| ILBOUDO T. Pierre | UNICEF | | |

| | | | |
|---|---|---|---|
| GUIRA Matilibou | PADS | | |
| RAMDE/NONGOMDE T. Charlotte R | DRH | | |
| KABORE Nestor Léandre | DEP | | |
| OUEDRAOGO Léopold | WHO | | |
| SERE Adissa marguérite | DGPML | | |
| SAWADOGO O. Emmanuel | ABBEF | | |
| DJIGUEMDE Amédée Prosper | DGSF | | |
| ZIDA O. Emmanuel | DIEM | | |
| HIEN A. Maurice | DGPS | | |
| BANSE Emmanuel J.M | DG/COOP | | |
| SOME T. Romaric | DEP | | |
| SANOU Souleymane | SG | | |
| MEDA A Honoré | DGISS | | |
| BALIMA Zacharie | PADS | | |
| OUEDRAOGO Fatoumata | PADS | | |

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Burkina Faso is not submitting a report on the use of CSO funds (types A and B) in 2012

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# 4. Baseline & annual targets

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2011 | | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2011 | Current estimation | Previous estimates in 2011 | Current estimation | Previous estimates in 2011 | Current estimation |
| **Total births** | 747 434 | 734 574 | 771 843 | 760 116 | 796 849 | 786 921 | 822 498 | 814 447 | 848 723 | 842 400 |
| **Total infants' deaths** | 69 749 | 50 722 | 80 589 | 52 465 | 83 200 | 54 294 | 85 878 | 56 171 | 88 617 | 58 075 |
| **Total surviving infants** | 677685 | 683 852 | 691 254 | 707 651 | 713 649 | 732 627 | 736 620 | 758 276 | 760 106 | 784 325 |
| **Total pregnant women** | 858 635 | 881 488 | 838 960 | 912 139 | 866 140 | 944 305 | 894 019 | 997 336 | 922 525 | 1 010 880 |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 747 434 | 785 236 | 771 843 | 707 651 | 796 849 | 732 627 | 822 498 | 758 276 | 848 723 | 784 325 |
| **BCG coverage** | 100 % | 107 % | 100 % | 93 % | 100 % | 93 % | 100 % | 93 % | 100 % | 93 % |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 650 578 | 701 076 | 670 516 | 691 254 | 692 240 | 704 659 | 721 888 | 719 294 | 744 904 | 732 682 |
| **OPV3 coverage** | 96 % | 103 % | 97 % | 98 % | 97 % | 96 % | 98 % | 95 % | 98 % | 93 % |
| **Number of infants vaccinated (to be vaccinated) with DTP1** | 677 685 | 722 257 | 691 254 | 691 254 | 713 649 | 704 659 | 736 620 | 719 294 | 760 106 | 732 682 |
| **Number of infants vaccinated (to be vaccinated) with DTP3** | 650 578 | 701 209 | 670 516 | 691 254 | 692 240 | 704 659 | 721 888 | 719 294 | 744 904 | 732 682 |
| **DTP3 coverage** | 94 % | 103 % | 97 % | 98 % | 97 % | 96 % | 98 % | 95 % | 98 % | 93 % |
| **Wastage[1] rate in base-year and planned thereafter (%) for DTP** | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.00 | 1.05 | 1.00 | 1.05 | 1.00 | 1.05 | 1.00 | 1.05 | 1.00 | 1.05 |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib** | 677 685 | 722 257 | 691 254 | 691 254 | 713 649 | 704 659 | 736 620 | 719 294 | 760 106 | 732 682 |
| **Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib** | 639 021 | 701 209 | 670 516 | 691 254 | 692 240 | 704 659 | 721 888 | 719 294 | 744 904 | 732 682 |
| **DTP-HepB-Hib coverage** | 94 % | 103 % | 97 % | 98 % | 97 % | 96 % | 98 % | 95 % | 98 % | 93 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | 5 | 5 | 25 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Wastage[1] factor in base-year and planned thereafter** | 1.05 | 1.05 | 1.33 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| **Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid** | 25 % | 25 % | 25 % | 25 % | 25 % | 25 % | 25 % | 25 % | 25 % | 25 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Measles** | 677 685 | 677 667 | 691 254 | 691 254 | 713 649 | 704 659 | 736 620 | 719 254 | 760 106 | 732 682 |
| **Measles coverage** | 100 % | 99 % | 100 % | 98 % | 100 % | 96 % | 100 % | 95 % | 100 % | 93 % |
| **Pregnant women vaccinated with TT+** | 815 703 | 785 175 | 805 402 | 912 139 | 831 494 | 944 305 | 867 198 | 997 336 | 894 849 | 1 010 880 |
| **TT+ coverage** | 95 % | 89 % | 96 % | 100 % | 96 % | 100 % | 97 % | 100 % | 97 % | 100 % |
| **Vit A supplement to mothers within 6 weeks from delivery** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Vit A supplement to infants after 6 months** | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100** | 4 % | 3 % | 3 % | 0 % | 3 % | 0 % | 2 % | 0 % | 2 % | 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 ] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

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

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

- Justification for any changes in **births**

  Changes in the number of births are due to the use of new calculation methods for some target populations by the Direction Générale de l'information Sanitaires et des Statistiques (DGISS) [Directorate General for Health Information and Statistics]
- Justification for any changes in **surviving infants**

  Changes to the number of surviving infants are due to the use of new calculation methods for surviving infants by the DGISS
- Justification for any changes in **targets by vaccine**

  Not applicable
- Justification for any changes in **wastage by vaccine**

  Changes to wastage by vaccine are due to new presentations of the DTP-HepB-Hib (from 1 dose to 10 doses)

## 5.2. Immunisation achievements in 2011

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

Results show that all targets were achieved for all antigens except TT2+

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

For the TT2+, the main reason is that women who reached TT5 were not included in the results whereas they do appear in the denominator. The loss of immunisation cards makes it impossible to completely document the doses administered.

## 5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **No, not available**

If yes, please report all the data available from 2009 to 2011

| Data Source | Timeframe of the data | Coverage estimate |
|---|---|---|
| | | |

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

Not applicable

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

What action have you taken to achieve this goal?

The revision of immunisation data collection materials

## 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)

There was no survey of national immunisation coverage in 2011. We note a slight difference as compared to the 2009 EPI review. This can be explained by:

- Non-control of the population
- Non-compliance with ages
- Inadequacies in registration

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

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present?
**No**

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

Not applicable

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

Biannual validation of immunisation data at the national level
Decentralised meetings.
Biannual monitoring with the community.

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.

Revision of the cMYP.
Data validation meeting.

## 5.5. Overall Expenditures and Financing for Immunisation

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

| **Exchange rate used** | 1 US$ = 487 | Enter the rate only; Please do not enter local currency name |
|---|---|---|

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

| Expenditure by category | Expenditure Year 2011 | Source of funding | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Country | GAVI | UNICEF | WHO | PADS | COGES | GLOBAL FUND |
| Traditional Vaccines* | 3 080 082 | 3 080 082 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 6 080 500 | 0 | 6 080 500 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 572 589 | 410 678 | 161 911 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 372 463 | 0 | 372 463 | 0 | 0 | 0 | 0 | 0 |
| Personnel | 339 997 | 339 997 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 1 974 435 | 352 133 | 56 235 | 203 773 | 773 073 | 446 995 | 141 026 | 1 200 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 10 188 050 | 0 | 0 | 2 207 120 | 7 980 930 | 0 | 0 | 0 |
| N/A | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Total Expenditures for Immunisation | 22 608 116 | | | | | | | |
| | | | | | | | | |
| Total Government Health | | 4 182 890 | 6 671 109 | 2 410 893 | 8 754 003 | 446 995 | 141 026 | 1 200 |

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

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

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

Burkina Faso does not have a consolidated annual action plan (plan that combines all activities into a single document) for the Expanded Programme on Immunisation (EPI). However, each structure (District, Regional Health Directorate and Directorate of Vaccine Prevention) establishes an annual action plan that includes immunisation activities in accordance with the **2011-2015** cMYP. In the funding forecast for **cMYP activities in 2011**, assured funding is estimated to be **$23 175 074** versus realized expenses of **$22 608 116.** This difference is due to the non-use of funds and vaccines for the **AH1N1 flu** and the yellow fever response campaign , for which funds to purchase vaccines and for operational costs were to be acquired. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Regarding the 2011 action plan implementation budget for the DPV, EPI's coordination unit, we see that of the **5 350 080 803 FCFA ($10 985 792**) of available funding **5 305 166 862 FCFA ($10 893 566)** were spent. The remainder of the unused funding are composed of funds mobilised at the end of the year, the use of which was carried over to 2012.

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

The 2011 forecast budget was **$24 729 732 (cMYP)** and expenditures for the same year were **$22 610 580.** This difference is due to non-funding for certain expenditure categories like communication and rolling logistics. In addition, in terms of supplementary immunisation activities, there was a decrease related to the non-realisation of the immunisation campaigns against the **AH1N1** flu and yellow fever.

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

Not applicable

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

| Expenditure by category | Budgeted Year {0} 2012 | Budgeted Year {0} 2013 |
|---|---|---|
| Traditional Vaccines* | 3 234 086 | 3 395 790 |
| New and underused Vaccines** | 6 592 126 | 11 875 280 |
| Injection supplies (both AD syringes and syringes other than ADs) | 1 064 560 | 1 314 965 |
| Injection supplies with AD syringes and syringes other than ADs | 0 | 0 |
| Cold Chain equipment | 681 054 | 1 066 783 |
| Personnel | 352 148 | 363 349 |
| Other routine recurrent costs | 2 954 541 | 3 625 627 |
| Supplementary Immunisation activities | 3 049 715 | 3 173 475 |
| Total Expenditures for Immunisation | 17 928 230 | 24 815 269 |

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify

the main reasons for it.

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

There may be funding deficits in 2012 in relation to prior years, especially for routine EPI. The categories that will be concerned are:

- Rolling logistics (motorbike and vehicle)
- Cold chain materials (refrigerators, freezers)
- Communication activities especially at the operational level
- Cold chain equipment maintenance
- Training

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

The situation will probably be the same as 2012 if all additional funds are not mobilised. The proposed strategies are: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Contributing to the new vaccine funding in the regular State budget, depending on the schedule defined in the attached introduction plan
- Appealing for an increase in the regular State budget allocated to EPI 6% per year
- Appealing for an increase in the share of community funding (COGES) allocated to EPI to 5% per year
- Appealing to partners to mobilise sufficient funds for annual needs
- Preventive and curative equipment maintenance (especially CC and rolling stock equipment)
- Training agents in EPI management
- Improving planning at the decentralised levels;
- Mobilising populations
- Reducing drop-out rates.

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, completely 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? |
|---|---|
| Aide Mémoire drawn up | Yes |
| Financial audit performed | 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 Aide Mémoire concerns future funding; Burkina Faso has not received funds for immunisation

system strengthening since 2008. GAVI funds for ISS and HSS will henceforth be managemed by **PADS.**

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

Not applicable

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **1**

Please attach the minutes **(Document N° )** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.5 Overall Expenditures and Financing for Immunisation to {3}

Recommendations

That the ICC be the only body to assess the APR for the HSS and ISS arms.

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

**If Yes,** which ones?

| List CSO member organisations: |
|---|
| Red Cross, Rotary International |

## 5.8. Priority actions in 2012 to 2013

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

**Objectifs:**
- To increase the operational capacities of the EPI management-
- To strengthen immunisation of target EPI populations
- To increase EPI target disease performances
- To improve intra- and inter-sectoral collaboration to promote immunisation

**Priority Actions**

Procure vaccines and supplies
Supervise agents responsible for EPI activities
Organise data validation workshops
Conduct ICC and CTA meetings
Draft introduction plans for the Pneumo vaccine in 2012 and the Rotavirus vaccine in 2013
Organise two decentralised workshops on EPI surveillance and management
Draft the various reports (JRF, APR, Forecast)
Create communication materials

Are they linked with cMYP? **Yes**

## 5.9. Progress of transition plan for injection safety

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

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

| Vaccine | Types of syringe used in 2011 routine EPI | Funding sources of 2011 |
|---|---|---|
| BCG | 0.05-mL ADS and 2-mL RUP syringes | State budget |
| Measles | 0.5-mL ADS and 5-mL SU syringes | State budget |
| TT | 0.5-mL ADS | State budget |
| DTP-containing vaccine | 0.5-mL ADS | State Budget and GAVI |
| Yellow Fever | 0.5-mL ADS and 5-mL SU syringes | State budget |

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

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

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

Inadequate funding

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

- Montfort incinerator
- TTM Univers incinerator
- Burning followed by burying

**Problems encountered:**

- Lack of incinerators
- Incinerators not in good operating order
- Lack of operator trainingInadequate waste collection
- Inadequate supervision of operators
- Inadequate incinerator maintenance

# 6. Immunisation Services Support (ISS)

## 6.1. Report on the use of ISS funds in 2011

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2011 *(A)* | 27854 | 13565190 |
| Remaining funds (carry over) from 2010 *(B)* | 411263 | 200284973 |
| Total funds available in 2011 *(C=A+B)* | 439117 | 213850163 |
| Total Expenditures in 2011 *(D)* | 439117 | 213850163 |
| Total Expenditures in 2012 *(D)* | 0 | 0 |

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

To the ensure maximum participation of EPI partners and improved fund management transparency, composition of the ICC was revised in 2005 by decree no. 2005/257/MS/CAB dated July 14, 2005 to broaden the Ministry of the Economy and Finance, then in 2008 by decree no. 2008/337/MS/CAB dated December 29, 2008 to include new partners like the JICA and AMP, and again in 2011 by decree no. 2011/006/MS/CAB dated January 10, 2012 to include the national EPIVAC network.

In the Aide Mémoire signed between the two parties (Burkina Faso andGAVI), the ICC remains the decision-making body but for future funds this will be PADS.

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

Funds are stored in a BCEAO account and managed by the Directorate of Administration and Finances (DAF) of the Ministry of Health. Each year a funds use plan is drawn up by the Directorate for Vaccine Prevention and submitted to the ICC for approval.

After approval, the DAF sends checks to the structures concerned to implement planned activities. This procedure is used for funding spent in Burkina Faso for the year 2008.

Future fund management and availability to decentralised structures (health districts, Regional Health Directorates) will be through bank transfer to specific accounts opened in commercial banks.

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

- Acquisition of refrigerators
- Rental of storage facility for immunisation supplies and materials
- Preventive and curative maintenance for [cold] rooms
- Programme coordination activities realised

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

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number ) (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

## 6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

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

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

**Table 6.3:** Calculation of expected ISS reward

| | | | | Base Year** | 2011 |
|---|---|---|---|---|---|
| | | | | A | B*** |
| 1 | Number of infants vaccinated with DTP3* (from JRF) **specify** | | | 687181 | 701209 |
| 2 | Number of **additional** infants that are reported to be vaccinated with DTP3 | | | | 14028 |
| 3 | Calculating | $20 | per additional child vaccinated with DTP3 | | 280560 |
| 4 | **Rounded-up estimate of expected reward** | | | | 281000 |

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

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

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

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

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

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

| | [ A ] | [ B ] | |
|---|---|---|---|
| **Vaccine type** | **Total doses for 2011 in Decision Letter** | **Total doses received by 31 December 2011** | **Total doses of postponed deliveries in 2012** |
| DTP-HepB-Hib | | 2 037 200 | 0 |

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

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

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

  The difference between the values is due to a delivery problem with the final delivery at the end of 2010, which was then carried over to the beginning of 2011, because the vaccine was not available from the supplier (technical problem in the manufacturing chain at Berna Biotech Korea Corp.).
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  We requested and obtained early delivery of the carried-over 2010 delivery at the beginning of the 2011 quarter so that there would not be a stock-out at the central level.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

N/A

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

N/A

## 7.2. Introduction of a New Vaccine in 2011

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

| | | |
|---|---|---|
| **Vaccine introduced** | N/A | |
| **Phased introduction** | No | |
| **Nationwide introduction** | No | |
| **The time and scale of introduction was as planned in the proposal? If No, Why ?** | No | We did not introduce any new vaccines in 2011, but plan to in 2013. |

7.2.2. When is the Post introduction evaluation (PIE) planned? **December 2015**

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

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? **No**

## 7.3. New Vaccine Introduction Grant lump sums 2011

### 7.3.1. Financial Management Reporting

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Balance carried over to 2012 (E=C-D) | 0 | 0 |

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No ). Terms of reference for this financial statement are available in **Annex 1** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

## 7.4. Report on country co-financing in 2011

**Table 7.4 :** Five questions on country co-financing *(VACCINE EXAMPLE)*

| | **Q.1: What were the actual co-financed amounts and doses in 2011?** | |
|---|---|---|
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 145 569 | 72 500 |
| | | |
| | **Q.2: Which were the sources of funding for co-financing in reporting year 2011?** | |
| Government | Government | |
| Donor | | |
| Other | | |
| | | |
| | **Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?** | |

| | | |
|---|---|---|
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 11 940 | |
| | | |
| | **Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding** | |
| **Schedule of Co-Financing Payments** | Proposed Payment Date for 2013 | Source of funding |
| | | |
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | December | Government |
| | | |
| | **Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing** | |
| | N/A | |

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 GAVI's new vaccine support reported on the national health sector budget?

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

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **June 2010**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

| Deficiency noted in EVM assessment | Action recommended in the Improvement plan | Implementation status and reasons for for delay, if any |
|---|---|---|
| Insufficient means of transportation | Acquire adequate vaccine transport means | 2 to-tonne trucks, 3 refrigerated vehicles acquired |
| Inadequate agent skills in EPI management | Strengthen EPI management skills | Agents trained in each DS/DRS (No.: not available) |
| No plan for the elimination of immunisation waste | Develop a plan for the elimination of immunisation waste | Information not available due to a lack of specific supervision |
| No intermediate or peripheral level emergency plan | Create a vaccine plan in case of emergency | Information not available due to a lack of specific supervision |

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

If yes, provide details

N/A

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Burkina Faso is not submitting a report on NVS as part of a preventive campaign

## 7.7. Change of vaccine presentation

Burkina Faso is not requesting a change of vaccine presentation in the coming years.

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

The renewal of multi-year support for Burkina Faso is not available in 2012.

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

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

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

If you don't confirm, please explain

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1:** Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

| Vaccine | Presentation | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| **Yellow fever, 10 dose(s) per vial, LYOPHILISED** | 10 | | 0.900 | 0.900 | 0.900 | 0.900 |
| **Yellow fever, 5 dose(s) per vial, LYOPHILISED** | 5 | | 0.900 | 0.900 | 0.900 | 0.900 |
| **Meningogoccal, 10 dose(s) per vial, LIQUID** | 10 | | 0.520 | 0.520 | 0.520 | 0.520 |
| **Meningogoccal (PCV10), 2 dose(s) per vial, LIQUID** | 2 | | 3.500 | 3.500 | 3.500 | 3.500 |
| **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** | 1 | | 3.500 | 3.500 | 3.500 | 3.500 |
| **Measles, 10 dose(s) per vial, LYOPHILISED** | 10 | | 0.219 | 0.219 | 0.219 | 0.219 |
| **DTP-HepB, 10 dose(s) per vial, LIQUID** | 10 | | | | | |
| **DTP-HepB, 2 dose(s) per vial, LIQUID** | 2 | | | | | |
| **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 1 | | 2.470 | 2.320 | 2.030 | 1.850 |
| **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** | 10 | | 2.470 | 2.320 | 2.030 | 1.850 |
| **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED** | 2 | | 2.470 | 2.320 | 2.030 | 1.850 |
| **DTP-Hib, 10 dose(s) per vial, LIQUID** | 10 | | | | | |
| **HepB monoval, 1 dose(s) per vial, LIQUID** | 1 | | | | | |
| **HepB monoval, 2 dose(s) per vial, LIQUID** | 2 | | | | | |
| **Hib monoval, 1 dose(s) per vial, LYOPHILISED** | 1 | | | | | |
| **Antirotavirus, 2-dose schedule** | 1 | | 2.550 | 2.550 | 2.550 | 2.550 |
| **Rotavirus, 3-dose schedule** | 1 | | 5.000 | 3.500 | 3.500 | 3.500 |
| **AD syringe** | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| **Pentavalent reconstitution syringe** | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| **Yellow fever reconstitution syringe** | 0 | | 0.004 | 0.004 | 0.004 | 0.004 |
| **Safety box** | 0 | | 0.006 | 0.006 | 0.006 | 0.006 |

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

**Table 7.10.1:** Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

| Vaccine | Presentation | 2016 |
|---|---|---|
| **Yellow fever, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.900 |
| **Yellow fever, 5 dose(s) per vial, LYOPHILISED** | 5 | 0.900 |
| **Meningogoccal, 10 dose(s) per vial, LIQUID** | 10 | 0.520 |
| **Meningogoccal (PCV10), 2 dose(s) per vial, LIQUID** | 2 | 3.500 |
| **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** | 1 | 3.500 |
| **Measles, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.219 |
| **DTP-HepB, 10 dose(s) per vial, LIQUID** | 10 | |
| **DTP-HepB, 2 dose(s) per vial, LIQUID** | 2 | |
| **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 1 | 1.850 |
| **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** | 10 | 1.850 |
| **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED** | 2 | 1.850 |
| **DTP-Hib, 10 dose(s) per vial, LIQUID** | 10 | |
| **HepB monoval, 1 dose(s) per vial, LIQUID** | 1 | |
| **HepB monoval, 2 dose(s) per vial, LIQUID** | 2 | |
| **Hib monoval, 1 dose(s) per vial, LYOPHILISED** | 1 | |
| **Antirotavirus, 2-dose schedule** | 1 | 2.550 |
| **Rotavirus, 3-dose schedule** | 1 | 3.500 |
| **AD syringe** | 0 | 0.047 |
| **Pentavalent reconstitution syringe** | 0 | 0.047 |
| **Yellow fever reconstitution syringe** | 0 | 0.004 |
| **Safety box** | 0 | 0.006 |

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

**Table 7.10.2:** Freight Cost

This table is shown for information. **It must be build according Freight cost parameters** AND vaccines Types. Refer to document "GAVI ePlatform – Common functional specifications", Section parameters.

| Vaccine Antigens | Vaccine Types | No Threshold | 200,000$ | | 250,000$ | | 2,000,000$ | |
|---|---|---|---|---|---|---|---|---|
| | | | <= | > | <= | > | <= | > |
| | | | | | | | | |
| DTP-HepB | HEPBHIB | 2.00 % | | | | | | |
| DTP-HepB-Hib | HEPBHIB | | | | 15.00 % | 3.50 % | | |
| Measles | MEASLES | 10.00 % | | | | | | |
| Meningococcal | MENINCOJUG | 9.99% | | | | | | |
| Pneumococcal (PCV10) | PNEUMO | 1.00 % | | | | | | |
| Pneumococcal (PCV13) | PNEUMO | 5.00 % | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Rotavirus | ROTA | 5.00 % | | | | | | |
| Yellow Fever | YF | | 20.00 % | | | | 10.00 % | 5.00 % |

## 7.11. Calculation of requirements

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | **Number of surviving infants** | Table 4 | # | 683 852 | 707 651 | 732 627 | 758 276 | 784 325 | 3 666 731 |
| | **Number of children to be vaccinated with the first dose** | Table 4 | # | 722 257 | 691 254 | 704 659 | 719 294 | 732 682 | 3 570 146 |
| | **Number of children to be vaccinated with the third dose** | Table 4 | # | 701 209 | 691 254 | 704 659 | 719 294 | 732 682 | 3 549 098 |
| | **Immunisation coverage with the third dose** | Table 4 | % | 102.54 % | 9..68 % | 96.18 % | 94.86 % | 93.42 % | |
| | **Number of doses per child** | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | **Estimated vaccine wastage factor** | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | |
| | **Vaccine stock on 1 January 2012** | | # | 485 340 | | | | | |
| | **Number of doses per vial** | Parameter | # | | 10 | 10 | 10 | 10 | |
| | **AD syringes required** | Parameter | # | | Yes | Yes | Yes | Yes | |
| | **Reconstitution syringes required** | Parameter | # | | No | No | No | No | |
| | **Safety boxes required** | Parameter | # | | Yes | Yes | Yes | Yes | |
| **g** | **Vaccine price per dose** | Table 7.10.1 | $ | | 2.47 | 2.32 | 2.03 | 1.85 | |
| **cc** | **Country co-financing per dose** | Co-financing table | $ | | 0.20 | 0.20 | 0.20 | 0.20 | |
| **ca** | **AD syringe price per unit** | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| **cr** | **Reconstitution syringe price per unit** | Table 7.10.1 | $ | | 0 | 0 | 0 | 0 | |
| **cs** | **Safety box price per unit** | Table 7.10.1 | $ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| **fv** | **Freight cost as % of vaccines value** | Table 7.10.2 | % | | 3.50 % | 3.50 % | 3.50 % | 3.50 % | |
| **fd** | **Freight cost as % of devices value** | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

| | |
|---|---|
| **Co-financing group** | Low |

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |
| **Recommended co-financing as per APR 2010** | | | 0.20 | 0.20 | 0.20 |
| **Your co-financing** | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Number of vaccine doses** | # | 1 559 800 | 2 044 500 | 2 060 600 | 2 076 400 |
| **Number of AD syringes** | # | 2 301 900 | 2 358 300 | 2 408 100 | 2 451 600 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 | 0 |
| **Number of safety boxes** | # | 25 575 | 26 200 | 26 750 | 27 225 |
| **Total value to be co-financed** | $ | 4 105 500 | 5 030 000 | 4 453 000 | 4 101 500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Number of vaccine doses** | # | 132 400 | 185 800 | 216 800 | 242 200 |
| **Number of AD syringes** | # | 0 | 0 | 0 | 0 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 | 0 |
| **Number of safety boxes** | # | 0 | 0 | 0 | 0 |
| **Total value to be co-financed by country** | $ | 338 500 | 446 500 | 455 500 | 464 000 |

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

| | | Formula | 2011 | 2012 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| **A** | **Country co-finance** | *V* | 0.00 % | 7.82 % | | |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 4* | 722 257 | 691 254 | 54 080 | 637 174 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 3 | 3 | | |
| **D** | **Number of doses needed** | *B X C* | 2 166 771 | 2 073 762 | 162 238 | 1 911 524 |
| **E** | **Estimated vaccine wastage factor** | *Table 4* | 1 | 1 | | |
| **F** | **Number of doses needed including wastage** | *D X E* | 2 275 110 | 2 177 451 | 170 350 | 2 007 101 |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* | | 0 | 0 | 0 |
| **H** | **Stock on 1 January 2012** | *Table 7.11.1* | 485 340 | | | |
| **I** | **Total vaccine doses needed** | *F + G – H* | | 1 692 111 | 132 381 | 1 559 730 |
| **J** | **Number of doses per vial** | *Vaccine parameter (schedule)* | | 10 | | |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* | | 2 301 876 | 0 | 2 301 876 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* | | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* | | 25 551 | 0 | 25 551 |
| **N** | **Cost of vaccines needed** | *I x * vaccine price per dose (g)* | | 4 179 515 | 326 979 | 3 852 536 |
| **O** | **Cost of AD syringes needed** | *K * AD syringe price per unit (ca)* | | 107 038 | 0 | 107 038 |
| **P** | **Cost of reconstitution syringes needed** | *L * reconstitution price per unit (cr)* | | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | *M * safety box price per unit (cs)* | | 149 | 0 | 149 |
| **R** | **Freight cost for vaccines needed** | *N * freight cost as of % of vaccines value (fv)* | | 146 284 | 11 445 | 134 839 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x * freight cost as % of devices value (fd)* | | 10 719 | 0 | 10 719 |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* | | 4 443 705 | 338 423 | 4 105 282 |
| **U** | **Total country co-financing** | *I * country co-financing per dose (cc)* | | 338 423 | | |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* | | 7.82 % | | |

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

| | | Formula | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | | 8.33 % | | | 9.52 % | |
| B | Number of children to be vaccinated with the first dose | *Table 4* | | 704 659 | 58 693 | 645 966 | 719 294 | 68 470 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | | 3 | | | 3 | |
| D | Number of doses needed | *B X C* | | 2 113 977 | 176 077 | 1 937 900 | 2 157 882 | 205 410 |
| E | Estimated vaccine wastage factor | *Table 4* | | 1 | | | 1 | |
| F | Number of doses needed including wastage | *D X E* | | 2 219 676 | 184 881 | 2 034 795 | 2 265 777 | 215 681 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | | 10 557 | 880 | 9 677 | 11 526 | 1 098 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | | 2 230 233 | 185 761 | 2 044 472 | 2 277 303 | 216 778 |
| J | Number of doses per vial | *Vaccine parameter (schedule)* | | 10 | | | 10 | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | | 2 358 233 | 0 | 2 358 233 | 2 408 043 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | | 26 177 | 0 | 26 177 | 26 730 | 0 |
| N | Cost of vaccines needed | *I x * vaccine price per dose (g)* | | 5 174 141 | 430 964 | 4 743 177 | 4 622 926 | 440 059 |
| O | Cost of AD syringes needed | *K * AD syringe price per unit (ca)* | | 5 174 141 | 0 | 109 658 | 4 622 926 | 0 |
| P | Cost of reconstitution syringes needed | *L * reconstitution price per unit (cr)* | | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M * safety box price per unit (cs)* | | 152 | 0 | 152 | 156 | 0 |
| R | Freight cost for vaccines needed | *N * freight cost as of % of vaccines value (fv)* | | 181 095 | 15 084 | 166 011 | 161 803 | 15 403 |
| S | Freight cost for devices needed | *(O+P+Q) x * freight cost as % of devices value (fd)* | | 10 981 | 0 | 10 981 | 11 213 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | | 5 476 027 | 446 047 | 5 029 980 | 4 908 072 | 455 462 |
| U | Total country co-financing | *I * country co-financing per dose (cc)* | | 446 047 | | | 455 461 | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | | 8.33 % | | | 9.52 % | |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

| | | Formula | 2015 | | |
|---|---|---|---|---|---|
| | | | Total | Government | GAVI |
| A | Country co-finance | *V* | 10.45 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 4* | 732 682 | 76 531 | 656 151 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | |
| D | Number of doses needed | *B X C* | 2 198 046 | 229 592 | 1 968 454 |
| E | Estimated vaccine wastage factor | *Table 4* | 1 | | |
| F | Number of doses needed including wastage | *D X E* | 2 307 949 | 241 071 | 2 066 878 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 10 543 | 1 102 | 9 441 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | |

| | | | | | |
|---|---|---|---|---|---|
| **I** | **Total vaccine doses needed** | *F + G – H* | 2 318 492 | 242 173 | 2 076 319 |
| **J** | **Number of doses per vial** | *Vaccine parameter (schedule)* | 10 | | |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* | 2 451 534 | 0 | 2 451 534 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* | 27 213 | 0 | 27 213 |
| **N** | **Cost of vaccines needed** | *I x * vaccine price per dose (g)* | 4 289 211 | 448 019 | 3 841 192 |
| **O** | **Cost of AD syringes needed** | *K * AD syringe price per unit (ca)* | 113 997 | 0 | 113 997 |
| **P** | **Cost of reconstitution syringes needed** | *L * reconstitution price per unit (cr)* | 0 | 0 | 0 |
| **Q** | **Cost of safety boxes needed** | *M * safety box price per unit (cs)* | 158 | 0 | 158 |
| **R** | **Freight cost for vaccines needed** | *N * freight cost as of % of vaccines value (fv)* | 150 123 | 15 681 | 134 442 |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x * freight cost as % of devices value (fd)* | 11 416 | 0 | 11 416 |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* | 4 564 905 | 463 699 | 4 101 206 |
| **U** | **Total country co-financing** | *I * country co-financing per dose (cc)* | 463 699 | | |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* | 10.45 % | | |

## 8. Injection Safety Support (INS)

Burkina Faso is not reporting on Injection Safety Support (INS) in 2012

# 9. Health Systems Strengthening Support (HSS)

**Instructions for reporting on HSS funds received**

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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

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

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

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 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.

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

## 9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

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

If yes, please indicate the amount of funding requested:

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

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

Table 9.1.3a (US)$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | | 3073854 | 1239184 | 665736 | | |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | | 1894223 | 1050203 | 2624421 | |
| Total funds received from GAVI during the calendar year (*A*) | | 3073854 | 0 | 678693 | 1284920 | |
| Remaining funds (carry over) from previous year (*B*) | | 0 | 3073854 | 1197227 | 1394478 | 2115169 |
| Total Funds available during the calendar year (*C=A+B*) | | 3073854 | 3073854 | 1875920 | 2679398 | |
| Total expenditure during the calendar year (*D*) | | 0 | 1876627 | 481442 | 564229 | |
| Balance carried forward to next calendar year (*E=C-D*) | | 3073854 | 1197227 | 1394478 | 2115169 | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | | | 1050203 | 2624421 | 606767 | 0 |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets | | 1690619700 | 681551200 | 366154800 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| (*as per the originally approved HSS proposal*) | | | | | | |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | 0 | 1041822650 | 577611650 | 1443431550 | |
| Total funds received from GAVI during the calendar year (*A*) | | 1349486000 | 0 | 297960260 | 628601880 | |
| Remaining funds (carry over) from previous year (*B*) | | 0 | 1349486000 | 525607606 | 612204460 | 979516974 |
| Total Funds available during the calendar year (*C=A+B*) | | 1349486000 | 1349486000 | 823567866 | 1240806786 | |
| Total expenditure during the calendar year (*D*) | | 0 | 823878394 | 211363406 | 261289812 | |
| Balance carried forward to next calendar year (*E=C-D*) | | 1349486000 | 525607606 | 612204460 | 979516974 | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | | 0 | 577611650 | 1443431550 | 333721850 | 0 |

**Report of Exchange Rate Fluctuation**

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

Table 9.1.3.c

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Opening on 1 January | 439.0209 | 439.0209 | 439.0209 | 439.0209 | 439.0209 | 463.0916 |
| Closing on 31 December | 439.0209 | 439.0209 | 439.0209 | 439.0209 | 463.0916 | |

**Detailed expenditure of HSS funds during the 2011 calendar year**

Please attach a detailed financial statement for the use of HSS funds during the 2011 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: )**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: )**

**Financial management of HSS funds**

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

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

PADS donors have agreed on the use of a single procedures manual for common procedures: calling for

funds, decision-making, disbursement mechanisms, production of activity and financial reports and internal controls and verifications by global financial audits by independent auditors.

Calls for funds are based on annual forecasts in two (2) tranches over the course of the fiscal year, based on the action plan. The first disbursement is made to cover activities in the first six months of the fiscal year.

The second disbursement is made based on the production of the first semester financial report provided by the PADS Management Unit.

Funds are transferred to the open account in the common basket where other partners' funds are stored. The same management procedures are used for funding dedicated to HSS activities related to immunisation. For funding activity monitoring requirements, physical and financial reporting appear in the same report produced by the PADS Management Unit but are distinctly separate.

Funds are transferred to peripheral structures according to the following rules:

- Funds are distributed in accordance with activities in the proposal and according to one key and previously-defined criteria;
- Communication of envelopes sent to each structure beginning in September;
- An annual action plan is drawn up;
- Implementation agreements between beneficiary structures and the PADS Steering Committee are drawn up and signed;
- First semester funds are transferred into the PADS commercial accounts that each structure has;
- Global action plans that include all funding sources with a consolidated budget that includes the needs expressed by first-level health facilities are drawn up;
- Steering Committee has reviewed and funded the action plans;
- Allocation of resources through two biannual transfers into existing commercial bank accounts in each structure, with the first disbursement beginning in January.

GAVI funds are used in accordance with the existing manual for decentralised management procedures.

Per the procedures manual, disbursements are made in accordance with activities in the agreements and the detailed budget via their commercial accounts.

Some specific decisions and guidelines about immunisation are made by the Interagency Coordination Committee (ICC).

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

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

## 9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

| **Major Activities** (insert as | **Planned Activity for 2011** | **Percentage of Activity** | **Source of information/data** |
|---|---|---|---|

| many rows as necessary) | | **completed (annual)** (where applicable) | (if relevant) |
|---|---|---|---|
| **Objective 1:** | | | |
| **Activity 3** | X | 0 | PADS activity report |
| **Activity 14** | X | 100 | PADS activity report |
| **Activity 15** | X | 100 | PADS activity report |
| **Activity 16** | X | 100 | PADS activity report |
| **Activity 19** | X | 0 | PADS activity report |
| **Objective 3:** | | | PADS activity report |
| **Activity 4** | X | 100 | PADS activity report |
| **Activity 5** | X | 20 | |
| **Activity 6** | X | 13 | |
| **Objective 5:** | | | |
| **Activity 1** | X | 27 | |

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** |
|---|---|
| **Objective 1** | |
| **Activity 15** | All identified districts received the initial EGM donation as scheduled. |
| **Objective 3** | |
| **Activity 4** | 100% of activities realised. Maintenance contracts were signed with private providers. |
| **Activity 5** | Work started in 2012 and is on-going. The probable end is scheduled for the end of August 2012. Problems were encountered in starting up the work. |
| **Activity 6** | Work started in 2012 and is on-going. The probable end is scheduled for the end of August 2012. Problems were encountered in starting up the work. |
| **Objective 5** | |
| **Activity 1:** | Work started in 2011 and is on-going. Physical execution rates are: 19.63% for the Dano health district (DS), 26.26% for the Diapaga DS, 36.36% for the Mangodara DS, 28.38% for the Sebba DS and 25.11% for the Solenzo DS.<br>According to the current work plans made by each of the companies, the probable end of work for each lot is scheduled for the end of July 2012 at the latest. |

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

One activity has not been able to be implemented at this time: the final assessment of the implementation of GAVI-HSS-funded activities. This is because construction activities are on-going. The terms of reference for the realisation of this activity, however, are being developed.

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

## 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 2010 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2011 Target | | | | | | Data Source | Explanation if any targets were not achieved |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Baseline value | Baseline source/date | | | 2007 | 2008 | 2009 | 2010 | 2011 | | |
| **Objective 1: Improve organization and management** | | | | | | | | | | | |
| **1.1 Nat'l DTP-HepT-Hib3 coverage** | 95.31 % | 2006 Statistical Yearbook | 97 % | 97 % | 102 % | 104 % | 103 % | 103.4 % | 104 % | Statistical Yearbook | |
| **1.2 No. of districts achieving ≥80% coverage** | 52 | 2006 Statistical Yearbook | 63 | 63 | 55 | 61 | 63 | 63 | 62 | Statistical Yearbook | |
| **1.3 Under 5 mortality rate** | 184 | | - | - | 184 | 184 | 184 | 184 | 129 | DHS 2010 | |
| **1.4 Rate of PNC coverage** | 61,2 % | 2006 Statistical Yearbook | 90 % | 91 % | 70.30 % | 75.60 % | 78 % | 72.8 | 74.4 % | Statistical Yearbook | |
| **1.5 Rate of assisted births** | 42.9 % | 2006 Statistical Yearbook | 60 % | 90 % | 57.30 % | 62.70 % | 73,2 % | 75.1% | 78.3 % | Statistical Yearbook | |
| **1.6 TT2 coverage for pregnant women** | 81.41 % | 2006 Statistical Yearbook | 90 % | 95 % | 89.12 % | 95.08 % | 93 % | 96,29 % | 90.9 % | Statistical Yearbook | |
| **1.7. % of DS that received an LQAS evaluation** | 15 % | DPV 1994 | 30 % | 30 % | 0 % | 0 % | 71 % | 100 % | 100 % | DS | Activity not funded by GAVI in 2011 and 2012 but conducted using other funds from the common PADS basket |
| **1.8. Proportion of operational pilot site offering** | 0 % | DEP 2007 | 100 % | 100 % | 0 % | 0 % | 0 % | 0 % | 0 % | DEP/DGSF | Implementation difficulties: inadequate institutional project set up Given overages on some lines the amount was reallocated |
| **Objective 2: Develop human resources in** | | | | | | | | | | | |
| **2.1. Proportion of CSPS that have an action plan** | 50 % | DS 2007 | 100 % | 100 % | 50 % | 60 % | 100 % | 100 % | 100 % | DS | |
| **Objective 4: Improve the maintenance system for** | | | | | | | | | | | |
| **4.1. % of maintenance workshops built and equip** | 15.8 % | DEP 2007 | 30 % | 30 % | 0 % | 0 % | 75 % | 75 % | 75 % | DEP | |
| **Objective 5 : Strengthen health infrastructures** | | | | | | | | | | | |
| **5.1. % of CSPS built and equipped** | 85.8 % | DEP 2006 | 95 % | 95 % | 30 % | 12.5 % | 90 % | 91 % | 96% | DEP | Objectives for this indicator could not be reached due to the administrative burden of construction |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | dossiers. |
| **5.2. % of CMA with an ambulance for evac.** | 88.8% | DGIEM | 95 % | 95 % | 90 % | 92 % | 96 % | 98 % | 98 % | DAF/PCSS-ZR/DIEM | |

## 9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

GAVI support enabled us to realise several major activities in 2011 including:

- Provisioning five (5) newly-created health districts with an initial supply of essential generic medicines;
- Sub-contracting curative maintenance for biomedical equipment to actors in the private sector;
- Building and equipping one (1) SIEM in a health region (Cascades) in Burkina Faso;
- Building and equipping three (3) maintenance workshops in 3 health districts;
- Building and equipping five (5) CSPS in zones with low health coverage.

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

The implementation of GAVI HSS activities was not problem-free. The main problems encountered during 2011 are summarized here:

- Failures by some entrepreneurs
- Inadequate strengthening of the cold chain (refrigerators, freezers)
- Inadequate rolling stock (motorbikes and vehicles) for outreach immunisation and supervision of health training teams by district management teams

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

Monitoring and evaluation are conducted using the existing framework: every six months health districts monitor activities and conduct integrated supervision of health agents. The central level carries out mid-term evaluations of the action plans for the current year, and a final evaluation during sessions to adopt and fund action plans for the coming year.

There are also regular joint frameworks within which all activities from all sources combined are monitored and implemented.

For the current 2011 year, in addition to regular M&E activities, the Ministry of Health organized trips to monitor the construction sites that were financed with PADS funds.

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

M&E activities are integrated into national systems. Refer to point 9.4.3.

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

Actors at all levels of the health system implement HSS activities.

The central level provides the minimum activity package, including immunisation. The district and regional levels are involved in implementation through planning, coordination, supervision and M&E.

Civil society organisations in Burkina Faso no longer participate in implementing the HSS proposal. However, PADS has a contracting arm for certain activities, including rapid-gain interventions with NGOs / Associations.

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

No civil society organisations participate in implementing the HSS proposal, although PADS does have a contracting arm for activities with NGOs and associations.

In 2012, however, Burkina civil society did receive GAVI support, through the permanent secretariat of non-governmental organisations (SPONG), to implement activities aimed to improve immunisation results.

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

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

HSS funds are managed in accordance with PADS procedure manuals. In our view this was effective in 2011 insofar as there were no internal obstacles to disbursements.

## 9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5:** Planned activities for 2012

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2012** | **Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **2012 actual expenditure** (as at April 2012) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2012** (if relevant) |
|---|---|---|---|---|---|---|
| Building and equipping one (1) SIEM in a health region | | | | X | | |
| Building and equipping 5 CSPS in areas with low coverage | | | | X | | |
| Building and equipping 2 EPI warehouses in 2 of the 8 health districts | | | | X | | |
| Conducting a final evaluation of the implementation | | | | x | | |
| Management costs (7% of support costs) | | | | X | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Support costs for M&E | | | | X | | |
| Technical Support | | | | X | | |
| | | 0 | 0 | | | 0 |

## 9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

**Please note that 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 2013

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2013** | **Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2013** (if relevant) |
|---|---|---|---|---|---|
| | | 0 | | | |

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

## 9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

**Table 9.7:** Revised indicators for HSS grant in case of reprogramming

| **Name of Objective or Indicator (Insert as many rows as necessary)** | **Numerator** | **Denominator** | **Data Source** | **Baseline value and date** | **Baseline Source** | **Agreed target till end of support in original HSS application** | **2013 Target** |
|---|---|---|---|---|---|---|---|

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

## 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US$ | Duration of support | Type of activities funded |
|---|---|---|---|
| Health development support programme lenders | 63 693 587 | 4 years | All 5 objectives in the proposal |
| Islamic development bank [*Banque islamique de dévelopopement*] (BID IV) | 10 110 000 | 5 years | Strengthening basic health infrastructure and equipment in least-served areas |
| Global Fund | 18 937 814 | 2 years | Development of human resources in health |
| JICA | 18 982 551 | 3 years | Strengthening basic health infrastructure and equipment in least-served areas |
| Health development support programme for the Plateau central and Centre sud retions | 46 736 667 | 2 years | Strengthening basic health infrastructure and equipment in least-served areas |
| Republic of China (Taiwan) | 1 751 637 | 2 years | Strengthening basic health infrastructure and equipment in least-served areas |

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

## 9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|---|---|---|
| Request for GAVI HSS support | Adopté par le comité de pilotage du PADS | |
| Statement from the PADS management unit, summarizing expenditures by intervention area and by structure | Validated by external auditors and the PADS steering committee | |
| 2010 APR, which explains the prior situation | Adopted by the PADS steering committee | |
| Ministry of Health Statistical Yearbooks (2008, 2009, 2010 and 2011) | Validated by the technical directorates of the Ministry of Health | |
| Activity reports from districts and regional health directorates that are sent at the end of each semester to PADS | The reports are validated at the 1st level by regional accountants, t the 2nd level by internal PADS auditors and t the 3rd level by global audits | |
| Annual Progress Reports | Adopted by the NHDP monitoring committee | |

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.

The main difficulties were:

- Regular changes to the APR framework make it hard to fill out;
- The late issuing (end of March - beginning of April) of the report framework does not allow for any anticipation in drawing up the report;
- The activity reporting system is different from the system set up by the PADS management unit, which

is based on intervention areas;

- Problems in completely filling out expenditures for the first four (4) months of the current year because of the bi-annual reporting system for PADS funds by health districts;

The proposed solution is to align reporting with PADS reporting, which is bi-annual and global for all lenders (report adopted by the steering committee).

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010? 7

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number: )**

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

Burkina Faso is not submitting a report on GAVI support for Type A CSOs for 2012.

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

Burkina Faso is not submitting a report on GAVI support for Type B CSOs for 2012.<

## 11. Comments from ICC/HSCC Chairs

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