

The GAVI Alliance

2014 Annual Progress Report

Submitted by

The Government of
Burundi

Reporting on year: **2014**

Requesting support for the year: **2016**

Date of submission: **15/04/2015**

Deadline for submission: 15/05/2015

Please submit the 2014 Annual Progress Report using the on-line 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 the 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. Electronic copies of previous annual progress reports and approved requests for assistance are available at the following address <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to the country. 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 for this application 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 procedures of the Independent Review Committee (IRC) and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report or equivalent if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance and 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 this application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and must be paid to the account or accounts as directed by the GAVI Alliance. Any funds reimbursed must be deposited into the account or accounts designated by the GAVI Alliance.

SUSPENSION/TERMINATION

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

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR the Country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Major problems 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 Characteristics of assistance

Reporting on year: **2014**

Requesting support for the year: **2016**

1.1 NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2015

DTC-HepB-Hib (pentavalent) vaccine: per your country's current preferences, the vaccine is available in liquid form from UNICEF in single-dose or ten-dose vials and in liquid/freeze-dried form in two-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

1.2 1.2. Programme extension

Type of Support	Vaccine product	Start Year	End Year
Routine New Vaccines Support	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	2016	2016
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	2016	2016

1.3 ISS, HSS, CSO

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	N/A	No
HSS	Yes	next tranche of ISS grant: No	No
HSFP	Yes	Next tranche of HSFP Grant Yes	No
ISS	Yes	next tranche: No	No

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

1.4 Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** is available [here](#). It is also available in French [here](#).

2 Signatures

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

By signing this page, the Government of **Burundi** 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 Burundi

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Dr. Sabine NTAKARUTIMANA	Name	Hon. Tabu Abdallah MANIRAKIZA
Date		Date	
Signature		Signature	

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

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2.2 ICC Signatures Page

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

In some countries, HSCC and ICC committees have been merged into a single committee. Please complete each section where information is required and upload the signatures in the section of the attached documents, once for the HSCC signatures and once for the ICC signatures.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of 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 this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organisation	Signature	Date
NTAKARUTIMANA Sabine	The Ministry of Health		

The ICC may send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Comments will be sent with the joint evaluation report on 20 April 2015

Comments from the Regional Working Group:

Idem

2.3 HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), CPSP, endorse this report on the Health Systems Strengthening Programme. Signature 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/Organisation	Signature	Date
NTAKARUTIMANA Sabine	The Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

Comments will be sent with the joint evaluation report on 20 April 2015

Comments from the Regional Working Group:

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

Burundi is not submitting a report on the use of type A and B CSO funds in 2015

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4 Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown for purposes of approximate information in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total births	436,402	436,402	446,875	446,875		457,600
Total infants' deaths	92,851	92,851	95,080	95,080		97,362
Total surviving infants	343551	343,551	351,795	351,795		360,238
Total pregnant women	464,257	464,257	475,399	475,399		486,809
Number of infants vaccinated (to be vaccinated) with BCG	436,402	366,420	446,875	429,000		439,296
BCG coverage (1)	100 %	84 %	100 %	96 %	0 %	96 %
Number of infants vaccinated (to be vaccinated) with OPV3	343,550	338,693	351,795	344,759		353,034
OPV3 coverage (2)	100 %	99 %	100 %	98 %	0 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1 (3)	343,550	360,303	351,795	351,795		360,238
Number of infants vaccinated (to be vaccinated) with DTP3 (3) (4)	343,550	340,250	351,795	344,759		353,034
DTP3 coverage (2)	100 %	99 %	100 %	98 %	0 %	98 %
Wastage [5] rate in base-year and planned thereafter (%) for DTP vaccine	5	5	5	5		5
Wastage [5] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib vaccine	336,679	360,303	370,000	351,795		360,238
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib vaccine	321,295	340,250	351,795	344,795		353,034

DTP-HepB-Hib coverage (2)	94 %	99 %	100 %	98 %	0 %	98 %
Wastage [5] in base-year and planned thereafter (%) [6]	5	5	25	5		5
Wastage [5] factor in base-year and planned thereafter (%)	1.05	1.05	1.33	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13) vaccine	343,550	360,486	370,000	351,795		360,238
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13) vaccine	327,852	340,424	351,795	344,759		353,238
Pneumococcal (PCV13) coverage (2)	95 %	99 %	100 %	98 %	0 %	98 %
Wastage [5] rate in base-year and planned thereafter (%)	2	2	2	2		2
Wastage [5] factor in base-year and planned thereafter (%)	1.02	1.02	1.02	1.02	1	1.02
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Rotavirus vaccine	343,550	362,181	370,000	351,795		360,238
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Rotavirus vaccine	327,852	331,873	351,795	344,759		356,636
Rotavirus vaccine coverage (2)	95 %	97 %	100 %	98 %	0 %	99 %
Wastage [5] rate in base-year and planned thereafter (%)	1	3	1	2		1
Wastage [5] factor in base-year and planned thereafter (%)	1.01	1.03	1.01	1.02	1	1.01
Maximum wastage rate value for the Rotavirus vaccine, 2 scheduled doses	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine	0	328,786	290,000	334,206		342,227
Number of infants vaccinated (to be vaccinated) with	329,622	210,111	337,533	299,026		308,442

2nd dose(s) of Measles vaccine						
Measles coverage (2)	96 %	61 %	96 %	85 %	0 %	86 %
Wastage [5] rate in base-year and planned thereafter (%)	15	10	10	9		9
Wastage [5] factor in base-year and planned thereafter (%)	1.18	1.11	1.11	1.1	1	1.1
Maximum wastage rate value for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	464,257	411,493	475,399	427,859		462,468
TT+ coverage (7)	100 %	89 %	100 %	90 %	0 %	95 %
Vit A supplement to mothers within 6 weeks after delivery	464,257	0	475,399	0		0
Vit A supplement to infants after 6 months	1,490,265	322,293	1,526,031	400,000	N/A	450,000
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	6 %	0 %	2 %	0 %	2 %

[1] Number of infants vaccinated as compared to total number of births

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

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

[4] Please ensure that the DTP cells are correctly completed

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

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

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

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 continuing

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

In the spaces below, please provide justification for those numbers in this APR that are different from those in the reference documents.

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

Nothing to report

- Justification for any changes in the **number of surviving infants**

Nothing to report

- Justification for any changes in targets by vaccine Please note that targets that exceed the previous years' results by more than 10 % must be justified. **For the IPV, justification must also be provided as an attachment to the APR, for EVERY change in the target population**

We have changed the targets as compared to 2014, because the country is making a great effort to improve data quality. Thus, the vaccination coverage targets are not more than 100% as compared to 2014, but they have decreased slightly, in accordance with the targets in the file "Immunization forecast tool-2015-SD"

- Justification for any change made to the **wastage rate for each vaccine**

Nothing to report

5.2 Monitoring the Implementation of GAVI Gender Policy

5.2.1 During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **yes, available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
National Immunization Coverage Survey	2012	98.4	97.8
Enquête Démographique et de Santé [Demographic and Health Survey]	2010	95.5	95.2

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

There are no gender-specific obstacles in our country

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

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

In Burundi, we have not seen any difference in access to vaccination services between girls and boys.

5.3 Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI's understanding of the broad trends in the expenses of the immunisation programme and of the financial flows. Please fill in the tables using US\$.

Exchange rate used	1 US\$ = 1546.66	Only enter the exchange rate; do not list the name of the local currency
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditures by Category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	PNSR/MTN	GAVI HSS /KARADIRIDIMBA	Other
Traditional Vaccines*	468,881	0	0	468,881	0	0	0	0
New and underused Vaccines**	9,732,397	649,296	9,083,101	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	204,520	0	134,899	69,621	0	0	0	0
Cold chain equipment	183,660	0	165,860	17,800	0	0	0	0
Staff	86,897	86,897	0	0	0	0	0	0
Other routine recurrent costs	741,250	2,902	508,914	179,489	49,945	0	0	0
Other capital costs	13,241	0	0	13,241	0	0	0	0
Campaigns costs	439,312	41,397	30,365	191,334	1,791	44,341	43,543	86,541
Nothing to report		0	0	0	0	0	0	0
Total Expenditures for Immunisation	11,870,158							
Total Government Health		780,492	9,923,139	940,366	51,736	44,341	43,543	86,541

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 item, if these vaccines were introduced without GAVI support.

5.4 Inter-Agency Coordinating Committee

How many times did the ICC meet in 2014? **11**

Please attach the minutes (**Document No. 4**) of the meeting of the ICC in 2015 which endorsed this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1. Updated Baseline and Annual Targets](#) through [5.3 Overall Expenditures and Financing for Immunisation](#)

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

If **Yes**, which ones?

List the CSO member organizations belonging to the ICC:
CARITAS BURUNDI
CEPBU
ABUBEF

5.5 Priority actions in 2015 to 2016

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

Primary objectives of the EPI

- 1 Building the capacities of the management team members in the BPS and BDS, concerning EPI management (MLM course)
- 2 Build capacities of two providers per health center, concerning EPI management (MLM course)
- 3 Contribute to integrated campaigns (MCH twice per year, NVD, AVW)
- 4 Provide 100% of FOSAs that do vaccination with a sufficient quantity of high-quality vaccines and inputs.
- 5 Ensure that 90% of cold chain equipment functions properly at all levels.
- 6 Improve public knowledge of the vaccination schedule, vaccination activities and surveillance.
- 7 Improve surveillance of EPI target diseases (measles, AFP and MNT) and AEFIs.
- 8 Improve routine data quality and surveillance in at least 80% of BDSs.
- 9 Maintain DTP3 vaccination coverage of more than 90% in the 30 highest-performing districts.
- 10 Introduce new vaccines IPV in 2015, HPV demonstration project in 2016, MR in 2016, DTP4 in 2016.
- 11 Implement the solar refrigerator transition plan.
- 12 Implement and/or revise the EPI technical tools.

EPI high-priority activities, 2015-2016

- 1) Organize the 5th and 6th African Vaccination Weeks
- 2) Organize MLM courses at the intermediate and operational levels
- 3) Supply FOSAs with vaccines and organize supportive supervision
- 4) Introduce IPV
- 5) Prepare a GAVI application to introduce the MR (measles-rubella) vaccine
- 6) Introduce the 4th DTP dose into the routine immunization schedule
- 7) Introduce the MR vaccine into the routine immunization schedule
- 8) Complete the HPV demonstration schedule
- 9) Increase active surveillance of EPI target diseases and AEFIs
- 10) Progressively transition to solar fridges
- 11) Participate in maternal and child health weeks
- 12) Organize quarterly review meetings for routine EPI data, surveillance and vaccine management
- 13) Evaluate the 2011-2015 cMYP, and prepare the new cMYP, in accordance with the GVAP.
- 14) Conduct an Effective Vaccine Management evaluation (EVM)
- 13) [sic] Organize an annual external audit (2014 budget year and 2015 budget year)
- 14) Prepare communication plans to introduce new vaccines
- 15) Evaluate the multi-year communication plan for the EPI, 2012-2016 and prepare a new plan
- 16) Prepare, copy and distribute EPI communication tools

5.6 Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014.

Vaccine product	Types of syringes used systematically in the EPI in 2014	Funding sources in 2014
BCG	AD Syringe 0.05ml	UNICEF
Measles	AD Syringe 0.5ml	UNICEF + GAVI
TT	AD Syringe 0.5ml	UNICEF
DTP-containing vaccine	AD Syringe 0.5ml	GAVI+GOVERNMENT
IPV	Not applicable	

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

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

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

We did not encounter any particular problems in implementing this injection safety policy. But the majority of incinerators used in health centers do not meet standards

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste is collected in safety boxes that are then burned in incinerators located in health facilities.

All healthcare personnel have not been trained in the injection management policy.

The incinerators do not meet standards in some Health Centers.

6 Immunisation Services Support (ISS)

6.1 Report on the use of ISS funds in 2014

	Amount US\$	Amount local currency
Funds received during 2014 (A)	234,980	360,109,843
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	234,980	360,109,843
Total Expenditures in 2014 (D)	49,417	76,431,190
Carry over to 2015 (E=C-D)	185,563	283,678,653

6.1.1 Briefly describe the financial management arrangements 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.

There is an aide-memoire that was jointly signed by the Government of Burundi (represented by the Minister of Finance and the Minister of Public Health and AIDS Prevention) and GAVI Alliance (represented by its CEO) on 10 November 2010. This document defines the financial management terms and procedures for all HSS funds.

All of the financial management procedures described result from the aide-memoire mentioned above, and are still in effect.

HSS funds are integrated into the EPI budgets prepared annually, and they are scaled on a quarterly basis. The annual and quarterly budgetised action plans are presented to the CPSD for approval, before they are integrated into the Ministry of Health's overall budget. The budgetised action plan must be sent to all members of the CPSD at least two weeks before the date of the meeting.

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 channeled to the sub-central levels, financial reporting arrangements at both the sub-national and central levels, and the overall role of the ICC in this process.

HSS funds are managed in the government account. The budgetised action plan is presented to the CPSD at the beginning of each year for approval.

Depending on the activities included in the action plan, as soon as the Minister has authorized expenditures, the accounting department then transfers the funds to the provincial health departments' accounts and to the district health offices' accounts.

The funds that are transferred and used by the operational level are justified to the EPI, when then prepares a financial report that it presents to the thematic resource group before it is approved by the CPSD.

6.1.3 Please report on major activities conducted to strengthen immunization using ISS funds in 2014.

The main activities carried out with the ISS in 2012 were:

- Covering handling costs (port/airport) and customs agency costs for vaccines and vaccination supplies ;
- Paying fire insurance costs for vaccine inventory (Renewal invoice completed in September 2013 for the period from September 2013 to August 2014) ;
- Providing fuel and lubricants for routine programs, including generators (3,000 liters/quarter);
- Purchase two Toyota Hilux pickup trucks

6.1.4 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 calendar year

6.2.1 Please attach a detailed financial statement for the use of ISS funds during the 2014 calendar year

(Document Number 7). (The instructions 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? **No**

6.2.3 External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS program for your government's most recent fiscal year, this must also be attached (Document Number: 8

6.3 Request for ISS reward

The ISS reward request does not apply to Burundi in 2014

7 New and Underused Vaccines Support (NVS)

7.1 Receipt of new & under-used vaccines for 2014 vaccination programme

7.1.1 Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

*Please also include any deliveries from the previous year received in accordance with this Decision Letter.

	[A]	[B]	[C]	
Vaccine Type	Total doses for 2014 in the Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the company record any stock shortages at any level during 2014?
Measles, second dose	217,100	217,100	0	No
Pneumococcal (PCV13)	1,055,200	1,055,150	0	No
DTP- HepB- Hib	998,100	900,600	0	No
Rotavirus	854,300	854,300	0	No

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

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

Nothing to report

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

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

Given the fact that the country introduced many new vaccines, there is going to be a vaccine storage capacity problem, hence the necessity to keep the current presentations in order to meet storage capacity needs. Emphasis will be placed on formative supervision, to assist actors in improving vaccine management and thus minimizing wastage rates. The country will take into account all of the recommendations in the 2011 EVM, and the external review of the EPI in 2013.

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

Not applicable

7.2 Introduction of a New Vaccine in 2014

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	Already introduced, in September 2011

For when is the Post Introduction Evaluation (PIE) planned? [June 2012](#)

Anti-Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

For when is the Post Introduction Evaluation (PIE) planned? [July 2014](#)

Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	Already introduced, in January 2013

For when is the Post Introduction Evaluation (PIE) planned? [July 2014](#)

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	Nothing to report

For when is the Post Introduction Evaluation (PIE) planned? [March 2005](#)

7.2.2 If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE.

(Document No. 9)

The country conducted a post-introduction of the MCV 2nd dose, along with the post-introduction of the rotavirus vaccine, 2 calendar doses.

7.2.3 Adverse Event Following Immunization (AEFI)

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address potential vaccine crises? **No**

7.2.4 Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunisation Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

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

Please describe the results of surveillance/special studies and

inputs of the NITAG/ICC:

Annualized non-AFP polio rate is 2.48/100,000 children under 15 years, stool quality is 100%; the non-measles febrile rash rate is 1.92/100,000 residents.

7.3 Lump sums of the grant for the introduction of a new 2014 vaccine

7.3.1 Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds carried over from 2013	243,283	376,278,518
Total funds available in 2014 (C=A+B)	243,283	376,278,518
Total Expenditures in 2014 (D)	72,948	112,826,823
Carry over to 2015 (E=C-D)	170,335	263,451,695

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements must 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 Report on the programs

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.

Post-introduction supervision of VAROTA [sic]

The country conducted a post-introduction evaluation of the second dose of the measles vaccine and the rotavirus vaccine; (training of data collection agents, field data collection, entry and compilation of data and production of the report).

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

The delayed availability of the technical support consultant resulted in delayed post-introduction supervision of the MCV2.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

The unspent funds are primarily reoriented to monitoring and evaluation activities (data review and supervision), then to EPI communications activities, and finally for the production of vaccine management tools.

7.4 7.4. Report on Country Co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal	211.500	58.700

(PCV13), 1 dose(s) per vial, LIQUID		
Selected vaccine #2: Anti-Rotavirus, 1 dose(s) per vial, ORAL	171,000	68,000
Selected vaccine #3: Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	200,000	97,500
Q.2: What were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	8%	
Donor	92%	
Other	0%	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Selected vaccine #2: Anti-Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	May	Government
Selected vaccine #2: Anti-Rotavirus, 1 dose(s) per vial, ORAL	May	Government
Selected vaccine #3: Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED		
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	May	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
The country will need technical support to prepare EPI financial viability strategies, which will focus on mobilization of additional resources, improving resource reliability and improving the effectiveness of the use of available resources. Implementation of these strategic axes will enable the development of appropriate mechanisms to close current funding gaps, and to increase financial contributions from the central government and development partners.		

Note: co-financing is not mandatory for IPV

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on the

national health sector budget? **No**

7.5 Vaccine management (EVSM/EVM/VMA)

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

It is mandatory for the countries to conduct an EVM prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timeliness. The progress report included in the implementation of this plan must be included in the annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

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

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

Are there any changes to the Improvement Plan, with reasons provided? **Yes**

If yes, provide details.

There are changes to the EVM improvement plan, related to recommendations from the external EPI review. The goal of this review was to evaluate implementation of the recommendations from the EVM. Currently, we are pursuing implementation of the recommendations from the external EPI review, as well as those from the EVM.

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

7.6 Monitoring GAVI Support for Preventive Campaigns in 2014

Burundi is not submitting a preventive campaign NVS report.

7.7 Change of vaccine presentation

Burundi is not requesting any change of vaccine presentation for the next few years.

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

If 2015 is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2 scheduled doses**

* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**

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

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

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2 scheduled doses**

* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**

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

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document

N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2 scheduled doses**

* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**

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

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 2 scheduled doses**

* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**

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

7.9 Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination, please do the

following:

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

If you do not
confirm,
please
explain



7.10. Weighted average prices of supply and related shipping

Table

7.10.1:

Commodities

Cost

Estimated
prices of
supply are
not
disclosed

Table 7.10.2: Transportation costs

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses							
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							

Vaccine Antigen	Vaccine Type	2014	2015	2016
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40 %	4.50 %	3.00 %
Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	3.90 %	4.20 %	4.40 %
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	13.80 %	13.00 %	12.60 %
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40 %	4.30 %	3.60 %

7.11. Calculation of requirements

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

ID	Source		2014	2015	2016	Total
Number of surviving infants	Table 4	#	343,551	351,795	360,238	1,055,584
Number of children to be vaccinated with the first dose	Table 4	#	336,679	370,000	360,238	1,066,917
Number of children to be	Table 4	#	321,295	351,795	353,034	1,026,124

	vaccinated with the third dose					
	Immunisation coverage with the third dose	Table 4	%	93.52 %	100.00 %	98.00 %
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.05	1.33	1.05
	Inventory of vaccine as of December 31, 2014 * (see explanatory note)		#	327,290		
	Inventory of vaccine as of January 1, 2015 ** (see explanatory note)		#	327,290		
	Number of doses per vial	Parameter	#		10	10
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
ca	AD syringe price per unit	Table 7.10.1	\$		0.0448	0.0448
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0054	0.0054
fv	Freight cost as % of vaccines value	Table 7.10.2	%		4.30 %	3.60 %

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

** Countries are additionally requested to provide their opening stock for 1st January 2015; if there is a difference between the stock on 31st December 2012 and 1st January 2015, please explain why in the box below.

Nothing to report

For pentavalent vaccines, GAVI applies an indicator of 4.5 months of regulator inventory and operational inventory. Countries must indicate their needs in terms of regulator inventory and operational inventory, if these are different from the indicator, up to a maximum of six months. If assistance is needed to calculate the regulator and operational inventory levels, please contact WHO or UNICEF. By default, the pre-selection applies to a regulator and operational inventory of 4.5 months.

4.5

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

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Co-financing recommendation in accordance with			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	900,600	1,438,000	628,900
Number of AD syringes	#	1,042,300	1,362,600	715,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	11,575	15,000	7,750
Total amount to be co-financed by GAVI	\$	1,906,000	2,965,500	1,199,500

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

		2014	2015	2016
Number of vaccine doses	#	97,500	159,000	75,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country [1]	\$	200,000	319,500	144,500

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	336,679	370,000	
B1	Number of children to be vaccinated with the third dose	Table 4	321,295	370,000	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	988,346	1,084,331	
E	Estimated vaccine wastage factor	Table 4	1.05	1.33	
F	Number of doses needed including wastage	$D \times E$		1,442,161	
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 			
H	Inventory to deduct	$H1 - (F \text{ (2015) current estimation} \times 0,375)$			
H1	Initial inventory calculated	$H2 \text{ (2015)} + H3 \text{ (2015)} - F \text{ (2015)}$			
H2	Stock on 1 January	Table 7.11.1	489,981	327,290	
H3	Shipping plan	Approved volume		1,597,000	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$		1,597,000	
J	Number of doses per vial	Vaccine parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014. Information will be updated when the shipment plan is available.

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	10.74 %		
B	Number of children to be vaccinated with the second dose	Table 4	360,238	38,701	321,537
B1	Number of children to be vaccinated with the third dose	Table 4	353,034	37,927	315,107
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,070,557	115,009	955,548
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,124,085	120,760	1,003,325
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted = <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	- 5 165	- 554	- 4,611
H	Inventory to deduct	$H1 - (F (2015) \text{ current estimation} \times 0,375)$	414,829	44,565	370,264
H1	Initial inventory calculated	$H2 (2015) + H3 (2015) - F (2015)$	826,500	88,791	737,709
H2	Stock on 1 January	Table 7.11.1			
H3	Shipping plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$	704,500	75,684	628,816
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	715,620	0	715,620
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	7,750	0	7,750
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,265,987	136,004	1,129,983
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	32,060	0	32,060
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	43	0	43
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	45,576	4,897	40,679
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,343,666	144,349	1,199,317
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	140,900		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74 %		

Table 7.11.1: Specifications for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED

ID	Source		2014	2015	2016	Total	
	Number of surviving infants	Table 4	#	343,551	351,795	360,238	1,055,584
	Number of children to be vaccinated with the first dose	Table 4	#	0	290,000	342,227	632,227
	Number of children to be vaccinated with the second dose	Table 4	#	329,622	337,533	308,442	975,597
	Immunisation coverage with the second dose	Table 4	%	95.95 %	95.95 %	85.62 %	
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.11	1.10	
	Inventory of vaccine as of December 31, 2014 * (see explanatory note)		#	145,350			
	Inventory of vaccine as of January 1, 2015 * (see explanatory note)		#	145,350			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		13.00 %	12.60 %	
fd	Freight cost as % of devices value	Parameter	%				

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

** Countries are additionally requested to provide their opening stock for 1st January 2015; if there is a difference between the stock on 31st December 2012 and 1st January 2015, please explain why in the box below.

Not applicable

Co-financing tables for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing			
Co-financing recommendation in accordance with			
Your co-financing			

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

		2014	2015	2016
Number of vaccine doses	#	217,100	188,100	324,900
Number of AD syringes	#	182,200	319,000	319,700
Number of re-constitution syringes	#	23,900	20,700	35,800

Number of safety boxes	#	2,300	3,750	3,575
Total amount to be co-financed by GAVI	\$	81,500	66,000	114,500

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

		2014	2015	2016
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country [1]	\$	0	0	0

Table 7.11.4: Calculation of requirements for **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED** (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	329,622	337,533	
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	0	290,000	
E	Estimated vaccine wastage factor	Table 4	1.18	1.11	
F	Number of doses needed including wastage	$D \times E$		321,900	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX]$ - $((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Inventory to deduct	H2 from previous year - $0,25 \times F$ from previous year			
H2	Stock on 1 January	Table 7.11.1	204,800	145,350	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$		188,100	
J	Number of doses per vial	Vaccine parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value}$			

		(fv)			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

Table 7.11.4: Calculation of requirements for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED (part 2)

	Formula	2016		
		Total	Government	GAVI
A	Country co-finance	V	0.00 %	
B	Number of children to be vaccinated with the second dose	Table 4	308,442	0
C	Number of doses per child	Vaccine parameter (schedule)	1	
D	Number of doses needed	$B \times C$	342,227	0
E	Estimated vaccine wastage factor	Table 4	1.10	
F	Number of doses needed including wastage	$D \times E$	376,450	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	13,258	0
H	Inventory to deduct	$H2 \text{ from previous year} - 0,25 \times F \text{ from previous year}$	64,875	0
H2	Stock on 1 January	Table 7.11.1		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$	324,900	0
J	Number of doses per vial	Vaccine parameter	10	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	319,671	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	35,739	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	3,574	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	87,399	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	14,322	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	1,251	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	20	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	11,013	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	114,005	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %	

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

ID	Source		2014	2015	2016	Total	
	Number of surviving infants	Table 4	#	343,551	351,795	360,238	1,055,584
	Number of children to be vaccinated with the first dose	Table 4	#	343,550	370,000	360,238	1,073,788
	Number of children to be vaccinated with the third dose	Table 4	#	327,852	351,795	353,238	1,032,885
	Immunisation coverage with the third dose	Table 4	%	95.43 %	100.00 %	98.06 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.02	1.02	1.02	
	Inventory of vaccine as of December 31, 2014 * (see explanatory note)		#	183,400			
	Inventory of vaccine as of January 1, 2015 ** (see explanatory note)		#	183,400			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		4.50 %	3.00 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2015; if there is a difference between the stock on 31st December 2012 and 1st January 2015, please explain why in the box below.

Nothing to report

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

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Co-financing recommendation in accordance with			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	996,500	1,089,000	1,033,200
Number of AD syringes	#	1,138,100	1,243,300	1,180,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	12,650	13,700	12,075

Total amount to be co-financed by GAVI	\$	3,649,500	3,958,500	3,645,000
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Table 7.11.3: Estimate of GAVI support and country co-financing (**Country support**)

		2014	2015	2016
Number of vaccine doses	#	58,700	64,800	63,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country [1]	\$	211,500	231,000	222,500

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	343,550	370,000	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	1,030,650	1,110,000	
E	Estimated vaccine wastage factor	Table 4	1.02	1.02	
F	Number of doses needed including wastage	$D \times E$		1,132,200	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = (D - D of previous year original approved) x 0,25 Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25			
H	Inventory to deduct	H2 from previous year - 0,25 x F from previous year			
H2	Stock on 1 January	Table 7.11.1	146,250	183,400	
I	Total vaccine doses needed	Round up((F + G-H) / Vaccine package size) * Vaccine package size		1,153,800	
J	Number of doses per vial	Vaccine parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			

S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	5.75 %		
B	Number of children to be vaccinated with the second dose	Table 4	360,238	20,708	339,530
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	1,080,714	62,122	1,018,592
E	Estimated vaccine wastage factor	Table 4	1.02		
F	Number of doses needed including wastage	$D \times E$	1,102,329	63,365	1,038,964
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	- 7,194	- 413	- 6,781
H	Inventory to deduct	$H2 \text{ from previous year} - 0,25 \times F \text{ from previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$	1,096,200	63,012	1,033,188
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,180,872	0	1,180,872
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	12,059	0	12,059
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,702,964	212,855	3,490,109
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	52,904	0	52,904
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	66	0	66
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	111,089	6,386	104,703
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,867,023	222,285	3,644,738
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	219,240		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.75 %		

Table 7.11.1: Characteristics for rotavirus vaccine, 2 scheduled doses

ID	Source		2014	2015	2016	Total	
	Number of surviving infants	Table 4	#	343,551	351,795	360,238	1,055,584
	Number of children to be vaccinated with the first dose	Table 4	#	343,550	370,000	360,238	1,073,788
	Number of children to be vaccinated with the second dose	Table 4	#	327,852	351,795	356,636	1,036,283
	Immunisation coverage with the second dose	Table 4	%	95.43 %	100.00 %	99.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.01	
	Inventory of vaccine as of December 31, 2014 * (see explanatory note)		#	40,650			
	Inventory of vaccine as of January 1, 2015 ** (see explanatory note)		#	40,650			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		4.20 %	4.40 %	

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

** Countries are additionally requested to provide their opening stock for 1st January 2015; if there is a difference between the stock on 31st December 2012 and 1st January 2015, please explain why in the box below.

Nothing to report

Co-financing tables for rotavirus, 2 scheduled doses

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Co-financing recommendation in accordance with			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	786,300	703,500	660,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0

Total amount to be co-financed by GAVI	\$	1,980,500	1,869,000	1,555,500
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Table 7.11.3: Estimate of GAVI support and country co-financing (**Country support**)

		2014	2015	2016
Number of vaccine doses	#	68,000	58,500	61,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country [1]	\$	171,000	152,500	144,500

Table 7.11.4: Calculated needs for rotavirus, 2 scheduled doses (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	343,550	370,000	
C	Number of doses per child	Vaccine parameter (schedule)	2	2	
D	Number of doses needed	$B \times C$	687,100	740,000	
E	Estimated vaccine wastage factor	Table 4	1.01	1.01	
F	Number of doses needed including wastage	$D \times E$		747,400	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = (D - D of previous year original approved) x 0,25 Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25			
H	Inventory to deduct	H2 from previous year - 0,25 x F from previous year			
H2	Stock on 1 January	Table 7.11.1	0	40,650	
I	Total vaccine doses needed	Round up((F + G-H) / Vaccine package size) * Vaccine package size		762,000	
J	Number of doses per vial	Vaccine parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			

S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

Table 7.11.4: Calculated needs for **rotavirus, 2 scheduled doses** (part 2)

	Formula	2016		
		Total	Government	GAVI
A	Country co-finance	V	8.49 %	
B	Number of children to be vaccinated with the second dose	Table 4	360,238	30,591
C	Number of doses per child	Vaccine parameter (schedule)	2	
D	Number of doses needed	$B \times C$	720,476	61,181
E	Estimated vaccine wastage factor	Table 4	1.01	
F	Number of doses needed including wastage	$D \times E$	727,681	61,792
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	- 6,597	- 560
H	Inventory to deduct	$H2 \text{ from previous year} - 0,25 \times F \text{ from previous year}$	0	0
H2	Stock on 1 January	Table 7.11.1		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{Vaccine package size}) \times \text{Vaccine package size}$	721,500	61,268
J	Number of doses per vial	Vaccine parameter	1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,627,704	138,219
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	71,619	6,082
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,699,323	144,300
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	144,300	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.49 %	

8 Health System Strengthening Support (HSS)

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

Instructions for reporting on HSS funds received

1. **Please complete this section only if your country was approved for and received HSS funds before or during January to December 2014.** All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January - April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries for which the 2014 fiscal year starts in January 2014 and ends in December 2014, **HSS reports should be received by the GAVI Alliance before 15 May 2015.** 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

4. If you are proposing changes to approved activities and budget (reprogramming), please request guidelines about reprogramming from the manager in your country or the GAVI Alliance Secretariat or send an email to the following address: gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please so indicate in [Section 8.1.2](#).

6. Please ensure that, prior to its submission to the GAVI Alliance Secretariat; this report has been endorsed by the relevant country coordination entity (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 2014
- b. Minutes of the HSCC meeting in 2015 that endorsed the submission of this report
- c. The latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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.

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

8.1 Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have already received the final installment of all GAVI funding approved in the context of HSS support and that are not requesting other funding: Has implementation of the HSS support ended? YES/NO If NO, please indicate the planned date for the end of HSS support implementation. **No**

If NO, please indicate the planned date for the end of HSS support implementation.

See annex APR_2014, updated form and annexes

Please attach all studies and evaluations related to GAVI HSS support, or funded by it.

If available, please attach data that are disaggregated by data, rural/urban area, district/state, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS support serves to target specific populations and/or geographic areas in the country.

If CSOs have been involved in implementing HSS support, please attach a list of those involved in implementing the support, the funding received by the CSOs from GAVI HSS support, and the activities they conducted. If CSO involvement was specified in the initial proposal approved by GAVI but no funding was provided to CSOs, please explain why. Please consult <http://www.gavialliance.org/support/cso/> for GAVI's CSO implementation framework.

See annex APR_2014, updated form and annexes

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

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

Please attach the most recent report of national results/monitoring and evaluation framework for the health sector (with real data reported for the most recent year available in the country).

8.1.1 Report on the use of ISS funds in **2014**

Please complete [tables 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Note: if you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 8.1.3.a](#) and [8.1.3.b](#).

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

If yes, please indicate the amount of funding requested: **0** US\$

These funds must be sufficient to ensure implementation of the HSS allocation until December, 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (<i>per the originally approved HSS proposal</i>)	1,754,000	760,000	760,000	0	0	0

Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)	2,192,389	0	1,754,000	760 000	0	0
Total funds received from GAVI during the calendar year (A)	2,274,000	0	2,514,000	760 000	0	0
Balance carried forward from first HSS support from previous year (B)	644,941	1,677,399	127,125	330 430	204,035	131,667
Remainder of previous HSS support recovered in 2014 (C)						5,878
Total funds available from first HSS support during the calendar year (D=A+B+C)	2,921,173	1,678,223	2,642,923	1,114,016	204,035	137,545
Total spending from first HSS support during the calendar year (F)	1,243,774	1551098	2,312,493	909,981	72,368	61,242
Balance carried forward from first HSS support to the next calendar year (G=D-F)	1,677,399	127125	330,430	204,035	131,667	76,303
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets ((<i>per the originally approved HSS proposal</i>))	0			
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)	0			
Total funds received from GAVI during the calendar year (A)	0			
Balance carried forward from first HSS support from previous year (B)	76,303			
Total funds available from first HSS support during the calendar year (D=A+B+C)	76,303			
Total spending from first HSS support during the calendar year (F)	0			
Balance carried forward from first HSS support to the next calendar year (G=D-F)				
Amount of funding requested for future calendar year(s)				

[please ensure you complete this row if you are requesting a new tranche]

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Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (per the originally approved HSS proposal)	2,132,642,298	951,994,620	111,209,216	0	0	
Revised annual budgets (if revised by previous Annual Progress Reviews)	2,659,367,857		2,841,148,372	1,181,401,350	0	
Total funds received from GAVI during the calendar year (A)	2,787,947,393	0	3,084,636,918	1,112,090,216	0	0
Balance carried forward from first HSS support from previous year (B)	660,947,231	1942483738	62,001,148	294,615,467	109,665,884	46,451,914
Remainder of previous HSS support recovered in 2014 (C)					47591615	9,000 000
Total funds available from first HSS support during the calendar year (D=A+B+C)	3,451,182,511	1,943,483,738	3,148,820,666	1,441,219,694	109,665,844	55451914
Total spending from first HSS support during the calendar year (F)	1,508,698,773	1,881,482,590	2,854,205,199	1,331,553,850	110,805,545	49,998,738
Balance carried forward from first HSS support to the next calendar year (G=D-F)	1,942,483,738	62 001,148	29 4615 467	109,665,844	46,451,914	5,453,176
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Balance carried forward from first HSS support from previous year (B)	5,453,176			
Total funds available from first HSS support during the calendar year (D=A+B+C)	5,453,176			
Total spending from first HSS support during the calendar year (F)	0			
Balance carried forward from first HSS support to the next calendar year (G=D-F)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

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

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	1024.82013	1024.82013	1213	1213	1234.25425	1466
Closing on 31 December	1024.82013	1213	1213	1234.25425	1466	1532.2531

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year (Terms of reference for this financial statement are attached in the online APR Annexes). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

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

Has an external audit been conducted? No

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

8.2 Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and decision letter.

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities from balance from first support in 2014

Major Activities (insert as many rows as necessary)	Activities planned to use the balance from the first support 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Train and/or retrain DS managers, DS chief physicians and multi-department supervisors on vaccine management and the RED approach; train the national rapid response team (ENIR), the DS and BPS units and the CDS registered nurses in new tools for surveillance of diseases with epidemic potential.	Continue training CDS healthcare providers in clinical IMCI.	100%	Training report
	Provide IMCI training monitoring	100%	Monitoring report
Copy and distribute 735 revised data collection tools per year for health centers	Purchase registers to identify children 0-11 months and girls and women of childbearing age who are EPI targets.	100%	Delivery report
Ensure operation and strengthening of technical capacities for the GAVI HSS management unit.	Update the HSS administrative and financial procedures manual.	100%	Service contract
	Strengthen capacities of HSS management unit personnel	61.56	Training report

8.2.1 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
Train and/or retrain DS managers, DS chief physicians and multi-department supervisors on vaccine management and the RED approach; train the national rapid response team (ENIR), the DS and BPS units and the CDS registered nurses in new tools for surveillance of diseases with epidemic potential.	CDS healthcare provider trainings and clinical IMCI training monitoring occurred in accordance with the plan.
Copy and distribute 735 revised data collection tools per year for health centers	The registers for Community Health Workers, intended to locate dropouts were created, and they are being used.
Ensure operation and strengthening of technical capacities for the GAVI HSS management unit.	A training for users of the Tompro software was completed, while two units, one being the EPI and another being the management unit, had a training in management and program accounting outside the country; this enabled improvement of the project's accounting management.

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

All activities planned for the balance from the first support were completed. However, two activities related to trainings to improve capacities in English and Management Secretariat were not done. due to interference with others. To update the HSS administrative

and financial procedures manual, including integration of comments made during its validation.

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

The trainings stabilized Human Resources, and allowed best management practices and monitoring of treatment for children, which led to the recovery of dropouts and increased vaccination coverage.

8.3 General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2014 Target	2010	2011	2012	2013	2014	Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									

8.4 Programme Implementation in 2014

8.4.1 Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme.

The trainings stabilized Human Resources, and allowed best management practices and monitoring of treatment for children, which led to the recovery of dropouts and increased vaccination coverage.

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

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

8.4.4 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.

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

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

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

- Has the management of HSS funds has been effective?
- List constraints to internal fund disbursement, if any.
- List actions taken to address any issues and to improve management.
- Are any changes to management processes planned for the coming year?

8.5 Planned HSS activities for 2015

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

Table 8.4: Planned Activity for 2015

Plan to use remaining HSS funds from first HSS support

No.	Activity	Budget in BIF	Budget in US\$
1	Update the HSS administrative and financial procedures manual.	5,453,176	3,562

Plan to use remaining HSS funds from first HSS support

No.	Activity	Budget in BIF	Budget in US\$
1	Provide IMCI training monitoring	6,667 089	3,562
2	Copy/distribute vaccine management tools	15,563 019	10,164

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditures (April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
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8.6 Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval of 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 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
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8.7 Revised indicators in case of reprogramming

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

8.8 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 8.8: Sources of HSS funds in your country

Donor	Amount US\$	Duration of support	Type of activities funded
WHO	63,900.00 USD	2014	This concerns support for interventions to strengthen the pillars of the health system, through biennial activities.
Technical cooperation	7 958 410,00£	2014	Support health governance at the peripheral level; support paramedical schools; provide institutional support to the MSPLS in its roles of planning, regulation, management and organization of the health system, as well as monitoring and evaluation of health system services and changes in the state of the population's health.
FRANCE-ESTER	764 596,00 £	2014	Install platforms to measure HIV-AIDS viral load. Improve MNCH, by helping to reduce the rate of mother-to-child HIV transmission by making childbirth safer and improving treatment of newborns. Improve the quality of HIV treatment for adults and children, and assist with decentralization.
JICA	939,000.00 USD	2014	Build healthcare technical capacities to offer high-quality care, by emphasizing essential obstetric and neonatal care (SONE), basic emergency obstetric and newborn care (SONUB), complete emergency obstetric and neonatal care (SONUC), technical support for the healthcare units at the central level/Ministry.
UNICEF	18,828,190.00 USD	2014	Support treatment of malnourished children; support community health workers in promoting ANJE messages to families; ensure supplementation for children 6-23 months; support the MSPLS in monitoring child survival interventions in health facilities and communities; support treatment of children suffering from acute severe malnutrition in the provinces affected by the emergency; ensure capacity-building in the districts at risk of cholera epidemics and/or measles to respond to emergencies.
USAID	28,600,000.00 USD	2014	Prevent and treat AIDS; Prevent sexual violence; Health management information system [sic]:

			Improve maternal and child health; Prevent malnutrition in children under two years; prevent and treat malaria; Support the family planning program.
KfW:	1 553 478,10 £	2014	Family planning
WHO	63,900.00 USD	2014	This concerns support for interventions to strengthen the pillars of the health system, through biennial activities.

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

8.9 Reporting on the HSS grant

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

- How 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

8.9.2 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.

8.9.3 How many times did the Health Sector Coordinating Committee (HSCC) meet in 20140?

Please attach:

- 1 HSCC meeting minutes for 2015 showing endorsement of this report (**document number: 11**)
- 2 The most recent review report for the health sector (**Document number: 1**)

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

9.1 TYPE A: Support to strengthen coordination and representation of CSOs

Burundi **did NOT receive GAVI type A CSOs** support

Burundi is not submitting a report on GAVI Type A CSO support for 2014.

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

Burundi did NOT receive the GAVI type B CSOs support.

Burundi is not submitting a report on GAVI Type B CSO support for 2014.

10 Comments from ICC/HSCC Chairpersons

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

The comments will follow after the CPSD meeting.

11 Appendices

11.1 Annex 1 - Terms of reference ISS

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR NEW VACCINE INTRODUCTION GRANT FOR IMMUNIZATION SERVICES SUPPORT (ISS)

I. All countries that have received ISS/new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditures for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditures for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2 Annex 2 - Example income & expenditures for the ISS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR THE ISS AND VACCINE INTRODUCTION GRANT 1

An example statement of income & expenditures

Summary of income and expenditures - GAVI ISS		
	Local Currency (CFA)	Value in \$USD*
2013 Report (closing balance as of 31 December 2013)	25,392,830	53.000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
Salary expenditures						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-wage and non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.3 Annexe 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4 Annex 4 - Sample statement of income and expenses for HSS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS SUPPORT:

A sample statement of income & expenditures

Summary of income and expenditures - GAVI HSS		
	Local Currency (CFA)	Value in \$USD*
2013 Report (closing balance as of 31 December 2013)	25,392,830	53.000
Summary table of income received in 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
Salary expenditures						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-wage and non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.5 Annex 5 - Instructions for support for CSOs

INSTRUCTIONS:

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

I. All countries that have received CSO "Type B" grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

- a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
- b. Income received from GAVI during 2014
- c. Other income received during 2014 (interest, fees, etc.)
- d. Total expenditures during the calendar year
- e. Closing balance as of 31 December 2014
- f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis is to summarize total annual expenditures by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages and salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6 Annex 6 - Sample statement of income and expenses for CSO

MINIMUM REQUIREMENTS FOR FOR CSO 'TYPE B' FINANCIAL STATEMENTS

A sample statement of income & expenditures

Summary of income and expenditures - GAVI CSO		
	Local Currency (CFA)	Value in \$USD*
Carry-forward from 2013 (closing balance as of 31 December 2013)	25,392,830	53.000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditures by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in US\$	Actual expenditures in CFA	Actual expenditures in \$US	Variance in CFA	Variance in USD
Salary expenditures						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-wage and non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

12 Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Minister of Health (or delegated authority)	2.1	✓	ANNEXE OBLIGATOIRE.docx Desc. file: Date/time 15/04/2015 03:26:43 Size: 10 KB
2	Signature of the Minister of Finance (or delegated authority)	2.1	✓	ANNEXE OBLIGATOIRE.docx Desc. file: Date/time 15/04/2015 3:27:19 AM Size: 10 KB
3	Signatures of the members of the ICC	2.2	✓	ANNEXE OBLIGATOIRE.docx Desc. file: Date/time 15/04/2015 3:28:22 AM Size: 10 KB
4	Minutes of the ICC meeting in 2015 that endorsed the 2014 APR	5.4	✓	ANNEXE OBLIGATOIRE.docx Desc. file: Date/time 15/04/2015 3:29:03 AM Size: 10 KB
5	HSCC member signatures	2.3	✓	ANNEXE OBLIGATOIRE.docx Desc. file: Date/time 15/04/2015 3:29:42 AM Size: 10 KB
6	Minutes of the HSCC meeting in 2015 that endorsed the 2014 APR	8.9.3	✓	ANNEXE OBLIGATOIRE.docx Desc. file: Date/time 15/04/2015 3:30:23 AM Size: 10 KB
7	Financial statement for ISS grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1	✓	ETATS FINANCIERS EXERCICE 2014 AVEC FONDS de GAVI.xlsx Desc. file: Date/time 16/04/2015 12:41:05 Size: 103 KB
8	External report audit on ISS grant (fiscal year 2014)	6.2.3	✓	Le rapport d'Audit externe.docx Desc. file: Date/time 16/04/2015 12:43:29 PM Size: 10 KB
9	Post Introduction Evaluation Report	7.2.1	✗	PIE_Rapport Final VAR2-VAROTA Burundi 2014.pdf Desc. file: Date/time 15/04/2015 3:01:14 AM

				Size: 596 KB
10	Financial statement for grant for introduction of new vaccine (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	✓	Copie de ETATS FINANCIERS EXERCICE 2014 AVEC FONDS SSV.xlsx Desc. file: Date/time 15/04/2015 4:23:59 AM Size: 72 KB
11	External audit report for grant for introduction of new vaccine (fiscal year 2014), if total expenditures for 2014 were greater than \$US 250,000	7.3.1	✓	INTRODUCTION NOUVEAU VACCIN.docx Desc. file: Date/time 15/04/2015 3:38:40 AM Size: 12 KB
12	EVSM/EVM report	7.5	✓	Rapport GEV Burundi Avril 2011.pdf Desc. file: Date/time 15/04/2015 3:02:55 AM Size: 391 KB
13	Latest EVSM/EVM improvement plan	7.5	✓	Le GEV en Mai 2015.docx Desc. file: Date/time 15/04/2015 3:49:30 AM Size: 12 KB
14	Progress report on EVSM/EVM improvement plan	7.5	✓	Etat de mise en oeuvre GEV Burundi copy 20150415.xlsx Desc. file: Date/time 15/04/2015 3:05:02 AM Size: 36 KB
16	Valid cMYP if the country is requesting continued support	7.8	✓	Le PPAC actuel ne prend pas compte de la prolongation demandée puisqu.docx Desc. file: Date/time 16/04/2015 12:38:25 PM Size: 10 KB
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	✓	Le PPAC actuel ne prend pas compte de la prolongation demandée puisqu.docx Desc. file: Date/time 16/04/2015 12:36:49 PM Size: 10 KB
18	Minutes of the meeting of the ICC approving the extension of support for vaccines, if appropriate	7.8	✓	Justification annexe obligatoire PPAC.docx Desc. file: Date/time 15/04/2015 3:53:45 AM Size: 9 KB

19	Financial statement for HSS grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	8.1.3	✓	Etat financier 2014.pdf Desc. file: Date/time 15/04/2015 3:48:05 AM Size: 2 MB
20	Financial statement for HSS grant for January-April 2015 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	8.1.3	✓	Etat financier RSS de janvier à mars 2015.docx Desc. file: Date/time 15/04/2015 4:19:47 AM Size: 10 KB
21	External audit report for HSS grant (fiscal year 2014)	8.1.3	✓	Le rapport d'audit externe.docx Desc. file: Date/time 15/04/2015 3:45:33 AM Size: 12 KB
22	Health Sector Review Report - HSS	8.9.3	✓	7 Rapport final - RMP PNDS II Burundi - VF - 25 février 2014.doc Desc. file: Date/time 15/04/2015 4:16:45 AM Size: 1 MB
23	Report of census-support for type A CSOs	9.1.1	✗	No file loaded
24	Financial statement for grant in support of Type B CSO (2014 financial year)	9.2.4	✗	No file loaded
25	External audit report for support for Type B CSO (2014 financial year)	9.2.4	✗	No file loaded
26	Bank statements for each cash programme, or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) January 1st, 2014 and (ii) December 31st, 2014.	0	✓	Extrait bancaire.pdf Desc. file: Date/time 15/04/2015 2:47:16 AM Size: 608 KB
27	compte_rendu_reunion_ccia_changement_presentation_vaccin (ICC meeting minutes, change of vaccine presentation)	7.7	✗	No file loaded

28	Justification for changes in target population	5.1	X	No file loaded
	Other documents		X	RSA 2014 formulaire actualisé et annexes.zip Desc. file: Date/time 15/04/2015 1:47:09 AM Size: 9 MB

