



The GAVI Alliance

Annual Progress Report 2013

Submitted by
the Government of
Chad

Reporting on year: **2013** Requesting
for support year: **2015** Date of
submission: **5/22/2014**

Deadline for submission: 5/26/2014

Please submit the **2013** Annual Progress Report using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [à: apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI partner agency. 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 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 for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the 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 this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

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

SUSPENSION/TERMINATION

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

ANTI-CORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The country is solely responsible for all aspects of managing and implementing the programmes described in this 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: **2013**

Requesting for support year: **2015**

1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active Until
Routine New Vaccine Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccine Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012

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

1.2. Program extension

No NVS eligible for extension this year

1.3. ISS, HSS, CSO

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

VIG: GAVI Vaccine Introduction Grant; CSO: Operational support for campaign **1.4**.

Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#). It is also available in French [here](#).

2. Signatures

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

By signing this page, the Government of Chad hereby attests to the validity of the information provided in the report, including all attachments, appendices, 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 **Chad**

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

Signature of endorsement of this document does not		Minister of Finance (or delegated authority)	
Name	Mr. Assane Ngueadoum (Secretary of State of Health)	Name	Bedoumra Kordje
Date		Date	
Signature		Signature	

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

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2.2. ICC Signatures Page

If the country is reporting on Immunization 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 two copies of the attached documents section the signatures pages signed by committee members, one for HSCC signatures and one for ICC signatures

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

2.2.1. ICC Report Endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Ngariera Rimadjita Minister of Public Health	MPH		
Dr. Jean Marie V Yameogo Representative Resident	WHO		
Mr. Bruno Maes Representative Resident	UNICEF		

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

All comments will be treated confidentially. Comments from Partners:

see ICC meeting minutes

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
see ICC membership	SEE ICC MEMBERSHIP		

The HSCC may send informal comments to: apr@gavialliance.org All comments will be treated confidentially. Comments from Partners:

See meeting minutes

Comments from the Regional Working Group:

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

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

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4. Baseline and Annual Targets

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

Number	Achievements as per WHO/UNICEF JRF WHO/UNICEF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	579,237	564,556	600,089	537,588	621,692	556,941
Total infant deaths	59,083	68,849	61,209	52,447	63,412	54,335
Total surviving infants	520,154	495,707	538,880	485,141	558,280	502,606
Total pregnant women	579,237	582,456	600,089	554,634	621,692	574,601
Number of infants vaccinated (to be vaccinated) with BCG	450,800	494,276	496,967	499,957	545,874	517,955
BCG coverage	78%	88%	83%	93%	88%	93%
Number of infants vaccinated (to be vaccinated) with OPV3	327,697	413,007	366,432	426,924	435,458	462,398
OPV3 coverage	63%	83%	68%	88%	78%	92%
Number of infants vaccinated (to be vaccinated) with DTP1	390,116	511,344	420,326	485,141	463,372	502,606
Number of infants vaccinated (to be vaccinated) with DTP3	327,697	423,721	366,438	436,627	435,458	462,398
DTP3 coverage	63%	85%	68%	90%	78%	92%
Wastage[1] in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5
Wastage factor[1] in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose(s) of DTP-HepB-Hib	327,697	511,344	420,326	485,141	463,372	502,606
Number of infants vaccinated (to be vaccinated) with 3 dose(s) of DTP-HepB-Hib	327,697	423,721	420,326	436,627	435,458	462,398
DTP-HepB-Hib coverage	63%	85%	78%	90%	78%	92%
Wastage[1] in base-year and planned thereafter (%) [2]	0	10	5	5	5	5
Wastage factor[1] in base-year and planned thereafter (%)	1	1.11	1.05	1.05	1.05	1.05

Number	Achievements as per WHO/UNICEF JRF WHO/UNICEF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Maximum wastage rate value for DTP-HepB-Hib, 10	25 %	0%	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow	312,093	418,693	377,216	431,775	418,710	452,345
Yellow Fever coverage	60%	84%	70 %	89%	75%	90%
Wastage [1] in base-year and planned thereafter (%)	0	20	25	20	20	20
Wastage factor[1] in base-year and planned thereafter (%)	1	1.25	1.33	1.25	1.25	1.25
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40%	40%	40%	40%	50%	40%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	414,037	377,216	431,775	418,710	452,346
Measles coverage	0%	84%	70%	89%	75%	90%
Pregnant women vaccinated with	0	485,783	510,076	488,078	547,089	517,141
TT+ coverage	0%	83%	85%	88%	88%	90%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0
Annual DTP Dropout rate [(DTP1 – DTP3) / DTP1] x 100	16%	17%	13%	10%	6%	8%

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous Annual Progress Reports or in new application for GAVI support or in the cMYP.

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

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

The birth data reported in previous Annual Progress Reviews were based on estimates from the districts and were not estimates from the general census of the population organized by Chad and for which results are available. In January 2014, the health information system department, in cooperation with the department of statistics and demography, harmonized the demographic data and provided the estimates that have been presented here. These estimates use the 2009 census data.

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

See justification above for births.

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

N/A

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

Vaccine consumption data were reported in the field and transmitted to the district to be compiled; however, at the district and delegation-levels, these data are not taken into account. There is a system in place, however, to monitor wastage.

5.2. Immunization Achievements in 2013

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

In contrast to 2012, all the 2013 targets were reached. The factors that contributed to reaching the targets are the following:

- Practical training for staff on EPI (1,430 health center managers and those in charge of vaccination);
- Training for executive teams on MLM (14 MCD [District Head Physician], 5 DSR [Regional Health Delegates] and 3 executives at the central level);
- Implementation of RED in 40 priority districts, specifically micro-planning, supervision, monitoring;
- Technical input to the HD and regional health delegation by WHO, UNICEF, CDC, BMG;
- Provision of logistical means (80 motorbikes, 102 refrigerators , 3 group generators, 400 long-lasting coolers);
- Organization of AVI, etc.

However, this program also encountered some difficulties:

- Complexity of the funds disbursement mechanism;
- Delay in the implementation of programmed activities;
- Brief shortages of certain vaccines;
- Delay in construction/repairs of sub-national storage facilities;

The activities listed below were carried out in an effort to remove the obstacles cited above:

- Ordering additional vaccines to satisfy need
- Prefinancing activities while awaiting funds from the Government
- Organizing AVIs during last quarter of the year in order to increase immunization coverage.

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

N/A

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **No, not available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls

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

N/A

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

5.3.4. How have any gender-related barriers to accessing and delivering immunization services (for example, mothers not having access to such services, the sex of service providers, etc.) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunization, which can be found at <http://www.gavialliance.org/fr/librairie/>)

At this time, nothing indicates that this issue is a problem in Chad. The current priority is to strengthen the immunization system so as to improve immunization coverage and to address the epidemics that the country experiences

5.4. Data assessments

5.4.1. Please comment on any discrepancies between the immunization 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 Immunization coverage and the official country estimate differ).

There were discrepancies between the data sources (administrative, JRF and survey). In 2013, Chad did not conduct an immunization coverage survey. The initial projections for 2014 immunization coverage were based on the survey conducted in 2012; the activities that were carried out in 2013 to improve immunization coverage (see 5.2.1) resulted in improvements that could be seen within the data. A continuous data monitoring system significantly contributed to improving data quality and completeness.

Considering the above information, we estimate that these data are realistic. However, since there are estimates that are quite different from the current administrative coverage, the country is currently conducting coverage surveys, the results of which are expected at the beginning of July.

Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and may entail retrospective changes to the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present?

Yes

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

The administrative data system was evaluated in 2012 through an external review along with a coverage survey that was conducted in April-May 2012.

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

The implementation of standardized tools at all levels;

Training participants on EPI practices;

The use of DQS in the districts; Implementation of the DVD-MT software tool in 70% of the health districts; The organization of administrative data harmonization meetings; Implementation of monthly data monitoring tools

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.

The current plan for improving data quality includes:

- 1) Changes to and implementation of program management tools in the districts
- 2) Training on and systemization of the DQS application in all districts
- 3) Organization of regular meetings to address data tracking (monthly at the district level, quarterly at the regional level and twice-yearly at the national level);
- 4) Integration of the changes to EPI data during assessment meetings,
- 5) Providing the districts with computer kits for data management;
- 6) Regular feedback cycles.

5.5. Overall Expenditures and Financing for Immunization

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

Exchange rate used	1 US\$ = 480
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Only enter the exchange rate; do not list the name of the local currency

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

Expenditures by Category	Expenditure Year 2013	Funding source						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	1,043,438	1,017 50 0	0	25,938	0	0	0	0
New and underused Vaccines**	2,765,788	229,330	2,536 45 8	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	720,000	345,600	374,400	0	0	0	0	0
Cold chain equipment	2,392,110	0	0	1,915 11 0	477,000	0	0	0
Staff	236,250	236,250	0	0	0	0	0	0
Other routine recurrent costs	2,589,916	829,166	0	444,000	1,316 75 0	0	0	0
Other capital costs	937,125	0	0	839,125	98,000	0	0	0
Campaigns costs	10,418,671	97,916	0	2,098 73 0	8,222 02 5	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunization	21,103,298							
Total Government Health		2,755 76 2	2,910 85 8	5,322 90 3	10,113 7 75	0	0	0

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

5.5.1. If there is no government funding allocated to traditional vaccines, please state the reasons why, and the plans for the expected sources of funding for 2014 and 2015

N/A

5.6. Financial management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, no action has been taken**

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-Memoire	Implemented?
N/A	No

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

N/A

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

N/A

5.7. Inter-agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **4**

Please attach the minutes (**Document Number 4**) from the ICC meeting held in 2014 endorsing this report.

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

The main recommendations made at the ICC meetings are the following:

- Plan in advance and send report before the deadline
- Validate 2012 IRC;
- Validate action plans for districts that receive GAVI HSS support;
- Validate 2013 EPI operational plan
- Pursue implementation of RED approach;
- Validate measles elimination strategy plan
- Draft procedures manual as soon possible (within ten days, at the latest) so that funds for 2013 can be disbursed;

Are any Civil Society Organizations members of the ICC? **Yes** If **yes**, which ones?

List the CSO member organizations belonging to the ICC:
--

<i>Cellule de liaison et des informations des associations féminines (CELIAF) [Group for the Liaison with, and Information for, Women's Associations], the Red Cross of Chad, a platform for CSOs focused on immunization</i>

5.8. Priority actions in 2014 to 2015

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

The specific objectives of the operational plan are:

- a. To maintain blockage of the circulation of the wild polio virus and cVDPV;
- b. Increase the national administrative coverage for each vaccine by at least 5% in comparison to 2013;
- c. In the 50 priority districts and the high-risk districts, increase the national administrative coverage for each vaccine by at least 10% in comparison to 2013;
- d. Bring down the average national dropout rate between DTC-HepBHib1 and DTC-HepBHib3 to 20% in 2013 and 16% in 2014;
- e. Ensure a satisfaction rate for vaccine and supply demand in regions and districts to a no less than 80% for the entire year;
- f. In all districts, reach a stool sampling rate of 80% within 14 days following paralysis;
- g. Increase parents' information level about routine immunization by 15% (in comparison to 2012) by the end of 2014;
- h. Reach a minimum of 80% MNT coverage and 95% for measles (SIA);
- i. Increase parents' information level (IM) about campaigns against polio by a minimum of 90% (in comparison to 2013) by the end of 2014;
- j. Ensure a quarterly assessment of the Plan's implementation.

The strategies adopted:

- ✓, Strengthening staff capabilities;
- ✓, Pursue implementation of RED approach in the 40 priority HDs;
- ✓, Expand the RED approach to 10 additional priority HDs and provide specific support to 7 health districts (see map and lists below);
- ✓, Strengthen relations with the community to actively seek out children who have dropped out;
- ✓. Develop appropriate strategies for reaching populations that are difficult to access
- ✓. Mass communication and local communication that encourages immunization;
- ✓. Strengthen monitoring and use of immunization as well as controlling wastage;
- ✓. Implement plan to refurbish and equip new structures with cold chain materials;
- ✓. Strengthen AFP surveillance and the surveillance of other EPI target diseases in all districts;
- ✓. Coordinate monitoring and follow-up assessment.
- ✓. Introduce one-dose IPV in 2015;

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.
Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Type of syringes used in routine EPI in 2013	Funding sources in 2013
BCG	AD Syringe 0.05 ml	COUNTRY
Measles	AD Syringe 0.5 ml	COUNTRY
TT	AD Syringe 0.5 ml	COUNTRY
DTP-containing vaccine	AD Syringe 0.5 ml	COUNTRY/GAVI

Does the country have an injection safety policy/plan? **No**

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

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

A study was carried out with the support of UNICEF. The results, plan and policy are waiting to be adopted by the Ministry of Health. However, the EPI has a policy of disposing of sharps waste on a small scale through the collection of syringes in sharps containers and disposing of them by burning and burying them.

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

In 2013, waste has been eliminated in compliance with the method described above (burning, burying)

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Carry over to 2014 (E=C-D)	0	0

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

Not applicable. Country did not receive GAVI funds in 2013.

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

The funds management procedures are in compliance with the procedures manual finalized in March 2014 (attached in the appendix)

6.1.3. Please report on major activities conducted to strengthen immunization using ISS funds in 2013

No activities were conducted in 2013 with ISS funding.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7). (The instructions for this financial statement are attached in Appendix 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 programs are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS program for your government's most recent fiscal year, this must also be attached (Document Number: 8).

6.3. Request for ISS reward

Request for ISS reward achievement in 2013 is applicable for Chad.

7. New and Underused Vaccines Support (NVS)

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

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

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

	[A]	[B]		
Vaccine Type	Total doses for 2013 in the Decision Letter	Total doses received by 31 December 2013	Total number of doses for which delivery was reported in 2013	Did the company record any stock shortages at any level during 2013?
DTP-HepB-Hib	983,500	898,500	85,000	No
Yellow Fever	312,100	312,100	0	Yes

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

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

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

Changes in procurement procedures, forms not filled out in advance due to missing information. This quantity is expected, due to the calculation used to identify need for 2013.

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

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

To resolve the storage capacity problems that exist at the different levels, the country has opted for, and continues to support, its choice of a multi-dose presentation (10

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

Thirty-two 32 days of stock-out were recorded at the central level. At the regional level, 4 out of 20 regions who filled their stock in January experienced stock-out. Per the above, we have noted that the determining factor is the delay in the delivery of vaccines according to worldwide availability; the required amount was identified in a timely manner and the command was also placed in a timely manner

7.2. Introduction of a New Vaccine in 2013

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

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	The yellow fever vaccine was introduced in the county in 1985.

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	Yellow fever pentavalent was introduced in the county in July 2008.

7.2.2. For when is the Post Introduction Evaluation (PIE) planned? **December 2015**

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

This assessment addresses the IPV vaccine that the country is planning to introduce during the first half of 2015.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

Does the country have an institutional development plan for vaccine safety? **No**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No** Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

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

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

Not applicable.

7.3. New Vaccine Introduction Grant Lump Sums 2013 7.3.1. Financial Management

Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Carry over to 2014 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

Not applicable

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

Not applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Not applicable

7.4. Report on Country Co-financing in 2013 Table

7.4: Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	165,750	85,000
Selected vaccine #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	63,580	57,800
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		

Government	US\$ 229,330 100% funded by the Government
Donor	US\$ 0

Other	US\$ 0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Selected vaccine #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Selected vaccine #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	

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

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

N/A

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on the national health sector budget? **No**

7.5. Vaccine management (EVSM/EVM/VMA)

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

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

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

Please attach:

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

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

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

All the district storage facilities have seen their storage capacity increase due to the use of solar refrigerators. The installation of four 40 m³ positive-temperature cold rooms is currently underway; in addition, the cold rooms for the sub-national storage facilities in Sarh and Moundou have been received. However, the locations in which they will be housed are still being completed. In addition, the Abeché sub-national store facility has been operational since January 1, 2013.

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

November 2014

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

7.6.1. Vaccine shipment

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

[A]	[B]	[C]
Total doses approved in DL	Campaign start date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
0	6/2/2013	0

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

Not applicable

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 Type A Meningococcal preventive campaigns

Geographic regions covered	Campaign duration	Total Target population	Achievement, i.e., vaccinated population	Administrative coverage (%)	Coverage according to the survey (%)	Vaccine wastage rate	Total number of AEFI	Number of AEFI attributed to MenA vaccine

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

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

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

N/A

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?

N/A

What lessons have you learned from the campaign?

N/A

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

Category	Expenditure in Local currency	Expenditure in USD
Total	0	0

7.7. Change of vaccine presentation

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

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

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

7.9. Request for continued support for vaccines for 2015 vaccination program

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

Confirm below that your request for 2015 vaccines support is as per table [7.11 Calculation of requirements](#)

No

If you do not confirm, please explain

The NVS support ends this year--2014. Since the country is in need of such support, there needs to be a discussion about possible funding.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	US\$ 200,000		US\$ 250,000	
			<=	>	<=	>
Yellow fever	YF	7.80 %				
Meningococcal type A	HEPBHIB 23.80 %	10.20 %				
Pneumococcal (PCV10)	HPV	3.00 %				
Pneumococcal (PCV13)	HPV	6.00 %				
Rotavirus	MEASLES	5.00 %				
Measles, second dose	MEASLES	14.00 %				
DTP-HepB	MR	2.00 %				
HPV bivalent	HPV2	3.50 %				
Rotavirus	HPV2	3.50 %				
MR	YF	13.20 %				

Vaccine Antigens	Vaccine Types	US\$		US\$ 2,000,000	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	HEPBHIB 23.80 %				
Pneumococcal (PCV10)	HPV				
Pneumococcal (PCV13)	HPV				
Rotavirus	MEASLES				
Measles, second dose	MEASLES				
DTP-HepB	MR				
DTP-HepB-Hib	MR	25.50 %	6.40 %		
HPV bivalent	HPV2				
Rotavirus	HPV2				
MR	YF				

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	520,154	538,880	502,606	1,561,640
	Number of children to be vaccinated with the first dose	Table 4	#	327,697	420,326	502,606	1,250,629
	Number of children to be vaccinated with the third dose	Table 4	#	327,697	420,326	462,398	1,210,421
	Immunization coverage with the third dose	Table 4	%	63.00 %	78.00 %	92.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock as of 31 December 2013 * (see note)		#	468,500			
	Vaccine stock as of 1 January 2014 * (see note)		#	468,500			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		6.40 %	6.40 %	
fd	Freight cost as % of devices' value	Parameter	%		0.00 %	0.00 %	

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

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

Not applicable

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

0

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

Co-financing group	Low
Minimum co-financing	0.20
Recommended co-financing as per APR 2012	0.20

Your co-financing	0.20	0.20	0.20
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Table 7.11.2: Estimate of GAVI support and country co-financing (**GAVI support**)

		201	201
Number of vaccine doses	#	1 195200	1 643600
Number of AD syringes	#	1 387100	1 921000
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	15275	21 150
Total value to be co-financed by GAVI	\$	2 510500	3 495000

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

		2014	2015
Number of vaccine doses	#	129,400	175,500
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	\$	265,000	364,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 4	327,697	420,326	41 044	379 282
B 1	Number of children to be vaccinated with the third dose	Table 4	327,697	420,326	41 044	379 282
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	983,091	1 260,978	123 131	1 137 847
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	$D \times E$		1 324,027	129 287	1 194 740
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0)$		0	0	0
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0$				
H 1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H 2	Stock on 1 January	Table 7.11.1	0	468,500		
H 3	Shipment plan	UNICEF shipment report		692,700		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1 324,500	129 334	1 195 166
J	Number of doses per vial	Vaccine parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		1 387,076	0	1 387 076
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		15,258	0	15 258
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2 549,663	248 967	2 300 696
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		62,419	0	62 419
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		77	0	77
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		163,179	15 934	147 245
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		2 775,338	264 900	2 510 438
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		264,900		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	502,606	48,474	454,132
B 1	Number of children to be vaccinated with the third dose	Table 4	462,398	44,596	417,802
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,451,125	139,953	1,311,172
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,523,682	146,951	1,376,731
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0)$	0	0	0
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0$	- 295,169	- 28,467	- 266,702
H 1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	- 295,170	- 28,467	- 266,703
H 2	Stock on 1 January	Table 7.11.1			
H 3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,819,000	175,433	1,643,567
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,920,924	0	1,920,924
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	21,131	0	21,131
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,545,231	341,918	3,203,313
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	86,442	0	86,442
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	106	0	106
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% vaccines value (fv)}$	226,895	21,883	205,012
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	3,858,674	363,800	3,494,874
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	363,800		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64 %		

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

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

The immunization coverages that were attained were outside the proposal due to the implementation of intensified immunization activities and the RED approach (Reach Every District). This caused part of the reserve to be consumed.

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

The immunization coverages that were attained were outside the proposal due to the implementation of intensified immunization activities and the RED approach (Reach Every District). This caused part of the reserve to be consumed.

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

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	520,154	538,880	502,606	1 561 640
	Number of children to be vaccinated with the first dose	Table 4	#	312,093	377,216	452,345	1 141 654
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.33	1.25	
	Vaccine stock as of 31 December 2013 * (see note)		#	50,600			
	Vaccine stock as of 1 January 2014 * (see note)		#	50,600			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines' value	Table 7.10.2	%		7.80 %	7.80 %	
fd	Freight cost as % of devices' value	Parameter	%		10.00 %	10.00 %	

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

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

Not applicable

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

Co-financing group	Low
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	2013	2014	2015
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Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015
Number of vaccine doses	#	414,000	478,600
Number of AD syringes	#	411,500	518,300
Number of reconstitution syringes	#	54,900	64,300
Number of safety boxes	#	5,150	6,425
Total value to be co-financed by GAVI	\$	509,000	555,000

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

		2014	2015
Number of vaccine doses	#	84,600	105,800
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	\$	100,000	117,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00 %	16.96 %		
B	Number of children to be vaccinated with the first dose	Table 4	312,093	377,216	63,972	313,244
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	$B \times C$	312,093	377,216	63,972	313,244
E	Estimated vaccine wastage factor	Table 4	1.00	1.33		
F	Number of doses needed including wastage	$D \times E$		501,698	85,082	416,616
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		47,402	8,039	39,363
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H 2	Stock on 1 January	Table 7.11.1	0			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		498,500	84,540	413,960
J	Number of doses per vial	Vaccine parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		411,420	0	411,420
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		54,836	0	54,836
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		5,129	0	5,129
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		545,359	92,486	452,873
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		18,514	0	18,514
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		220	0	220
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		26	0	26
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% vaccines value (fv)}$		42,539	7,215	35,324
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$		1,876	0	1,876
T	Total funding needed	$(N+O+P+Q+R+S)$		608,534	99,700	508,834
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		99,700		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		16.96 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	18.10 %		
B	Number of children to be vaccinated with the first dose	Table 4	452,345	81,877	370,468
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	452,345	81,877	370,468
E	Estimated vaccine wastage factor	Table 4	1.25		
F	Number of doses needed including wastage	$D \times E$	565,432	102,346	463,086
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	18,783	3,400	15,383
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H 2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	584,300	105,761	478,539
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	518,241	0	518,241
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	64,274	0	64,274
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	6,408	0	6,408
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	598,908	108,405	490,503
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	23,321	0	23,321
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	258	0	258
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	33	0	33
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% vaccines value (fv)}$	46,715	8,456	38,259
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	2,362	0	2,362
T	Total funding needed	$(N+O+P+Q+R+S)$	671,597	116,860	554,737
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	116,860		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.10 %		

8. Injection Safety Support (INS)

This type of support is not available.

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section **only if your country was approved for received HSS funds and who have received HSS funds before or during January to December 2013**. All countries are expected to report on:

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on startup activities.

2. In order to better align HSS support reporting to country processes, for countries for which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15 May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

5. If you are requesting a new tranche of funding, please so indicate in Section 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 entity (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

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

- a. Minutes of all the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. The latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available).

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

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

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

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries who have already received their final payment for all approved GAVI financing with regard to the HSS grant and who are not requesting another other financing: Has the implementation of the HSS grant been completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **No**

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

December 2014

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

Please attach, if available, data that has been disaggregated by sex, rural/urban zone, district/state—specifically for immunization coverage indicators. This is particularly important if the GAVI HSS grants are used to target specific populations and/or geographic zones within the country.

If CSOs are involved in implementing the HSS grant, please attach a list of those involved in implementing the grant, the financing received by the CSO from the GAVI HSS grant and the activities that were carried out with the grant. If the involvement of the CSO was planned for in the initial proposal approved by GAVI, but no financing was provided to the CSO, please explain why. Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework.

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

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

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

9.1.1. Report on the use of ISS funds in **2013**

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

Note: if you are requesting a new tranche of funding, please make sure you fill in the last row of [Tables 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\$

These funds must be sufficient to ensure the implementation of the HSS grant through December 2015.

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)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (<i>(per the originally approved HSS proposal)</i>)	707000	1597743	1069506	820856	783056	0
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)	0	0	0	1588678	1139306	2200000
Total funds received from GAVI during the calendar year (A)	0	707000	0	0	0	2200000
Remaining funds (carry over) from previous year	0	0	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	0
Total Expenditures during calendar year (D)	0	679144	23258	1790	2762	
Balance carried forward to next calendar year (E=C-D)			27856	4598	46	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (<i>(per the originally approved HSS proposal)</i>)	0	0	0	0
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)	2071500	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	
Remaining funds (carry over) from previous year	1420623	0	0	0
Total Funds available during the calendar year (C=A+B)	1420623	0	0	0
Total Expenditures during calendar year (D)	6944			
Balance carried forward to next calendar year (E=C-D)	1413677			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	2071500	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (<i>(per the originally approved HSS proposal)</i>)	346430000	782894070	524057940	402219440	383697440	0
Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>)	0	0	0	778452220	558259940	1078000000
Total funds received from GAVI during the calendar year (A)	0	346430000	0	0	0	1079350822
Remaining funds (carry over) from previous year	0	0	0	0		
Total Funds available during the calendar year (C=A+B)		332780560	11396420	877100	1353380	
Total Expenditures during calendar year (D)						
Balance carried forward to next calendar year (E=C-D)				13649440		
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets ((per the originally approved HSS proposal))	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	1015035000	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year	681899150			
Total Funds available during the calendar year (C=A+B)	681899150			
Total Expenditures during calendar year (D)	3333327			
Balance carried forward to next calendar year (E=C-D)	678565056			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1015035000	0	0	0

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	480	480	480	480	480	480
Closing on 31 December	480	480	480	480	480	480

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Appendices*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January to April 2014 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document number: 20)**

Financial management of HSS funds

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

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

The HSS account is a government-type bank account. The annual work plans are created by the districts benefiting from the GAVI funds and are first validated by the delegation, then, examined by the Technical Committee and adopted by the ICC and, finally, transmitted to the GAVI Secretariat at the beginning of the year. <? xml:namespace prefix = o />

Accounts are opened in the regional administrative seats by the District Medical Directors; every quarter, the funds are transferred from the central level directly to the District accounts. The technical and financial reports are produced by the District Medical Directors, the results of which may lead to a second disbursement.

At the central level, a quarterly report is also created and submitted to the Technical Committee for approval and transmission to the ICC.

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunization 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 decision letter.

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
1. Strengthen capacity of 10 Health Districts with regards to qualified and motivated health personnel between now and June 2014	1.1 Process and install 50 additional qualified workers and ensure their effective presence in the 10 Health Districts 1.2 Organize an MLM (Management Level Medium) training session for the 10 Health Districts 1.3 Train 100 health workers throughout different levels in EPI, LMD/ARI and PNC 1.4 Compensate the three best workers in the Health District and the Regional Health Delegation 1.5 Adapt/copy the EPI management and supportive supervision tools	10	HD reports (Practical EPI training)

2. In the health facilities 10 districts, make the procurement system efficient and make drug inventory, vaccine and medical management efficient as well

- 2.1 Locally train the new workers employed in the 10 districts on drug and vaccine management
- 2.2 Provide the 8 applicable regions (GAVI) with drug management tools and EPI management tools
- 2.3 Ensure integrated supportive supervision every quarter (management tools, drugs child survival activities, etc.)
- 2.4 Provide central EPI with 4 positive-temperature 40m³-cold rooms and 3 sub-national storage facilities within 3 positive-temperature 40m³-cold rooms (Moundou and Sarh)
- 2.5 Install EPI equipment (cold rooms)
- 2.6 Provide each of the 8 Regional Health Delegations with 2 freezers and each of the 10 HD with a freezer
- 2.7 Provide each of the 8 Regional Health Delegations and the 10 HD with two refrigerators
- 2.8 Provide 100 health centers in the Districts with solar refrigerators to preserve vaccines
- 2.9 Ensure quarterly distribution in the 8 Regional Health Delegations of vaccines, supplies and EGDs
- 2.10 Provide 100 health centers with EGDs
- 2.11 Provide maintenance of cold chain equipment

EVP Annual Report
HD Reports

3. Strengthen organization and management of services in the 10 Health Districts and 6 facilities at the central level between now and 2013

- 3.1 Support the creation of a micro-planning workshop in 10 Districts;
- 3.2 Organize OAP validation and adoption in the HDs
- 3.3 Support meetings for monitoring actions in the 100 health centers in the 10 HDs;
- 3.4 Support the annual PRDS meetings for reviewing actions in the 8 Regional Health Delegations (within the GAVI zone)
- 3.5 Organize a quarterly NHDP review meeting at the central level
- 3.6 Provide the selected health centers within the 10 districts with 100 motorbikes to provide supervision, mobile strategies, and the coordination of 2 motorbikes.
- 3.7 Draft, validate and adopt the new proposals to GAVI/World Fund, per the platform
- 3.8 Organize two drafting and validation workshops for the GAVI HSS Annual Progress Report (2012)
- 3.9 Ensure that the 100 motorbikes are operational
- 3.10 Ensure that the 10 vehicles purchased with GAVI funds and the two to be purchased are operational
- 3.11 Organize activities (EPI, PNC, Vitamin A, mebendazole, CBC, etc.) for fixed and advanced strategies, including on market days in the applicable zones;
- 3.12 Provide central EPI with a transport truck to distribute supplies, tools, cold chain equipment, drugs and EPI supplies
- 3.13 Support supervisory missions at the relevant health centers, HDs and Regional Health Delegates;
- 3.14 Provide central HSS and EPI coordination with two supervisory 4x4 vehicles
- 3.15 Organize quarterly follow-up and control meetings for GAVI HSS activities at the central level (TC Meetings)
- 3.16 Provide 6 central facilities, 8 Regional Health Delegations and 10 HDs with information and administrative kits
- 3.17 Create health committees in the 10 HDs
- 3.18 Support the organization of monthly follow-up meetings for the management committees working with the community

HD reports in the GAVI zone
 Note allocation Final invoices HD Reports Bills of leading and confirmation of receipt Minutes

4. Ensure coordination and management of the Reprogramming included external audit	4.1 Organize an external audit 4.2 Implement communication support (displays, image boxes, etc.) in the 10 HDs 4.3 Conduct 2 missions of follow-up and control 4.4 Reproduction of documents 4.5 Communication 4.6 Supply and administrative supplies for coordination 4.7 Office equipment		Mission Report
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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	Explain progress achieved and relevant constraints
Strengthen capacity of 10 Health Districts	Assigning workers to the Regional Health Delegations is an ongoing activity of the MPH. The presence of at least one qualified worker within a HC is assured CS
2. Make the procurement system efficient	Organized training at the district level Supervisions are organized but not on a systematic basis (every month) The cold chain equipment has been purchased and is awaiting installation (there is unfinished construction work due to outstanding invoices). The order is in process and the programming has been updated with US\$ 2.2 million
3. Strengthen organization and management of services	Beginning of PRDS review activities planned for June 2014. Motorbikes purchased and waiting for roll out (waiting for approval from MPH). Maintenance and operation of vehicles makes up a very large part of the Health Districts' budgets. After four years of operation, the maintenance of these vehicles weighs heavily on the budgets. The estimated vehicle useful life [has been] reached (they are 4+ years). Activities to be conducted from 2014 forward A new refrigerated truck provided to the EPI by UNFPA resulted in funds being reallocated for the purchase of two Hi-Lux vehicles to support the operation of the sub-national storage facilities for preserving vaccines. Clear improvements in the supervision of the ten districts have been observed. Partial purchase (6 out of 14 units remain to be paid). The other part of the purchase will be paid once the programming
4. Ensure coordination and management of Rep	Activities Planned for 2014. Posters have been prepared and made available in most of the districts. Delay in validating management procedures

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

The delayed receipt of funds (first disbursement occurred in August) and the delayed approval of the management procedures manual led to a delayed implementation of the planned activities.

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

The GAVI HSS funds were used, in part, to assign workers to their posts.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2013 Target						Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
1.1. % of health centers with adequately trained staff	N/A	2007 health statistics	100% for the health centers in the 10 HDs within the zone supported by	90							
1.2. Number of HC that have health staff present in the RZ at least 10 out of 12 months	N/A	HD Reports	80% in the 100 Health Centers within the zone supported by	75							
2.1. Average number of days of stock-out of ten essential molecules [sic] in the health centers during the current quarter -3% in 2012)	N/A	N/A	3	4							
2.2. Number of managers trained in management of EGDs	N/A	2007	100 HCs within the zone supported by GAVI	90							
3.1 Rate of immunization coverage for PENTA3	77	2006 EPI report	95	90							
3.2 TTV2+ coverage among pregnant women	OPV3 Coverage (%)	2006 EPI Annual Report	90	90							
3.3. Improved under-5 mortality rate	191/1000 live births	INSEED 2004	64	64							
3.4. Number of districts achieving ~80% Penta3 coverage	0	2006 EPI report	44	44							

3.5 Proportion of health centers receiving at least 6 visits during the current year, during which a quantified check list was used	24	2006 REGIONAL HEALTH DELEGATE REPORT	100	90							
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9.4. Program Implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially those with impacts on health service programs, and how the HSS funds benefited the immunization program.

The main activities financed by the HSS were:

- Strengthening capabilities (training RSC and midwives);
- Micro-planning activities in relevant zones;
- RCS supervision;
- Outreach and mobile strategies in the relevant zones;

Improvement of immunization coverage within the 10 supported districts (83,020 children immunized with Penta3 in 2012 and 86,429 in 2013).

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

Delay in funds disbursement. Funds were made available to the country in August 2013. Orders placed externally such as for motorbikes and the cold chain impeded on-time purchase of equipment

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

The monitor and control of funds made available to the districts is conducted at several levels:

At the central level, there are plans in place for quarterly supervision by the Inspectorate General and the coordination team in addition to integrated routine supervision organized by the General Directorate of Regional Health Activities [DGASR].

At the peripheral level, the Health Delegates conduct monitoring missions and supervision in the HDs that are within the GAVI zone.

In addition, the monitoring mission conducted by the Ministry of Public Sanitation reviews the management of funds that are made available to the Ministry of Public Health from its partners

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.

Bi-monthly, quarterly and annual meetings are organized by the Ministry of Health and its partners. All questions related to funding the health system and to general resources are very carefully reviewed. Immunization indicators are regularly monitored from a high level within the Government of Chad. This was the reason for instituting a monthly meeting on the 24 of the month that is chaired by the Head of State

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

Development partners, specifically WHO and UNICEF, are too involved in decision-making related to the implementation of the HSS program. Regular meetings are organized, often with the EPI coordinator, to assess HSS activity progress, specifically related to equipment orders

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

Relationships with CSOs are not yet developed. It should be noted, however, that there is the beginning of a rapprochement between HSS coordination and the CSO platform in Chad.

In 2013, during a workshop that they organized, HSS Point Focal developed a theme about the support that the GAVI Alliance can bring to the CSOs involved in the immunization system within the country

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

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

Funds management is carried out according to the regulations and procedures outlined in the 2012 Aide-Memoire. All is to be transparent and amicable. The relevant decisions were taken in the Technical Committee meeting; based on the above, we conclude that management was efficient during 2013.

No obstacles were encountered and we are not planning any procedural changes for 2014

9.5. Planned HSS activities for 2014

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

Table 9.5: Planned Activity for 2014

Major Activities (insert as many rows as	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2014 actual expenditures (April 2014)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Strengthen capacity of 10 Health Districts with regards to qualified and motivated health personnel between now and June 2014	1.1 Process and install 50 additional qualified workers and ensure their effective presence in the 10 Health Districts; 1.2 Organize an MLM (Management Level Medium) training session for the 10 Health Districts 1.3 Train 100 health workers throughout different levels in EPI, LMD/ARI and PNC 1.4 Compensate the three best workers in the Health District and the Regional Health Delegation 1.5 Adapt/copy the EPI management and	80400	208333	No activity revision	No change	0

	2.1 Locally train the new workers employed in the 10 districts on drug and vaccine management. Provide the 8					
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<p>relevant regions (GAVI) with tools and EPI tools. 2.2 Ensure supportive supervision every (management tools, drugs, activities, etc.) 2.3 Provide positive-temperature 40m³-cold national storage facilities within temperature 40m³-cold rooms Sarh)</p> <p>2.4 Install EPI equipment (cold 2.5 Provide each of the 8 Delegations with 2 freezers and with a freezer</p> <p>2.6 Provide each of the 8 Delegations and the 10 HDs refrigerators</p> <p>2.7 Provide 100 health centers solar refrigerators to preserve vaccines; 2.8 distribution in the 8 Regional of vaccines, supplies and EGDs health centers with EGDs 2.10 maintenance of cold chain</p>						<p>drug management integrated three months child survival central EPI with 4 rooms and 3 sub-3 positive- (Moundou and rooms)</p> <p>Regional Health each of the 10 HD</p> <p>Regional Health with two</p> <p>in the Districts with</p> <p>Ensure quarterly Health Delegations</p> <p>2.9 Provide 100 Provide equipment</p>			
<p>. In the health facilities 10 districts, make the procurement system efficient and make drug inventory, vaccine and medical management efficient as well</p>			966000		201812	No activity revision	No change	0	

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<p>Strengthen organization and management of services in the 10 Health Districts and 6 facilities at the central</p>	<p>3.1 Support the creation of a micro-planning workshop in 10 Districts;</p> <p>3.2 Organize OAP validation and adoption in the HDs</p> <p>3.3 Support meetings for monitoring actions in the 100 health centers in the 10 HDs;</p> <p>3.4 Support the annual PRDS meetings for reviewing actions in the 8 Regional Health Delegations (within the GAVI zone)</p> <p>3.5 Organize a quarterly NHDP review meeting at the central level</p> <p>3.6 Provide the selected health centers within the 10 districts with motorbikes to provide supervision, mobile strategies, and the coordination of 2 motorbikes.</p> <p>3.7 Draft, validate and adopt the new proposals to GAVI/World Fund, per the platform</p> <p>3.8 Organize two drafting and validation workshops for the GAVI HSS Annual Progress Report (2012)</p> <p>3.9 Ensure that the 100 motorbikes are operational</p> <p>3.10 Ensure that the 10 vehicles purchased with GAVI funds and the two to be purchased are operational</p> <p>3.11 Organize activities (EPI,</p>	<p>1061000</p>	<p>404447</p>	<p>No activity revision</p>	<p>No change</p> <p>0</p>
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<p>at central level from now till 2013</p>	<p>A, mebendazole, CBC, etc.) for fixed and advanced strategies, including on market days in the applicable zones; 3.12 Provide central EPI with a transport truck to distribute supplies, tools, cold chain equipment, drugs and EPI supplies 3.13 Support supervisory missions at the relevant health centers, HDs and Regional Health Delegates; 3.14 Provide central HSS and EPI coordination with two supervisory 4x4 vehicles 3.15 Organize quarterly follow-up and control meetings for GAVI HSS activities at the central level (TC Meetings) 3.16 Provide 6 central facilities, 8 Regional Health Delegations and 10 HDs with information and administrative kits 3.17 Create health committees in the 10 HDs 3.18 Support the organization of monthly follow-up meetings for the management committees working with the community health workers in the HDs</p>					
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4. Ensure coordination management of the Reprogramming including external audit*	4.1 Organize an external audit					
	4.2 Implement communication support (displays, image boxes, etc.) in the 10 HDs					
	4.3 Conduct 2 monitoring and control missions					
	4.4 Copying of documents	42600	7431	No activity revision	No change	0
	4.5 Communication					
	4.6 Supplies and administrative supplies for coordination					
	4.7 Office equipment					
		2150000	822023			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval of the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Discontinuation of funding sources in	N/A	0	Not applicable	Not applicable	0
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount US\$	Duration of	Type of activities funded
No other donors for Chad	0 0		N/A

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes 9.9.**

Reporting on the HSS grant

9.9.1. 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 was information validated?	Problems experienced, if any
cMYP POA 2013 JRF 2013 FORECASTING AIDE-MEMOIRE PROCEDURES MANUAL FINANCIAL MANAGEMENT RSS 2014 PROGRAMMING INITIAL GAVI/HSS PROPOSAL (2008-2012) BANK STATEMENT HEALTH STATISTICS YEARBOOKS	MEETINGS Technical Support Committee-EPI AND TSC-EPI AND ICC WHO/UNICEF/TSC-EPI UNICEF/EPI GAVI/GOVERNMENT TSC-EPI/ICC/GAVI HSS COORDINATION/TC-EPI/ICC GOVERNMENT/GAVI BANK (SGT) MINISTRY OF HEALTH	APR

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

The portal opened late to country (end March);
too short of a deadline to research and compile data. Meeting
planned without country's participation (several activities ongoing in various countries).

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

1. HSCC meeting minutes for 2014 showing endorsement of this report (**Document number: 6**)
2. The most recent review report for the health sector (**Document N°: 22**)

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

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

Chad did NOT receive the support of GAVI type A CSOs

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

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

Chad **did NOT** receive the support of GAVI type B CSOs

Chad is submitting a report on GAVI Type B CSO support for 2013.

11. Comments from ICC/HSCC Chairs

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

The president of the ICC appreciated the positive cooperation that exists between the different programs at the Ministry of Health and its partners, specifically WHO, UNICEF, CDC, BMG. He also thanks the partners for the multi-faceted support they have provided to Chad.

12. Appendices

12.1. Appendix 1 - Terms of reference ISS

INSTRUCTIONS:

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

I. All countries that have received ISS/new vaccine introduction grants during the 2013, calendar year or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

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

Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Appendix 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS¹

An example statement of income & expenditure

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

* Indicate the exchange rate at opening 01.01.2013, 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 US\$	Actual expenditures in	Actual expenditures in	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Appendix 3 - Terms of reference HSS

INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories will be based on your government's own system of economic classification. 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 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Appendix 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*
2012 Report (closing balance as of 31 December 2012)	25,392,830	53,000
Summary of income and expenditure - 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Closing balance as of 31 December 2013 (2014 report)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, 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 US\$	Actual expenditures in	Actual expenditures in	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Appendix 5 - Terms of reference CSO

INSTRUCTIONS:

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

I. All countries that have received CSO "Type B" grants during the 2013, calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013, calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis is to summarize total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages and salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO "Type B" are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Appendix 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*
2012 Report (closing balance as of 31 December 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Closing balance as of 31 December 2013 (2014 report)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, 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 US\$	Actual expenditures in	Actual expenditures in	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Attachment	Section	Mandatory	File
1	Minister of Health Signature (or delegated authority)	2.1		signature ministre.pdf File desc: Date/time: 16/05/2014 08:38:43 Size: 1 MB
2	Minister of Health Signature (or delegated authority)	2.1		signature ministre.pdf File desc: Date/time: 16/05/2014 8:42:10 AM Size: 1 MB

3	ICC member signatures	2.2		liste présence.pdf File desc: Date/time: 16/05/2014 8:49:49 AM Size: 1 MB
4	Minutes of the ICC meeting in 2014 that endorsed the 2013 APR	5.7		rapport ccia.pdf File desc: Date/time: 16/05/2014 8:55:09 AM Size: 4 MB
5	HSCC member signatures	2,3		Signature des membres de CCSS.pdf File desc: Date/time: 16/05/2014 8:59:32 AM Size: 22 KB
6	Minutes of the HSCC meeting in 2014 that endorsed the 2013 APR	9.9.3		Compte rendu CCSS.pdf File desc: Date/time: 16/05/2014 9:03:25 AM Size: 22 KB
7	Financial statement for ISS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1		Rapport financier pour l'allocation SSV.pdf File desc: Date/time: 16/05/2014 9:10:07 AM Size: 22 KB
8	External report audit on ISS grant (fiscal year 2013)	6.2.3		rapport d'audit.docx File desc: Date/time: 16/05/2014 9:13:06 AM Size: 12 KB
9	Post-introduction evaluation report	7.2.2		Rapport d'évaluation post introduction.docx File desc: Date/time: 16/05/2014 9:15:48 AM Size: 12 KB
10	Financial statement for grant for introduction of new vaccine (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1		Rapport financier pour l'allocation d'introduction d'un nouveau vaccin.docx File desc: Date/time: 16/05/2014 9:18:48 AM Size: 12 KB
11	External audit report for grant for introduction of new vaccine (fiscal year 2013), if total expenditures for 2013 were greater than \$US 250,000	7.3.1		rapport d'audit externe pour l'allocation d'introduction d'un nouveau vaccin.docx File desc: Date/time: 16/05/2014 9:21:12 AM Size: 12 KB
12	EVSM/EVM report	7.5		RAPPORTGEV2010.pdf File desc: Date/time: 16/05/2014 10:19:49 AM Size: 1 MB
13	Latest EVSM/EVM improvement plan	7.5		PLAN D'AMELIORATIONCDF.pdf File desc: Date/time: 16/05/2014 9:25:27 AM Size: 2 MB

14	Progress report on EVSM/EVM improvement plan	7.5		Evaluation 2013 et Plan d'action PEV Tchad 2014.pdf File desc: Date/time: 16/05/2014 10:40:01 AM Size: 1 MB
16	Valid cMYP if the country is requesting continued support	7.8		PPAc2013-2017.pdf File desc: Date/time: 16/05/2014 9:31:06 AM Size: 5 MB
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8		cMYPCostingToolVs 2 5nvx.xls File desc: Date/time: 16/05/2014 9:34:31 AM Size: 3 MB
18	Report of the ICC meeting approving an extension of immunization support, if applicable	7.8		rapport ccia.pdf File desc: Date/time: 16/05/2014 9:39:23 AM Size: 4 MB
19	Financial statement for HSS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3		recette depenses 2013.pdf File desc: Date/time: 21/05/2014 08:25:25 Size: 1 MB
20	Financial statement for HSS grant for January-April 2014 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3		depenses jan avril2014.pdf File desc: Date/time: 21/05/2014 8:16:32 AM Size: 552 KB
21	External audit report for HSS grant (fiscal year 2013)	9.1.3		rapport d'audit.docx File desc: Date/time: 16/05/2014 9:43:15 AM Size: 12 KB
22	Health Sector Review Report - HSS	9.9.3		rapport d'examen secteur santé RSS.docx File desc: Date/time: 16/05/2014 10:16:00 AM Size: 12 KB
23	Census report - CSO-type A support	10.1.1		rapport d'examen secteur santé RSS.docx File desc: Date/time: 16/05/2014 9:46:50 AM Size: 12 KB
24	Financial statement for allocation of funding to type B CSOs (fiscal year 2013)	10.2.4		Etat financier pour l'allocation au OSC.docx File desc: Date/time: 16/05/2014 9:51:40 AM Size: 12 KB
25	External audit report for type B CSO grant (fiscal year 2013)	10.2.4		Rapport de l'audit externe OSC.docx File desc: Date/time: 16/05/2014 9:56:47 AM Size: 12 KB

25	External audit report for type B CSO grant (fiscal year 2013)	10.2.4		rapport d'audit externe pour l'allocation d'introduction d'un nouveau vaccin.docx File desc: Date/time: 16/05/2014 9:54:56 AM Size: 12 KB
26	Bank statements for each cash program, or consolidated bank statements for all existing cash programs if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) January 1st, 2013 and (ii) December 31st, 2012	0		releve bancaire janavril2014.pdf File desc: Date/time: 21/05/2014 8:10:12 AM Size: 439 KB
27	compte_rendu_reunion_ccia_changement_presentation_vaccin	7.7		Rapport CCIA changement presentation vaccin.docx File desc: Date/time: 16/05/2014 10:00:48 AM Size: 12 KB
	Other documents			PNDSII version finale adoptée le 25 .11 .pdf File desc: Date/time: 16/05/2014 10:43:05 AM Size: 758 KB recette depenses 2013 p2.pdf File desc: Date/time: 21/05/2014 8:31:46 AM Size: 620 KB