GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Cameroon

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/21/2012**

Deadline for submission: 5/15/2012

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
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	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
Preventive Campaign Support	Meningogoccal, 10 dose(s) per vial, LIQUID		2011

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	Yes	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Cameroon 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 Cameroon

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	M.André MAMA FOUDA	**Name**	M. Alamine OUSMANE MEY
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr Marie KOBELA	EPI Permanent Secretary	237/22 23 09 42 - 99 56 74 25	gtc_pev@yahoo.fr - mariekobela2006@yahoo.fr
Dr Blanche ANYA	FP/EPI-WHO	237/99 91 19 41 - 98 81 51 24	anyab@cm.afro.who.int
Dr Belyse NGUM	Immunization Specialist - EPI/Unicef	237/77 70 14 92 - 22 50 54 00	bhngum@unicef.org
Dr Bechir AOUNEN	Chief Young Child Survival Section - Unicef	237/77 70 14 47 - 22 50 54 00	baounen@unicef.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

M. André MAMA FOUDA / Chair	Minister of Public Health		
Dr Ignace Emilien ATANGANA/DSF a.i, Vice Président	Ministry of Public Health		
Dr Marie KOBELA / Permanent Secretary for the Expanded Programme on Immunisation, Secretary	Ministry of Public Health		
Dr Charlotte FATY NDIAYE / WHO Representative, Member	WHO		
Mme Ora MUSU CLEMENS / UNICEF Representative, Member	UNICEF		
Dr Gerd EPPEL / Coordonnator of GIZ Health Project, Member	GIZ Health Project		
Dr Jean-Luc PORTAL / Regional Health Advisor Member	Coopération française		
M. William ETEKI MBOUMOUA / Chair of the Cameroon Red Cross, Member	Cameroon Red Cross		
Pr Rose LEKE / Member	ICC Scientific Committee		
Pr Dominique BAUDON / Director, Cameroon Centre Pasteur, Member	Cameroon Centre Pasteur		
Dr Yves TABI OMGBA / Member	Catholic Organisation for Health in Cameroon		
M. NGWENN NGANGUE/Member	Ministry of Economic Planning and Land Management		
M. Emmanuel ATEBA/Member	Ministry for the Promotion of Women and Families		

Dr. Amidou NSANGOU/Member	Ministry for Secondary Education		
M. Amos MOGO/Member	Ministry for Scientific Research and Innovation		

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

All comments will be treated confidentially

Comments from Partners:

- The WHO Representative raised the issue of missing information in the APR, including expenses related to the MenAfriVac campaign, who prepared the report, etc. She also noted the substandard performance in 2011, which will require the EPI to redouble its efforts to meet the targets; WHO is prepared to fund a crisis meeting expanded to Districts;
- UNICEF requested a comparison between the performances of health areas that have motorbikes and those that do not;
- The Inspector General of pharmaceutical services wondered if the decrease in performance wasn't due to concern over wasting vaccine by opening vials when there are only a few children to immunise;
- The Representative of the Coopération française noted the gap between EDS IV coverages, which are lower than administrative coverages (Section 5.4). He also noted the issue of delayed mobilisation of funds, which led to a stock-out of OPV, and the co-financing of certain activities;
- - The Coordinator of GIZ Health would like to have seen the results of the 2010 Audit and was concerned by the delay in conducting the 2011 audit, which was supposed to be available on June 30,l 2011. He also raised the issue of the delay in sending supporting documents and wondered about the availability of Annual Work Plans in health districts.

Comments from the Regional Working Group:

Some small corrections to be made:

5.2.1: Reorganise sentence formulation

5.2.2 - Correct: slow-down in seeking those lost-to-follow-up and implementing outreach and mobile strategies - immunisation activities

5.5.4: Correct: STATE resources in 2012 were not sufficient - National Programme on Immunisation instead of Expanded Programme on Immunisation

5.8: Correct: Reduce DTP-HepB+Hib wastage rate to below 10% and not below 11%

7.6.1: Correct: Total number of doses received

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Name/Title	Agency/Organization	Signature	Date

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Cameroon's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	895,980	895,979	917,406	917,406	940,341	940,341	963,850	963,850	986,292	986,292
Total infants' deaths	99,554	99,553	101,934	101,934	104,482	104,482	107,094	107,094	109,588	109,588
Total surviving infants	796426	796,426	815,472	815,472	835,859	835,859	856,756	856,756	876,704	876,704
Total pregnant women	995,533	995,533	1,019,340	1,019,340	1,044,824	1,044,824	1,070,944	1,070,944	1,095,880	1,095,880
Number of infants vaccinated (to be vaccinated) with BCG	770,543	719,749	807,318	807,318	846,308	846,308	877,104	877,104	907,389	907,389
BCG coverage	86 %	80 %	88 %	88 %	90 %	90 %	91 %	91 %	92 %	92 %
Number of infants vaccinated (to be vaccinated) with OPV3	700,855	639,549	733,929	733,929	760,632	760,632	788,216	788,216	815,335	815,335
OPV3 coverage	88 %	80 %	90 %	90 %	91 %	91 %	92 %	92 %	93 %	93 %
Number of infants vaccinated (to be vaccinated) with DTP1	748,641	715,160	782,854	782,854	810,784	810,784	839,621	839,621	859,171	859,171
Number of infants vaccinated (to be vaccinated) with DTP3	700,855	654,710	733,925	733,925	760,632	760,632	788,216	788,216	815,335	815,335
DTP3 coverage	94 %	82 %	90 %	90 %	91 %	91 %	92 %	92 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	9	0	11	0	10	0	10	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.10	1.00	1.12	1.00	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	783,216	715,160	782,854	782,854	810,784	810,784	839,621	839,621	859,171	859,171
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	749,887	654,710	733,929	733,929	752,274	752,274	771,081	771,081	789,035	789,035
DTP-HepB-Hib coverage	94 %	82 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	9	25	11	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter	1.05	1.1	1.33	1.12	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	661,034	600,408	693,152	693,152	727,198	727,198	745,378	745,378	762,734	762,734
Yellow Fever coverage	83 %	75 %	85 %	85 %	87 %	87 %	87 %	87 %	87 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)	36	30	30	30	30	30	30	30	25	25
Wastage[1] factor in base-year and planned thereafter	1.56	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.33	1.33
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	391,608	356,015	705,240	705,240	755,000	755,000	806,400	806,400	839,400	839,400
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	374,944	190,801	652,378	652,378	702,122	702,122	753,945	753,945	789,035	789,035
Pneumococcal (PCV13) coverage	47 %	24 %	80 %	80 %	84 %	84 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0		0	615,900	615,900	676,400	676,400	738,300	738,300
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0		0	585,101	585,101	642,567	642,567	701,363	701,363
Rotavirus coverage		0 %		0 %	70 %	70 %	75 %	75 %	80 %	80 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter		1	1	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	660,884	605,492	693,151	693,151	727,197	727,197	762,513	762,513	789,034	789,034
Measles coverage	83 %	76 %	85 %	85 %	87 %	87 %	89 %	89 %	90 %	90 %
Pregnant women vaccinated with TT+	836,248	683,591	876,633	876,633	919,446	919,446	963,851	963,851	986,293	986,293
TT+ coverage	84 %	69 %	86 %	86 %	88 %	88 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	501,749	439,592	596,314	596,314	705,256	705,256	771,080	771,080	818,622	818,622
Vit A supplement to infants after 6 months	700,696	607,847	725,770	725,770	752,273	752,273	779,648	779,648	806,568	806,568
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	8 %	6 %	6 %	6 %	6 %	6 %	6 %	5 %	5 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  The number of births in 2011 given in the 2010 APR was 895,980. The JRF gave 895,979 for this same data point. This non-significant difference is due to rounding.
- Justification for any changes in **surviving infants**

  N/A
- Justification for any changes in **targets by vaccine**

  The 2012 targets given in the last 2010 APR were revised downwards because the 2011 targets were not reached. Vaccine coverage for the Penta 3 tracer antigen in 2011 was 82.21% instead of the 88% initially planned.
- Justification for any changes in **wastage by vaccine**

  N/A

5.2. Immunisation achievements in 2011

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

Vaccine coverage targets for 2011, as set forth in the 2011-2015 cMYP and included in the last APR, were not reached. We saw a decrease in performance compared to 2010 for all antigens. Vaccine coverage for the Penta3 tracer antigen was 82.21% instead of 88% as expected. BCG coverage was 80.33%, MCV was 76%, TT2+ was 68.67%, etc.

This poor performance is explained by:

1. First, inadequate implementation of the Reach Every District approach. Insufficient immunisation was offered, few strategies for outreach and recovering those lost-to-follow-up were conducted, and coverage was not monitored regularly;

2. Second, conflict between the schedule and interest in implementing the various programmes at the operational level, e.g., the national campaign for distributing long-lasting Insecticide Treated Nets (ITNs), because it is the same healthcare personnel who are responsible for both immunisation and distribution of the ITNs.

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Coverage for PCV 13-3 wwas 69.57%, exceeding the fixed target of 40%. This was due to non-compliance with instructions given during the preparation phase training. When the new vaccine (PCV 13) was introduced, some health facilities organised catch-up sessions for non-immunised children.

The main activities that were conducted in 2011 were as follows:

- Strategic Review of the decreased EPI performance (February 2011);
- Development of the 2010 activity report and the EPI 2011 Annual Work Plan;

- External audit of GAVI fund management in 2010, in February 2011;
- Making support funds available for immunisation activities in regional EPI units and health districts (May 2011);
- Introduction of PCV 13 (July 2011);
- Two (2) monitoring meetings held with regional EPI units (March and July 2011);
- Two (2) self-assessment meetings held for the GTC-EPI (July and December 2011);
- Four (4) ICC meetings held covering various themes; Validation of EPI work plans, presentation of programme performance, status of campaign preparations and restitution, possible options for immunisation funding, results of post-campaign survey and immunisation coverage survey, improvement in communications;
- Five (5) rounds of Local Immunisation Days (LIAs) for Polio in the four high-risk regions (April, May, October, November and December 2011);
- Two (2) Action Weeks for Child and Maternal Health and Nutrition, the first of which was combined with the African Immunisation Week (May and December 2011);
- One (1) catch-up immunisation campaign against maternal and neonatal tetanus (MNT) in five high-risk health districts (June 2011);
- One (1) response campaign to MNT in the Edéa health district (September 2011);
- Training supervision at the central level, with administration of the DQS tool (September 2011);
- Training for health district communication agents in the regions of Littoral, Ouest, Sud, Sud-Ouest (December 2011).

The main obstacles that were encountered were the inadequate implementation of the RED approach, scheduling conflict and delay in the production of supporting documentation. Actions taken to remove these obstacles include: requiring micro plans in each district and supporting documents for the use of funds previously spent before other funds are allocated.

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

- Insufficient immunisation service offerings: several health formations that have an operational cold chain do not immunise daily;
- Slow-down in seeking those lost-to-follow-up and in implementing outreach and mobile strategies;
- Intensified immunisation activities (IIA) that only occur during SASNIM;
- Inadequate implementation of the RED approach: poor micro planning, supervision and monitoring for action and communication;
- Under-utilisation of EPI management tools: tracking sheets, immunisation registries, EPI schedules, immunisation cards, curve tracking, etc.
- Stock-outs of the OPV vaccine for 2 months due to a delay in mobilising funds for the purchase of traditional vaccines;
- Low involvement by dialog structures and community members.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

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

N/A

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

What action have you taken to achieve this goal?

N/A

5.4. Data assessments

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

There was a difference between the coverage data from the preliminary results of the EDS-MICS 2011 survey and the data from the health information system.

The difference in coverage are as follows:

BCG coverage: **EDS-MICS 2011**: 87.1%; **FIC post-SASNIM 1- 2011 (per map):56%; FIC post SASNIM1-2011 (per map & statement):** 90.7%; **Administrative data**: 80.33%; **Differences** (EDS-MICS and administrative data): +7 points;

DPT coverage(3rd dose): EDS-MICS 2011: 68.4%; **FIC SASNIM1- 2011 (per map): 48,1%; FIC SASNIM1-2011 (per map & statement)):**78.2%; A**dministrative data**: 82.21%; **Differences** (EDS-MICS and administrative data): - 14points;

OPV coverage (3rd dose): EDS-MICS 2011: 69.8%; **FIC SASNIM1- 2011 (per map): 49.8%; FIC SASNIM1-2011 (per map & statement)):80.6%; Administrative data:** 80.30%; **Differences** (EDS-MICS and administrative data): - 10 points;

MCV Coverage: EDS-MICS 2011: 70.6%; **FIC SASNIM1- 2011 (per map): 47.9%; FIC SASNIM1- 2011 (per map & statement):** 74.6%; **Administrative data:** 76.03%; **Differences** (EDS-MICS and Administrative data): - 6 points;

The results of the EDS-MICS 2011 reveal over-reporting of administrative data.

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

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

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

N/A

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

- Monthly data review meetings held at the central and regional levels and in 50/182 health districts;
- Evaluation of data quality using the DQS tool in 7/10 regions;
- Monthly meetings held to harmonise epidemiological data between the laboratory (Centre Pasteur of Cameroon & pilot site), the WHO, the EPI and the Directorate to Combat disease.

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

- Extend data review meetings and DQS implementation to all health districts;
- Train healthcare personnel in DQS in 2 low-performing regions;
- Strengthen the use of EPI data collection tools at the operational and intermediate levels and monitoring via training supervision visits;
- Use the "zero-cost" telephones provided by the WHO to improve the on-time rate and completeness of monthly activity reports.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 465	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	HKI	Plan Cameroon	FICR
Traditional Vaccines*	894,624	894,624	0	0	0	0	0	0
New and underused Vaccines**	19,802,200	1,075,200	18,727,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	596,651	596,651	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	4,346,221	369,892	0	2,331,917	1,445,022	195,089	4,301	0
Campagne MenAfriVac (ajout coût vaccins)		1,204,301	1,134,280	0	0	0	0	0
Total Expenditures for Immunisation	25,639,696							
Total Government Health		4,140,668	19,861,280	2,331,917	1,445,022	195,089	4,301	0

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

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

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

Funds mobilised in 2011 amounted to $27 350 706. 97.98% of this money was spent, i.e. $26,798,879, including an unspent amount of $551 827. The majority of these unspent funds were from GAVI ($502 423).

These remaining GAVI funds come from funding for the introduction of PCV 13 ($72 222) and the “award for a greater number of additional children immunised in 2007” ($430 202).

The first tranche, in the amount of $198 024, had been allocated in the first semester to the districts ($ 133 508), regions ($43 011) and to the central level ($21 505), but because there was no supporting documentation the second tranche was never allocated.

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

The budgeted mobilisation rate was approximately 75.49% in 2011 (i.e. $27 350 706 / $36 229 457). Areas that were underfunded were service provision and logistics.

The reasons for this underfunding in service provision were insufficient advocacy in local mobilisation of funds.

Underfunding in logistics was due to several activities with C2D funds that were rescheduled because contracts that had been made previously needed to be finalised.

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

N/A

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,182,796	1,432,604
New and underused Vaccines**	7,441,749	28,251,865
Injection supplies (both AD syringes and syringes other than ADs)	625,130	776,089
Injection supply with syringes other than ADs	110,200	0
Cold Chain equipment	491,578	42,010
Personnel	1,949,516	1,998,506
Other routine recurrent costs	0	0
Supplemental Immunisation Activities	13,761,199	2,315,998
Total Expenditures for Immunisation	25,562,168	34,817,072

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

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

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

NO. State resources in 2012 were not sufficient to include requirements in the National Immunisation Programme. The competitive environment (ARV grants in the HIV/AIDS programme, grants for treating simple malaria in the under 5 population, universal purchase and distribution of ITNs) at times required decision-makers to make a choice. The main expenditures affected are: maintaining cold chain materials, strengthening capacities and purchasing rolling stock for outreach strategies, and supervision visits.

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

Yes. The State budget increases forecast for 2013 will not be significant (refer to the MTBF: Medium-Term Budget Framework). In addition, because of the continuing worldwide economic crisis we expect funding from outside partners to decrease. To deal with this, we intend to intensify implementation of the financial viability strategies developed in the 2011-2015 cMYP, including setting up the National Funds for the support of Public Health, involving decentralised villages and communities, maintaining immunisation budgeting procedures as part of the broader Medium-Term Expenditure Framework (MTEF) planning and Government funding grants, improving the use of availabile resources (training actors in financial management, reducing vaccine wastage rates, improving pro-immunisation communication, reducing drop-out rates, etc.).

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Draw up and have the ICC validate annual, budgeted EPI work plans	Yes
Regions that receive GAVI funds to support immunisation must prepare budgeted, validated micro plans.	Yes
Include GAVI funds in the general budget for the Governement of Cameroon	Yes
Submit biannual work plans to GAVI that are budgeted and validated by the ICC	Yes
GAVI funds should be released and distributed via the Autonomous Amortization Fund [*Caisse Autonome d'Amortissement, CCA*]	Yes
Expenditures should be made in accordance with the annual approved budget and per the procedure manual	Yes
All goods should be procured in accordance with the procedure manual	No
The GTC-EPI is responsible for the financial management of GAVI accounts, compiling reports and supporting documents, and submitting detailed reports on a regular basis to the ICC.	Yes
Draw up quarterly budget execution reports and submit them to the ICC for information purposes and approval.	No
Submit an Annual Progress Report (APR) to GAVI that integrates the financial report for the use of immunisation support funds.	No
All accounting tools for the financial management of GAVI funds should be described in detail in the procedure manual.	Yes
Keen an updated journal in accordance with the procedure manual for all material acquisitions.	Yes
An external audit that complies with the standard reference terms for GAVI audits must be conducted every year; the audit report must be submitted to GAVI within 6 months at most after the end of the previous fiscal year.	No
Draw up a management procedures manual for immunisation support funds that includes the items listed above; this manual must be approved by the ICC.	Yes
Rationalise the number of personnel, including those paid for by GAVI. Additionally, all hiring of personnel must be approved by the ICC.	Yes

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

Aide Mémoire Conditions

Implementation Status

Planning, Coordination, Strategy and Budgeting

Draw up and have the ICC validate annual, budgeted EPI work plans.

Realized in 2011 and 2012

Regions that receive GAVI funds to support immunisation must prepare budgeted, validated micro plans.

Realized; In 2012 budgeted EPI micro plans were required of health districts and EPI regional units before GAVI funds were allocated. All 10 regions produced their EPI work plans as did 160/181 health regions; the operation is on-going.

Include GAVI funds in the general budget for the Governement of Cameroon.

Realized.

Submit biannual work plans to GAVI that are budgeted and validated by the ICC.

Realized for both semesters in 2011 and for the first semester of 2012.

Release of GAVI funds

GAVI funds should be released and distributed via the Autonomous Amortization Fund *[Caisse Autonome d'Amortissement, CCA]*

Realized.

Execution of GAVI funds

Expenditures should be made in accordance with the annual approved budget and per the procedure manual.

Partially realized:

1) Expenditures are made in accordance with the budget

2) Financial and accounting management is being computerized using the Tompro software; the process is nearly complete

All goods should be procured in accordance with the procedure manual.

Not realized but is being improved. Designating an internal auditor will help with effective application of the procedure manual for all procurements.

Financial responsibility and fund justification.

The GTC-EPI is responsible for the financial management of GAVI accounts, compiling reports and supporting documents, and submitting detailed reports on a regular basis to the ICC.

Realized; The main problem is the delay in reports and supporting documents. This problem is being addressed, however, with a closer monitoring of regions and regular reminders for all managers of recipient facilities. In addition, all funding is subject to prior justification of funds that were previously received.

Draw up quarterly budget execution reports and submit them to the ICC for information purposes and approval.

Not realized, but financial summaries have been presented during ICC since 2010.

Submit an Annual Progress Report (APR) to GAVI that integrates the financial report for the use of immunisation support funds.

Not realized;

All accounting tools for the financial management of GAVI funds should be described in detail in the procedure manual.

Realized.

Internal controls

Keen an updated journal in accordance with the procedure manual for all material acquisitions.

Realized.

External audit

An external audit that complies with the standard reference terms for GAVI audits must be conducted every year; the audit report must be submitted to GAVI within 6 months at most after the end of the previous fiscal year.

Not realized. Restructuring of the programme in March 2011 and assigning personnel by position profiles at the end of November 2011 both delayed implementation of the entire accounting and financial system under Tompro software. Therefore auditable financial status could not be produced

by the deadline. The external auditor has, however, been selected to conduct the audit of GAVI funds for the 2011 fiscal year.

Procedure manual

Draw up a management procedures manual for immunisation support funds that includes the items listed above; this manual must be approved by the ICC.

Realized and approved in 2010.

Personnel

Rationalise the number of staff members, including those paid by GAVI. Additionally, all hiring of personnel must be approved by the ICC.

Realized. Since 2010, all EPI personnel have been paid by the STATE. In 2011, EPI staff was revised downwards. A new programme organisation chart was drawn up, using position profiles and the specifications. New personnel were assigned, following approval by the ICC.

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

N/A

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **5**

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

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

Meeting of the EPI Strategic Review and ICC on 09 February 2011:

For all levels:

- - Increase the use of EPI management tools;

- Seek new strategies to improve local fund mobilisation;

- Implement new strategies to improve service provision during supervisory visits;

- Encourage the appropriation of immunisation activities by all actors;

- Base the awarding of financing on fustification of funds received previously;

For the central level:

- Conduct an EPI financial sustainability analysis related to targets to be achieved;

- Conduct rigorous monthly monitoring of health district and region performances;

- Encourage managers in regions, districts and health areas to examine their problems and find solutions for them;

- Provide regions and districts with logistics based on an actual evaluation;

- Conduct specific and contextual interventions in order to improve district performances;

For the district and regional level:

- Conduct a brainstorming session with communities about how to improve their effective involvement;

- Train all-purpose community agents in the field;

For the health areas level:

- Promote immunisation of target populations daily, using the open-vial policy;

- Use immunisation management tools (tracking sheet, immunisation register, monitoring curves) to improve the quality and documentation of vaccine activities.

ICC Meeting on 26 April 2011:

- Restart the Committee for monitoring implementation of EPI strategic review recommendations;
- Use the official demographic data from the latest census;

Joint ICC and CCSSS Meeeting on 10 May 2011:

- Under the aegis of the MoH, quickly organise a brainstorming session to explore all possible options for immunisation funding;
- GTC-EPI: include relevant contributions from debates before having final documents validated by ICC members

ICC Meeting on 22 September 2011:

- Send a letter to the Regional Public Health Delegations (*Délégations Régionales de la Santé Publique, DRSP*) regarding the poor EPI performances for the period from January to June 2011, so that they can reverse the current trend before the end of the year;
- Conduct a brainstorming session on the strategy to adopt for vaccines administered outside the normal circuit, especially in primary schools;
- Continue the campaign against meningococcal meningitis A in two phases.

ICC Meeting on 16 November 2011:

- Share the final report of the post-SASNIM1/SAV-2011 and the immunisation coverage survey with partners;
- Send a letter of thanks asap to GAVI for the award for Supporing Immunisation Services for the 2010 results;
- Propose a way to improve communication, using the channel associated with the NGO community, women's associations, men's associations, etc.

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

If Yes, which ones?

List CSO member organisations:
Islamic Cultural Association of Cameroon;
Catholic Health Services, OCASC;
Council of Protestant Churches of Cameroon, CEPCA.

5.8. Priority actions in 2012 to 2013

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

The main objectives by component are as follows:

Service provision:

- Raise Penta 3 vaccine coverage from 82% to at least 88%;
- Increase the proportion of health districts with Penta 3 vaccine coverage ≥ 80% from 65.92%

(118/179) to 80% (145/181).

Vaccine supply and quality assurance:

- Reduce the wastage rate for DTP-HepB-Hib to ≤ 10% in at least 83/181 health districts (i.e. 45% of districts);
- Increase the number of health districts that use the DVDMT and management tools from 90/179 to 119/181 (i.e. 50% to 65% of districts).

Logistics:

- Make sure cold chain equipment and rolling stock are available and operating at all levels;

Communication for development:

- At least 95% of the population is aware of the next introduction of the vaccine against Rotavirus diarrhea into the EPI;
- Involve at least 1 women's association per health district in communication activities to promote routine immunisation;

Surveillance of vaccine-preventable diseases:

- Reach and maintain poliomyelitis pre-certification status; Annual non-polio AFP goes from 2.4 to at least 3/100 0000 children under age 15; percentage of good-quality stool samples from health facilities goes from 83.7% to at least 90%; validation rate for AFP cases goes from 67.20% to 80%;
- Reach and maintain measles pre-elimination status; at least 80% of health districts report at least one case of suspected measles; non-measles febrile rash rate is at least 2/100 000 inhabitants in all regions;
- Maintain neonatal tetanus elimination status: incidence of neonatal tetanus remains less than 1/1000 live births in all health districts;
- Continue to control yellow fever: at least 80% of health districts report at least one case of suspected yellow fever; investigation rate of yellow fever is > 2/100 000 inhabitants in all regions;
- Document the main etiologies of pediatric baterial meningitis and the disease burden of Rotavirus diarrheas;

Skills development:

- Strengthen the skills of EPI managers and service providers in various immunisation-related domains: micro-planning, action monitoring, supervision, communication and strengthening links with the community, vaccine and cold chain management, disease surveillance, self-assessment and data quality (DQS), new vaccine introduction.

Programme management:

- At least 8/10 regions hold hat least 4 coordination meetings per year;
- At least 60% (109/181) of health districts hold hat least 6 coordination meetings per year, including a review of immunisation data;
- Conduct at least two supervision missions at the central level;

Programme funding:

- Computerise EPI financial and accounting management;
- Strengthen the internal controls and external audit for the EPI;

The priority activities are:

- Purchasing vaccines and injection supplies and delivering them to the regions;
- Supporting the intermediate and operational levels, both financially and technically, in implementing the RED strategy;

- Conducting quarterly training supervision visits from the central level at the regional level and in health districts, with the DQS tool;
- Conducting quarterly programme monitoring meetings and mid-point self-assessment meetings and an annual assessment;
- Reviewing EPI data monthly and spreading this practice to the health districts;
- Conducting a follow-up campaign against measles;
- Conducting response campaigns to any epidemics of yellow fever, polio and/or tetanus;
- Holding at least 2 rounds of preventative LID for polio;
- Participating in the 2nd round of the meningitis A immunisation campaign in the Nord-Ouest and Adamaoua regions;
- Participating in organising World Immunisation Weeks (*Semaines Mondiales de la Vaccination, SMV)* and Action Weeks for Child and Maternal Health and Nutrition *(Semaines d'Action de Santé et de Nutrition Infantile et Maternelle, SASNIM)*;
- Conducting the external audit of the 2011 budget year;
- Continuing to implement quality surveillance activities for targeted vaccine-preventable diseases at all levels;
- Continuing to advocate for sustainable funding for immunisation;
- Conducting social mobilisation and communication activities about the introduction of the Rotavirus vaccine;
- Solidify partnerships with women's associations to improve the mobilisation of parents for routine immunisation;
- Train EPI logisticians in vaccine and cold chain management;
- Train communication agents in health districts in the regions of Nord-Ouest, Extrême Nord, Adamaoua, Nord, Centre, Est;
- Train immunisation service providers in "EPI norms and standards" in target health districts;
- Train managers in the Sud-Ouest region in EPI management (MLM course);
- Train EPI managers at the operational level in the use of the DQS tool;
- Train healthcare personnel about the Rotavirus vaccine;
- Introduce the vaccine against Rotavirus diarrhea into the EPI (scheduled for January 2013).

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	0.05-mL auto-disable syringes	GOVERNMENT
Measles	0.05-mL auto-disable syringes	GOVERNMENT
TT	0.05-mL auto-disable syringes	GOVERNMENT
DTP-containing vaccine	0.05-mL auto-disable syringes	GOVERNMENT and GAVI

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

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

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

The main problem was a lack of dry storage space for EPI injection supplies. Also, aaste from curative care does not comply with this injection safety policy.

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

Sharps waste is collected in safety boxes and incinerated (in health districts that have an incinerator) or burned and then buried (in health districts that do not have one). The main problems are a lack of incinerators at the health district level, and non-compliance with the policy that recommends burning

and burying of waste in some health formations. However, 80 incinerators were purchased as part of the PCV13 vaccine introduction, half of which have already arrived and been installed in sites that do not have optional operations. The other half, i.e. gas ones, have not yet arrived on site due to a non-conformity in the housing. Measures have been taken with the provider for these housing shelters to be rebuilt in accordance with norms.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	615000	292125000
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	615000	292125000
Total Expenditures in 2011 *(D)*	198024	92081249
Total Expenditures in 2012 *(D)*	416976	200043751

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

In accordance with the Aide-Mémoire action plan, funds are stored in the CAA (autonomous amortization fund). They are distributed to the regions after the ICC approves budgets, by bank transfer into the (commercial) accounts of regional structures in charge of implementing activities. Financial and technical reports are drawn up by managers at the various levels, then consolidated by the *Groupe Technique Central* (Central Technical Group) of the National Immunisation Programme, which submits them to the ICC for informational purposes. GAVI funds appear in the national plans and budget for the health sector.

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

See above paragraph.

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

- Financial support in May 2011 from the central level (10 000 000 FCFA), 10 regional EPI units (2 000 000 FCFA/unit) and the 179 health districts (62 081 250 FCFA) for immunisation activities (coordination meetings, training supervision by regions for districts and by districts for health areas, fuel or rental of motorbikes for outreach strategies, active surveillance);
- Training supervision by the central level to the 10 regions, with self-assessment of data quality with the DQS tool in September 2011.

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

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 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 governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number).

6.3. Request for ISS reward

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

country is entitled to a reward:

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

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

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

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

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			683002	654710
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-28292
3	Calculating	$20	per additional child vaccinated with DTP3		-565840
4	**Rounded-up estimate of expected reward**				-565500

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

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

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

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

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

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

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

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		2,753,800	0
Pneumococcal (PCV13)		1,552,600	0
Yellow Fever		1,167,300	0
Rotavirus		0	0

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

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

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

  No specific problems were encountered

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

  - Organising joint meetings with WHO, UNICEF and the GTC-EPI about vaccine management at the central level;
  - Presentation on monitoring vaccine management at the weekly coordination meeting of the EPI Central Technical Group (GTC);
  - Strengthening skills in using the DVDMT and SMT;
  - - During training supervision visits, reminders about calculating vaccine wastage rates and about how to calculate vaccine quantities when ordering.

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

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

N/A

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

N/A

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	PCV 13	
Phased introduction	No	01/07/2011

Nationwide introduction	Yes	01/07/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	N/A

7.2.2. When is the Post introduction evaluation (PIE) planned? **June 2012**

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

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	257711	119835440
Total funds available in 2011 (C=A+B)	257711	119835440
Total Expenditures in 2011 (D)	185489	86252400
Balance carried over to 2012 (E=C-D)	72222	33,583,040

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

The main activities were:

- Workshop about developing messages and educational materials for the introduction of PCV 13: March 2011;
- Pre-testing the messages and materials developed: April 2011;
- Copying training tools;
- Training managers in health districts and health areas;
- Making copies of the communication tools developed;
- Transporting vaccines in regions to health districts and health areas;
- Central supervision of training prior to the introduction of PCV 13 at the regional level: June 2011;
- Organising a symposium on the introduction of PCV 13: June 2011;
- Press release about the introduction of PCV 13: June 2011;
- Official launch of the PCV 13 introduction at the central and regional levels: July 2011.

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

Poor understanding about non-administration of the catch-up dose: during training at the operational level the instructions were to not “catch up” children, i.e. a child coming for Penta3 should receive PCV13-3 and not PCV13-1; this caused stock-outs and inconsistencies in the reporting of data.

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

- Evaluation after the introduction of PCV-13;
- Surveillance of pneumococcal infections;
- Operational research of pneumonia and reducing the disease burden.

7.4. Report on country co-financing in 2011

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	460,200	156,000
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	467,040	486,500
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Etat	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	29,800	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	GOVERNMENT
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	September	GOVERNMENT
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	September	GOVERNMENT
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	N/A	

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

financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

N/A

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
See attached documents: Summary of VMA implementation	See attached documents: Summary of VMA implementation	See attached documents: Summary of VMA implementation

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

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
6914400	06/12/2011	06/10/2011:1 532 330 doses - 07/10/2011:1 532 330 doses - 13/10/2011:1 532 340 doses

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

The GAVI decision letter approved a total of 6 914 400 doses of meningococcus A vaccine, but the country received 4 597 000 doses, i.e. 2 317 400 fewer doses. This is because the country organised this campaign in two phases. The first phase, which took place from December 6-12, 2011, concerned two of the four regions scheduled (Extrême-Nord and Nord). The second phase will take place at the end of 2012 and

will concern the other two regions (Adamaoua and Nord-Ouest). The main reason behind conducting the campaign in two phases was the difficulty in mobilising GOVERNMENT contributions, as the 2011 budget had already been closed at the end of 2010.

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

N/A

7.6.2. Programmatic Results of Meningogoccal preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
Extrême-Nord	6 days	2502713	2530695	101	88	1	117	0
Nord	6 days	1494767	1484683	99	80	1	114	0

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

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

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

The country instead organised this campaign in two phases. The first phase, which took place from December 6-12, 2011, concerned two of the four regions scheduled (Extrême-Nord and Nord). The second phase will take place at the end of 2012 and will concern the other two regions (Adamaoua and Nord-Ouest).

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

The survey results show that targets were not met. The main reason for this was the immunisation of people outside of targets, since the meningococcus vaccine was very sought after in these two high-risk regions.

What lessons have you learned from the campaign?

All social mobilisation channels should be used for maximum compliance by the population; Involvement of administrative authorities increases populations' compliance; Each sub-committee must follow the reference terms for the campaign to be a success; Collaboration with leaders in basic education and secondary schools helped make the campaign a success.

7.6.3. Fund utilsation of operational cost of Meningogoccal preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Coordination	50000000	107527
Planning	17500000	37634
Training	74143925	159449
Personnel	348066663	748530
Transport	6563470	14115
Communication	58745261	126334
Supervision	61870030	133054
Logistics	120854197	259901
Case-based surveillance and AEFI	20556300	44207
Cards, soap, cotton and medical supplies	28000000	60215
Waste management	10091118	21701
Monitoring-Evaluation	20272318	43596

Total	**816663282**	**1756263**

7.7. Change of vaccine presentation

Cameroon does not require to change any of the vaccine presentation(s) for future years.

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

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

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

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

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

If you don't confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB, 2 dose(s) per vial, LIQUID	2					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10					
HepB monoval, 1 dose(s) per vial, LIQUID	1					
HepB monoval, 2 dose(s) per vial, LIQUID	2					
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1					
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB, 2 dose(s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10	
HepB monoval, 1 dose(s) per vial, LIQUID	1	
HepB monoval, 2 dose(s) per vial, LIQUID	2	
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1	
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		
Measles	MEASLES	10.00 %						
Meningogoccal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13)	PNEUMO	5.00 %						
Rotavirus	ROTA	5.00 %						
Yellow Fever	YF		20.00 %				10.00 %	5.00 %

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	796,426	815,472	835,859	856,756	876,704	4,181,217
	Number of children to be vaccinated with the first dose	Table 4	#	715,160	782,854	810,784	839,621	859,171	4,007,590
	Number of children to be vaccinated with the third dose	Table 4	#	654,710	733,929	752,274	771,081	789,035	3,701,029
	Immunisation coverage with the third dose	Table 4	%	82.21 %	90.00 %	90.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.12	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	1,806,400					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.23	0.26	0.30	0.35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

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

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

		2012	2013	2014	2015
Number of vaccine doses	#	816,000	2,429,300	2,426,900	2,365,100
Number of AD syringes	#	2,454,400	2,431,000	2,429,200	2,366,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	27,250	27,000	26,975	26,275
Total value to be co-financed	$	2,212,000	5,958,000	5,223,500	4,650,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	75,700	288,100	393,100	512,300
Number of AD syringes	#	227,600	288,300	393,500	512,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	2,550	3,200	4,375	5,700
Total value to be co-financed by country	$	205,500	706,500	846,000	1,007,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.49 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	715,160	782,854	66,429	716,425
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,145,480	2,348,562	199,286	2,149,276
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	2,360,028	2,630,390	223,201	2,407,189
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		67,591	5,736	61,855
H	**Stock on 1 January 2012**	*Table 7.11.1*	1,806,400			
I	**Total vaccine doses needed**	*F + G – H*		891,581	75,655	815,926
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,681,930	227,574	2,454,356
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		29,770	2,527	27,243
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		2,202,206	186,867	2,015,339
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		124,710	10,583	114,127
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		173	15	158
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		77,078	6,541	70,537
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		12,489	1,060	11,429
T	**Total fund needed**	*(N+O+P+Q+R+S)*		2,416,656	205,064	2,211,592
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		205,064		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		8.49 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	10.60 %			13.94 %		

B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	810,784	85,957	724,827	839,621	117,031	722,590
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	2,432,352	257,869	2,174,483	2,518,863	351,091	2,167,772
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	2,699,911	286,235	2,413,676	2,795,938	389,711	2,406,227
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	17,381	1,843	15,538	24,007	3,347	20,660
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	2,717,292	288,077	2,429,215	2,819,945	393,057	2,426,888
J	**Number of doses per vial**	*Vaccine Parameter*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2,719,204	288,280	2,430,924	2,822,586	393,425	2,429,161
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	30,184	3,200	26,984	31,331	4,368	26,963
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	6,304,118	668,339	5,635,779	5,724,489	797,906	4,926,583
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	6,304,118	13,405	113,038	5,724,489	18,295	112,956
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	176	19	157	182	26	156
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	220,645	23,392	197,253	200,358	27,927	172,431
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	12,662	1,343	11,319	13,144	1,833	11,311
T	**Total fund needed**	*(N+O+P+Q+R+S)*	6,664,044	706,496	5,957,548	6,069,424	845,984	5,223,440
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	706,496			845,984		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	10.60 %			13.94 %		

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

		Formula	**2015**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	17.80 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	859,171	152,955	706,216
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2,577,513	458,865	2,118,648
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	2,861,040	509,341	2,351,699
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	16,276	2,898	13,378
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	2,877,316	512,238	2,365,078
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2,879,106	512,557	2,366,549

L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	31,959	5,690	26,269
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	5,323,035	947,640	4,375,395
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	133,879	23,834	110,045
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	186	34	152
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	186,307	33,168	153,139
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	13,407	2,387	11,020
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,656,814	1,007,062	4,649,752
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,007,061		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	17.80 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	796,426	815,472	835,859	856,756	876,704	4,181,217
	Number of children to be vaccinated with the first dose	Table 4	#	356,015	705,240	755,000	806,400	839,400	3,462,055
	Number of children to be vaccinated with the third dose	Table 4	#	190,801	652,378	702,122	753,945	789,035	3,088,281
	Immunisation coverage with the third dose	Table 4	%	23.96 %	80.00 %	84.00 %	88.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	441,050					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.23	0.26	0.30	0.35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2010			0.26	0.30	0.35
Your co-financing	0.20	0.23	0.26	0.30	0.35

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,929,200	2,248,900	2,373,100	2,419,500
Number of AD syringes	#	2,490,600	2,379,400	2,510,700	2,559,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	27,650	26,425	27,875	28,425
Total value to be co-financed	$	7,217,500	8,387,000	8,849,500	9,023,000

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

2012	2013	2014	2015

Number of vaccine doses	#	126,400	168,600	207,700	250,700
Number of AD syringes	#	163,200	178,400	219,700	265,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,825	2,000	2,450	2,950
Total value to be co-financed by country	$	473,000	629,000	774,500	935,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	6.15 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	356,015	705,240	43,358	661,882
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,068,045	2,115,720	130,073	1,985,647
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	1,121,448	2,221,506	136,576	2,084,930
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		275,015	16,908	258,107
H	**Stock on 1 January 2012**	*Table 7.11.1*	441,050			
I	**Total vaccine doses needed**	*F + G – H*		2,055,471	126,368	1,929,103
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,653,716	163,148	2,490,568
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		29,457	1,811	27,646
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		7,194,149	442,288	6,751,861
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		123,398	7,587	115,811
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		171	11	160
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		359,708	22,115	337,593
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		12,357	760	11,597
T	**Total fund needed**	*(N+O+P+Q+R+S)*		7,689,783	472,760	7,217,023
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		472,759		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		6.15 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	6.97 %			8.04 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	755,000	52,639	702,361	806,400	64,873	741,527

C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	2,265,000	157,917	2,107,083	2,419,200	194,617	2,224,583
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	2,378,250	165,813	2,212,437	2,540,160	204,347	2,335,813
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	39,186	2,733	36,453	40,478	3,257	37,221
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	2,417,436	168,545	2,248,891	2,580,638	207,604	2,373,034
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2,557,647	178,320	2,379,327	2,730,243	219,639	2,510,604
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	28,390	1,980	26,410	30,306	2,439	27,867
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	8,461,026	589,905	7,871,121	9,032,233	726,612	8,305,621
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	8,461,026	8,292	110,639	9,032,233	10,214	116,743
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	165	12	153	176	15	161
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	423,052	29,496	393,556	451,612	36,331	415,281
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	11,910	831	11,079	12,714	1,023	11,691
T	**Total fund needed**	*(N+O+P+Q+R+S)*	9,015,084	628,534	8,386,550	9,623,692	774,193	8,849,499
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	628,534			774,192		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	6.97 %			8.04 %		

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

		Formula	**2015**		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	9.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	839,400	78,782	760,618
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2,518,200	236,345	2,281,855
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	2,644,110	248,162	2,395,948
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	25,988	2,440	23,548
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	2,670,098	250,601	2,419,497
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2,824,049	265,051	2,558,998
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0

M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	31,347	2,943	28,404
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	9,345,343	877,104	8,468,239
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	131,319	12,325	118,994
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	182	18	164
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	467,268	43,856	423,412
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	13,151	1,235	11,916
T	**Total fund needed**	*(N+O+P+Q+R+S)*	9,957,263	934,535	9,022,728
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	934,535		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.39 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	796,426	815,472	835,859	856,756	876,704	4,181,217
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	615,900	676,400	738,300	2,030,600
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	585,101	642,567	701,363	1,929,031
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	70.00 %	75.00 %	80.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.26	0.30	0.35	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Intermediate

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

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	1,459,800	1,289,500	1,376,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	16,225	14,325	15,275
Total value to be co-financed	$	0	3,909,000	3,453,000	3,684,500

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

2012	2013	2014	2015

Number of vaccine doses	#	0	157,000	162,800	207,000
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	1,750	1,825	2,300
Total value to be co-financed by country	$	0	420,500	436,000	554,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	9.71 %			11.20 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	615,900	59,806	556,094	676,400	75,786	600,614

C	**Number of doses per child**	*Vaccine parameter (schedule)*	2			2		
D	**Number of doses needed**	*B X C*	1,231,800	119,612	1,112,188	1,352,800	151,571	1,201,229
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	1,293,390	125,592	1,167,798	1,420,440	159,149	1,261,291
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	323,348	31,399	291,949	31,763	3,559	28,204
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	1,616,738	156,990	1,459,748	1,452,203	162,708	1,289,495
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	17,946	1,743	16,203	16,120	1,807	14,313
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	4,122,682	400,325	3,722,357	3,703,118	414,905	3,288,213
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	4,122,682	0	0	3,703,118	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	105	11	94	94	11	83
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	206,135	20,017	186,118	185,156	20,746	164,410
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	11	2	9	10	2	8
T	**Total fund needed**	*(N+O+P+Q+R+S)*	4,328,933	420,352	3,908,581	3,888,378	435,661	3,452,717
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	420,352			435,661		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	9.71 %			11.20 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2015		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	13.07 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	738,300	96,508	641,792
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B X C*	1,476,600	193,015	1,283,585
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	1,550,430	202,666	1,347,764
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	32,498	4,248	28,250
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,582,928	206,914	1,376,014
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0

M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	17,571	2,297	15,274
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	4,036,467	527,629	3,508,838
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	102	14	88
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	201,824	26,382	175,442
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	11	2	9
T	**Total fund needed**	*(N+O+P+Q+R+S)*	4,238,404	554,025	3,684,379
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	554,025		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	13.07 %		

Table 7.11.1: Specifications for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	796,426	815,472	835,859	856,756	876,704	4,181,217
	Number of children to be vaccinated with the first dose	Table 4	#	600,408	693,152	87.00 %	745,378	762,734	3,528,870
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.43	1.43	1.43	1.43	1.33	
	Vaccine stock on 1 January 2012		#	1,151,000					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.90	0.90	0.90	
cc	**Country co-financing per dose**	Co-financing table	$		0.53	0.56	0.63	0.71	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		10.00 %	10.00 %	10.00 %	10.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.46	0.46	0.53	0.61	0.70
Recommended co-financing as per APR 2010			0.61	0.70	0.80
Your co-financing	0.46	0.53	0.56	0.63	0.71

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 25,500	480,100	416,400	317,100
Number of AD syringes	#	162,600	374,500	324,100	264,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,825	4,175	3,600	2,950
Total value to be co-financed	$	- 117,000	494,500	429,000	327,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	- 101,000	572,100	656,100	697,500
Number of AD syringes	#	643,700	446,300	510,600	582,100
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	7,150	4,975	5,675	6,475
Total value to be co-financed by country	$	33,000	589,500	676,000	720,500

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	79.83 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	600,408	693,152	553,356	139,796
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	600,408	693,152	553,356	139,796
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	858,584	991,208	791,300	199,908
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		33,156	26,470	6,686
H	**Stock on 1 January 2012**	*Table 7.11.1*	1,151,000			
I	**Total vaccine doses needed**	*F + G – H*		- 126,636	- 101,095	- 25,541
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		806,202	643,606	162,596
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		8,949	7,145	1,804
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		- 113,972	- 90,985	- 22,987
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		37,489	29,929	7,560
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		52	42	10
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		- 11,397	- 9,098	- 2,299
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		3,755	2,998	757
T	**Total fund needed**	*(N+O+P+Q+R+S)*		- 84,073	32,968	- 117,041
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		- 67,117		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		79.83 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	54.37 %			61.17 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	727,198	395,386	331,812	745,378	455,972	289,406
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1			1		
D	**Number of doses needed**	*B X C*	727,198	395,386	331,812	745,378	455,972	289,406

E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	1,039,894	565,403	474,491	1,065,891	652,039	413,852
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	12,172	6,619	5,553	6,500	3,977	2,523
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	1,052,066	572,021	480,045	1,072,391	656,016	416,375
J	**Number of doses per vial**	*Vaccine Parameter*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	820,701	446,225	374,476	834,585	510,542	324,043
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	9,110	4,954	4,156	9,264	5,668	3,596
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	946,860	514,819	432,041	965,152	590,414	374,738
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	946,860	20,750	17,413	965,152	23,741	15,068
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	53	29	24	54	34	20
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	94,686	51,482	43,204	96,516	59,042	37,474
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	3,822	2,079	1,743	3,887	2,378	1,509
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,083,584	589,157	494,427	1,104,418	675,608	428,810
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	589,157			675,607		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	54.37 %			61.17 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	68.75 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	762,734	524,369	238,365
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	762,734	524,369	238,365
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	1,014,437	697,411	317,026
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,014,437	697,411	317,026
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	846,635	582,049	264,586
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	9,398	6,461	2,937
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	912,994	627,670	285,324

O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	39,369	27,066	12,303
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	55	38	17
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	91,300	62,768	28,532
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	3,943	2,711	1,232
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,047,661	720,252	327,409
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	720,251		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	68.75 %		

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2011

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

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2011

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

   c. Latest Health Sector Review Report

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

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

further HSS funds or only approve part of the next tranche of HSS funds.

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

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

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

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

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

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

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets						

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

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

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

Financial management of HSS funds

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

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

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

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

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

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

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

9.4. Programme implementation in 2011

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

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

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

HSS activities.

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

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

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

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

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

9.5. Planned HSS activities for 2012

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

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
		0	0			0

9.6. Planned HSS activities for 2013

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

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

Table 9.6: Planned HSS Activities for 2013

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

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

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

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

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

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

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

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

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

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

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

Please attach:

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

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

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

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

Please list any abbreviations and acronyms that are used in this report below:

N/A

10.1.1. **Mapping exercise**

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation.

Please describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed **(Document number)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

N/A

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

N/A

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

N/A

10.1.2. **Nomination process**

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

N/A

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

N/A

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

N/A

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	Email
N/A	N/A	N/A	N/A

10.1.3. **Receipt and expenditure of CSO Type A funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount US$	Amount local currency

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

Is GAVI's CSO Type A support reported on the national health sector budget? **Yes**

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

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

11. Comments from ICC/HSCC Chairs

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

The Minister of Public Health, Chair of the ICC, would like to recognize GAVI's efforts for the health of Cameroonian children through their unfailing support for new vaccine introduction and immunisation services.

The Government itself has committed to do everything it can to meet all commitments made.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Page Signatures des Ministres.pdf File desc: Signature page for the Minister of Public Health Date/time: 5/15/2012 7:50:00 AM Size: 475152
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Page Signatures des Ministres.pdf File desc: Signature page for the Minister of Finance Date/time: 5/15/2012 7:51:31 AM Size: 475152
3	Signatures of members of ICC	2.2	✓	Pages Signatures Membres CCIA.pdf File desc: Signature page for ICC members Date/time: 5/15/2012 7:52:50 AM Size: 825190
4	Signatures of members of HSCC	2.3	✗	Explications volet HSS.docx File desc: Signatures of HSCC members Date/time: 5/17/2012 6:23:37 AM Size: 12815
5	Minutes of ICC meetings in 2011	2.2	✓	Compte-rendu CCIA du 08 mai 2012.pdf File desc: Minutes of the ICC meeting on 8 May 2012 Date/time: 5/17/2012 5:29:21 AM Size: 974477
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Compte-rendu CCIA du 08 mai 2012.pdf File desc: Minutes of the ICC meeting on 8 May 2012 that endorsed the APR 2011 Date/time: 5/15/2012 7:58:19 AM Size: 974477
7	Minutes of HSCC meetings in 2011	2.3	✗	Explications volet HSS.docx File desc: Minutes of HSCC meetings in 2011 Date/time: 5/17/2012 6:24:22 AM Size: 12815
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Explications volet HSS.docx File desc: Minutes of the HSCC meeting in 2012 that endorsed the 2011 APR Date/time: 5/17/2012 6:25:36 AM Size: 12815
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Explications volet HSS.docx File desc: Financial statements for the allocation of HSS in the 2011 APR Date/time: 5/17/2012 6:26:53 AM Size: 12815
10	new cMYP APR 2011	7.7	✓	PPAC 2011-2015.docx File desc: cMYP 2011-2015 Date/time: 5/17/2012 5:11:48 AM

				Size: 1618926
11	new cMYP costing tool APR 2011	7.8	✓	CMYP Costing Tool 2011-2015 CAE.xls File desc: cMYP 2011-2015 financial analysis tool Date/time: 5/15/2012 10:06:58 PM Size: 3259392
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	Explications volet HSS.docx File desc: Financial statement for CSO type B allocation Date/time: 5/17/2012 6:28:07 AM Size: 12815
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Etat financier SSV.pdf File desc: ISS financial statement Date/time: 5/17/2012 5:21:02 AM Size: 468622
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Etat financier SSV.pdf File desc: Financial statement for new vaccine allocation Date/time: 5/17/2012 5:33:08 AM Size: 468622
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Rapport_GEV_Cameroun_Décembre-2010-16022011.pdf File desc: EVM Cameroon report Date/time: 5/15/2012 5:47:15 AM Size: 473081
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Cameroun_Plan Amélioration GEV_2010_10022011.pdf File desc: EVM Cameroon improvement plan Date/time: 5/15/2012 5:48:31 AM Size: 84234
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	ETAT MEO RECOMMANDATIONS GESTION DES VACCINS.pdf File desc: Etat de MEO des recommendations de la gestion des vaccins Date/time: 5/15/2012 5:54:25 AM Size: 162815
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Explications supplémentaires SSV Audit.docx File desc: External Audit Report 2011 Date/time: 5/17/2012 6:16:34 AM Size: 13251
20	Post Introduction Evaluation Report	7.2.2	✓	Explications supplémentaires evaluation post introduction PCV-13.docx File desc: Post Introduction Evaluation Report Date/time: 5/17/2012 6:17:45 AM Size: 12839
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Compte-rendu CCIA du 08 mai 2012.pdf File desc: Minutes of ICC meeting requesting extension of new vaccine

				Date/time: 5/17/2012 6:18:54 AM Size: 974477
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✕	Explications volet HSS.docx File desc: External Audit Report 2011 Date/time: 5/17/2012 6:29:04 AM Size: 12815
23	HSS Health Sector review report	9.9.3	✕	Explications volet HSS.docx File desc: HSS Health Sector review report Date/time: 5/17/2012 6:30:16 AM Size: 12815
24	Report for Mapping Exercise CSO Type A	10.1.1	✕	Explications volet HSS.docx File desc: Report for Mapping Exercise CSO Type A Date/time: 5/17/2012 6:31:15 AM Size: 12815
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	✕	Explications volet HSS.docx File desc: External Audit report 2011 for CSO type B Date/time: 5/17/2012 6:32:19 AM Size: 12815