

GAVI Alliance

Annual Progress Report **2014**

submitted by

the government of
Chad

Reporting year: **2014**

Support application for the year: **2016**

Date of presentation: **05/16/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report **2014** via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. Documents may be provided to GAVI Alliance partners, their staff and the public. The APR and its appendices must be submitted in English, French, Spanish, or Russian.

Note: Please use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for support are available at the following address <http://www.gavialliance.org/country/>

The GAVI Secretariat is unable to return submitted documents and attachments to the country. Unless otherwise stated, the documents will be made available to the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of conducting the program(s) described in the Country's application. Any significant change in the approved program(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 THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any changes to the program(s) in the current application. The GAVI Alliance will document any changes that it has approved and the Country's application will be amended accordingly.

REIMBURSEMENT OF FUNDS

The Country agrees to reimburse, to the GAVI Alliance, all funding that is not used for the program(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 days after the Country receives the GAVI Alliance's request for a reimbursement. The reimbursed funds will be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/CANCELLATION

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 programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this application if any misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits directly or indirectly related to this application, that could be construed as illegal or corrupt.

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 their own or through an agent, to perform audits or other financial management assessments 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 keep its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of the GAVI Alliance funds. If there are any claims of misuse of funds, the Country shall maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

For any dispute for which the amount is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount 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 programs described in this application, including without limitation, any financial loss, conflicts of interest, harm to property, or personal injury or death. The country is solely responsible for all aspects of managing and implementing the programs described in this application.

By preparing 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 the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's accountability and transparency principles.

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
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New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2015

DTP-HepB-Hib (Pentavalent) vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in the liquid form in one- or ten-dose vials and in the liquid/lyophilized form in two-dose vials to be used in a schedule of three injections. Other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be individually confirmed.

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2017
New Vaccines Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2016	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
COS	Yes	Not applicable	No
HSS	Yes	next installment of HSS grant Yes	No

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

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year 2013 is available [here](#). French version is also available [here](#).

2. Signatures

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

By signing this page, the Government of **Chad** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funds 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 neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr NGARIERA RIMADJITA	Name	BEDOUMRA KORDJE
Date		Date	
Signature		Signature	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries regarding this document):

Full name	Position	Telephone	E-mail
Dr MBAIHOL TAMADJI	Head of the Immunization Division	00235 66 20 65 32	mbaihol@yahoo.fr

2.2. ICC Signatures Page

If the country presents a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, the HSCC and ICC committees are merged into one committee. Please complete each relevant section and upload the signed sections of the attached documents twice, once for the HSCC signatures and once for the ICC signatures

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of the country's 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 Inter-Agency coordinating Committee (ICC), endorse this report. Signing this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Dr NGARIERA RIMADJITA	MINISTRY OF PUBLIC HEALTH		
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The ICC may wish to send informal comments to: apr@gavi.org.

All comments will be treated confidentially. Partners' observations:

Observations of the Regional Working Group:

2.3. HSCC Signatures Page

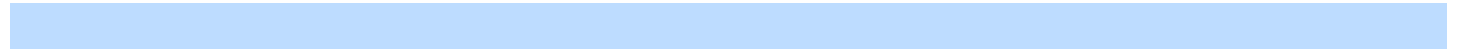
We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) **SO**, endorse this report on the Health Systems Strengthening Program. Signing this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of the country's 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.

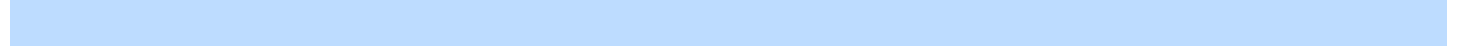
Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
N/A	N/A		

The HSCC may wish to send informal comments to: apr@gavi.org. All comments will be treated confidentially. Partners' observations:



Observations of the Regional Working Group:



2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Chad has not presented a report on use of CSO (type A and B) funds in 2015

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This APR includes activities carried out by **Chad** between January - December 2014 and specifies requests for the period January – December 2016

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4. Baseline and annual targets

Countries are requested to make a realistic evaluation of vaccine wastage, backed-up by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the **Wastage rate Table** appendix of the support request guidelines. Please note the reference wastage rate for the Pentavalent vaccine is available in ten-dose vials.

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

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)					
	2014		2015		2016		2017	
	Original approved target according to the Decision Letter	Reported	Original approved target according to the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	537,588	537,588	556,941	556,941		576,434		597,186
Total number of infant deaths	52,447	52,447	54,335	54,335		56,237		58,262
Total number of surviving infants	485,141	485,141	502,606	502,606		520,197		538,924
Total number of pregnant women	554,634	554,634	574,601	574,601		594,711		616,121
Number of infants who received (should receive) BCG vaccine	499,957	457,989	517,955	517,955		536,084		555,383
BCG coverage[1]	93%	85%	93%	93%	0%	93%	0%	93%
Number of infants who received (should receive) OPV3 vaccine	426,924	394,893	462,398	462,398		478,581		485,031
OPV3 coverage[2]	88%	81%	92%	92%	0%	92%	0%	90%
Number of infants who received (should receive) DTP1 vaccine[3]	485,141	477,948	502,606	502,606		520,197		538,924
Number of infants who received (should receive) the DTP3 vaccine [3][4]	436,627	400,985	462,398	462,398		478,581		485,031
DTP3 coverage[2]	90%	83%	92%	92%	0%	92%	0%	90%
Wastage [5] rate during the reference year and anticipated thereafter (%) for the DTP vaccine	5	10	5	5		5		5
Wastage [5] factor during the reference year and anticipated thereafter for the DTP vaccine	1.05	1.11	1.05	1.05	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	485,141	477,948	502,606	502,606		483,783		538,924

Number of infants who received (should receive) the 3 rd dose of DTP-HepB-Hib vaccine	436,627	400,985	462,398	462,398		478,581		485,031
DTP-HepB-Hib coverage [2]	90%	83%	92%	92%	0%	92%	0%	90%
Wastage [5] rate in the base-year and planned thereafter (%) [6]	20	10	20	20		10		10
Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)					
	2014		2015		2016		2017	
	Original approved target according to the Decision Letter	Reported	Original approved target according to the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage [5] factor in the base-year and planned thereafter (%)	1.25	1.11	1.25	1.25	1	1.11	1	1.11
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	431,775	365,919	452,345	452,345		478,581		485,031
Yellow fever coverage[2]	89%	75%	90%	90%	0%	92%	0%	90%
Wastage [5] rate in the base-year and planned thereafter (%)	20	10	20	20		25		25
Wastage [5] factor in the base-year and planned thereafter (%)	1.25	1.11	1.25	1.25	1	1.33	1	1.33
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) the 1 st dose of Measles Vaccine	431,775	383,303	452,346	452,346		478,581		485,031
Measles coverage [2]	89%	79%	90%	90%	0%	92%	0%	90%
Pregnant women immunized with TT+	488,078	461,524	517,141	517,141		535,240		554,509
TT+ coverage[7]	88%	83%	90%	90%	0%	90%	0%	90%
Vit A supplement to mothers within 6 weeks of the delivery	0	0	0	0		0		0
Vit A supplement to infants older than 6 months	0	0	0	0	N/A	0	N/A	0

Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	10%	16%	8%	8%	0%	8%	0%	10%
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[1] Number of infants immunized against the number of births

[2] Number of infants immunized out of the total number of surviving infants

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

[4] Please ensure that the DTP3 cells are correctly completed

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

[6] GAVI would also appreciate feedback from countries on feasibility of and interest in selecting and being shipped multiple Pentavalent vaccine presentations (1-dose and 10-dose vials) so as to optimize wastage, coverage, and cost.

[7] Number of pregnant women immunized with TT+ out of the total number of pregnant women

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Please fill in the table in section 4 “Baseline and Annual Targets” before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) notifying immunization activities for 2014**. The figures for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the 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 the **number of births**

The difference observed in the number of births is because of the fact that the projections used in the cMYP and in the previous report are based on provisional data from the general population and housing census, 2nd generation (RGPH2, 2009) in contrast to 2015 data obtained from projections based on the final RGPH2 results.

- Justification for any changes in **surviving infants**:

The number of survivors is related to the total population (3.7% of the total population)

- Explanation of changes in targets, per vaccine. **Please note that for targets of more than 10%, the results from previous years must be justified. For the IPV, explanation should also be provided as attachment(s) to the APR for EACH change in target population.**

Since the previous year's targets were not achieved, the base year targets have not changed

- Justification for any changes in **Wastage by vaccine**

Our vaccine management system, despite improvements (introduction of DVDMT (District Vaccine Data Management Tool) and SMT in the districts and regions in 2014) does not allow regular monitoring of the use of vaccines. Efforts will be made to increase documentation of the system

5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. Has sex-disaggregated data on the coverage of DTP3 from administrative sources and/or surveys been available in your country over the past five years? **No, not available**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Reference Year for Estimates	DTP3 coverage estimates	
		Boys	Girls
N/A	N/A	N/A	N/A

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

N/A

5.2.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data in routine immunization reports? **Yes**

5.2.4. How were the potential gender-related barriers to the access and implementation of immunization services (for example, mothers having no access to the services, the gender of service provider, etc.) resolved from the program point of view? (For more information on these gender-related barriers, refer to the GAVI "Gender and Immunization" sheet at <http://www.gavialliance.org/fr/librairie/>)

There is no equity-based data collection for immunization; the impediments and obstacles are not gender-specific. The RED Approach being implemented in the districts as well as other innovative approaches (accelerated approach, immunization of nomads and remote areas...) help to reach the maximum targets (men and women). In the current cMYP the focus is on providing immunization services to vulnerable and underprivileged groups.

5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please fill the table using US\$.

Exchange rate used	1 US\$ = 516	Only enter the exchange rate; do not enter the name of the local currency
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Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	N/A	N/A	N/A
Traditional vaccines*	2,222,894	1,773,463	0	449,431	0	0	0	0
New and Under-used Vaccines (NVS)**	1,899,312	374,202	1,496,810	28,300	0	0	0	0
Injection material (AD syringes and others)	492,076	274,347	137,174	80,555	0	0	0	0
Cold Chain equipment	1,003,363	0	65,242	888,121	50,000	0	0	0
Staff	395,521	12,209	0	383,312	0	0	0	0
Other routine recurrent costs	4,756,499	337,806	2,071,000	1,868,657	479,036	0	0	0
Other Capital Costs	87,878	70,349	16,908	621	0	0	0	0
Campaigns costs	11,924,878	421,569	1,833,020	4,376,837	5,293,452	0	0	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunization	22,782,421							

Total Government Health expenditures		3,263,945	5,620,154	8,075,834	5,822,488	0	0	0

Traditional vaccines: BCG, DTP, OPV, 1st of measles vaccine (or the combined MR, MMR), TT. Some countries will also include Herb and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document No. 4**) from the ICC 2015 meeting that endorsed this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Reference data and annual targets carried out](#) to [5.3 Overall Immunization Expenditure and Funding](#)

Validation of Program of Action (POA) 2014:

- POA validated subject to certain amendments
- commitment by the government to finance the plan of 3 billion CFA
- gap financier to be identified

Validation of the submission plan for the introduction of the IPV:

- plan validated
- commitment from the government to finance the plan with 162 million CFA - commitments from the WHO (22 million CFA) and UNICEF (21 million CFA)

Validation of the plan for a follow-up campaign against measles:

- plan validated
- commitment regarding financing by the government and partners

Validation of APR 2013

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

If yes, which ones?

List CSO members of the ICC:
POSVIT (Platform of Civil Society Organizations for immunization and vaccination in CHAD),
Red Cross of Chad

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority activities for its EPI program from 2015 to 2016?

Main Objectives (Objectives and actions extracted from main targets of 2015)

- Achieve 80% or more Vaccine coverage for all the antigens in at least 60% of health districts.
- By end of 2015, 60% of districts to have a dropout rates of less than 10% for DTP-HepB-Hib1/DTP-HepB-Hib3
- By end of 2015, reduce the gap between the official figures and WHO/UNICEF estimates from 32% to 10%
- Introduce the IPV by end of 2015
- Organize high quality anti-polio Supplementary Immunization Activities (SIA) with at least 95% coverage by end of 2015
- Achieve and maintain the principal indicators for monitoring of vaccine-preventable diseases
- Reduce stock-outs for vaccines and supplies in all the links of the storage chain (national, sub-national, HD depots) from 40% to 20% by end of 2015

- Substantially reduce the vaccine wastage rates to within the limit adopted by the WHO by end of 2015: BCG 50% MCV 30%, PENTA 10% OPV 25% TTV 25%
- Increase the uninterrupted cold chain functionality coverage of health centers from 67% to 72% by end of 2015
- By end of 2015, involve 10% of the listed CSOs and community leaders in social mobilization activities to promote immunization

Priority activities:

- Update the district micro-plans with inputs from communities
- Organize joint and integrated activities to benefit nomadic, hard to access, displaced or nomadic populations
- Organize 3 high quality anti-polio Supplementary Immunization Activities (SIA)
- Organize 5 high quality Local Immunization Days for Maternal and neonatal tetanus
- Organize the training of workers responsible for immunization on the monitoring of temperature, vaccine and cold chain management in the 54 RED HD
- Organize the training of District Executive Teams on DQS and DVD-MT in 10 additional districts
- Organize the active search for the unvaccinated in the 8 RED HD
- Provide all HD with immunization supplies and communication aids (posters, picture boxes, badges, caps).
- Ensure the active monitoring of AFP, yellow fever, measles and MNT cases
- Ensure the functioning of committees (NCCPE, NCC, ...)
- Organize bi-annual monitoring and evaluation meetings in the Hub (routine EPI, monitoring, SIA).
- Provide training to focal points on the IDSR

Activities to determine the wastage rate:

- Ensure the regular supervision of workers;
- Encourage field workers to use the DVD/MT;
- Ensure that DVD/MT are regularly sent by the regions to the central level;
- Compile and analyze the DVD/MT and provide feedback to the regions and districts.

5.6. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	BCG 0.05 ml syringes, 100 syringe boxes	Government
FR Measles	Auto-disable syringes 0.5 ml, 100 syringe boxes	Government
FR TT	Auto-disable syringes 0.5 ml, 100 syringe boxes	Government
FR DTP-containing vaccine	Auto-disable syringes 0.5 ml, 100 syringe boxes	GAVI and Government
IPV		N/A
Yellow Fever	Auto-disable syringes 0.5 ml, 100 syringe boxes	GAVI and Government
FR BCG	Dilution syringes 2ml, 100 syringe boxes	Government
FR Measles	Dilution syringes 5ml 21G, 100 syringe boxes	Government
FR Yellow Fever	Dilution syringes 5ml 21G, 100 syringe boxes	GAVI and Government

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

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

IF NO: When will the country prepare the injection safety policy/plan? (Please report in the box below)

In 2015, the Country plans to update its national policy document on immunization which will include the aspect of injection safety. However, the Country has a waste disposal policy.

Please explain how sharps have been disposed of in 2014 and any problems that were encountered, etc.

In 2014, all waste was discarded in accordance with the methods mentioned in the policy (burning and burying). Through the measles campaign, all the health centers received funds to prepare a site for waste destruction.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Chad did not produce a report on the use of Immunization Services Support (ISS) funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Chad did not produce a report on the use of Immunization Services Support (ISS) funds in 2014

6.3. ISS Funding Application

The request for expected ISS reward is not applicable for 2014 to Chad

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

7.1. Receipt of new & under-used vaccines for 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2014 that GAVI stipulated in their Decision Letter? Please fill the table below

Table 7.1: Vaccines actually received in 2014 compared to the quantity approved for 2014.

Please also include any deliveries from the previous year received under this same Decision Letter.

	[A]	[B]	[C]	
Vaccine Type	Total doses for 2014 given in the decision letter	The number of total doses received by December 31, 2014	Total doses postponed from previous years and received in 2014	Has the country experienced a stockout at any level in 2014?
DTP-HepB-Hib	1,915,500	964,200	0	No
Yellow fever	596,700	459,200	0	Yes

If numbers [A] and [B] are different, specify:

- What were the main problems encountered? (Was the lower than anticipated vaccine utilization due to a delay in the introduction of a new vaccine or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with the cold chain? Doses discarded because VVM changed color or because of the expiry date?...)

The last delivery of 2014 took place in February 2015 due to the delay in the release of funds granted to the State

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

GAVI would also appreciate feedback from countries on the feasibility and interest of using and being provided with multiple Pentavalent vaccine presentations (1 dose and 10 dose vials), so as to reduce wastage and cost to a minimum and optimize coverage.

High level advocacy to secure the budget line and make the funding mechanism flexible. Annual funding with procurement in installations is suggested.

If **Yes** marked for any vaccine in **Table 7.1**, indicate the duration, reason, and impact of stock-out including stock-out at central, regional, district or a lower level.

Two months of complete shortage at the central level, also observed in some districts during the same period

7.2. Introduction of a New Vaccine in 2014

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

Yellow fever, 10 dose(s) per vial, LYOPHILIZED		
Nationwide introduction	No	

Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	Chad did not introduce any new vaccine in 2014.

For when is the Post introduction evaluation (PIE) planned? **December 0**

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	Chad did not introduce any new vaccine in 2014.

For when is the Post introduction evaluation (PIE) planned? **December 0**

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

N/A

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilance? **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**

Has your country implemented a risk communication strategy along with national preparedness plans to deal with possible immunization issues? **No**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. rotavirus diarrhea? **No**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country conducted special studies on:

a. Rotavirus diarrhea? **No**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

If yes, does the National Immunization Technical Advisory Group (NITAG) or the Interagency Coordinating Committee (ICC) regularly examine the data from national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of this data? **Not selected**

Are you planning to use the data from national sentinel surveillance and/or special studies to monitor and assess the impact of the introduction and use of vaccines? **Not selected**

Please describe the results of any surveillance or specific studies and the contribution made by any NITAGs or ICCs:

N/A

7.3. Lump sum allocation for the introduction of a new vaccine in 2014

7.3.1. Financial Management Reporting

	Amount in US\$	Amount in local currency
Funds received in 2014 (A)	0	0
Balance of funds carried forward from 2013	0	0
Total Available Funds in 2014 (C=A+B)	0	0
Total expenditure in 2014(D)	0	0
Balance carried over to 2015 (E=C-D)	0	0

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

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

(Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Program Report

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

N/A

Please describe any problem encountered in the implementation of the planned activities.

N/A

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

N/A

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	104,050	91,840
Selected vaccine #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	270,153	
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	374,203	

Donor	0	
Others	0	
	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US\$ and in supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	137,174	518,100
Selected vaccine #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	274,347	1,280,400
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	March	Government
Selected vaccine #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	

*Note: cofinancing is not mandatory for the IPV

Is GAVI's support, in relation to new or under-used vaccines and supply of injections, reported in the national health sector budget? **Not selected**

7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on the EVM tool can be found at

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct a Vaccine Management Assessment (VMA) prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The VMA 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 the following documents:

- the EVM report (**Document No 12**)
- The post-EVM improvement plan (**Document No. 13**)

c) Progress report on the activities implemented during the year and the status of implementation of the recommendations from the Improvement Plan (**Document No. 14**)

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

Have there been any changes in the Improvement plan, and why? **Yes**

If yes, provide more details

The option to change the mixed energy source and the choice of a solar device to be introduced in phases in the HC and completely in HD. 109 solar refrigerators with 100 liter capacity installed in the HD level and 39 in the HC in 2014.

When is the next Effective Vaccine Management (EVM) Assessment planned? **May 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Chad is not submitting a preventive campaign NVS report.

7.7. Change in vaccine presentation

Chad does not require changes in the vaccine presentation in the coming years.

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

If **2015** is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from **2016** and for the duration of a new comprehensive multi-year plan (cMYP).

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

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

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

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

The multi-year support extension is in line with the new cMYP for the years to, which is attached to this APR (Document N°16). The new costing tool is also attached (Document No. 17) for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. 18)

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

7.9. Request for continued support for vaccines for 2016 immunization program

In order to request NVS support for immunization **2016**, do the following:

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

If you do not confirm, please explain:

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
Vaccine Antigens	Vaccine Type	2014	2015	2016	2017			
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	7.50%	7.50%	7.40%	7.20%			
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40%	4.30%	3.60%	4.40%			

7.11. Calculation of requirements

Table 7.11.1: Characteristics for **DTP-HepB-Hib, 10 doses per vial, LIQUID**

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	485,141	502,606	520,197	538,924	2,046,868
	Number of children to be vaccinated with the first dose	Parameter	#	485,141	502,606	483,783	538,924	2,010,454
	Number of children to be vaccinated with the third dose	Parameter	#	436,627	462,398	478,581	485,031	1,862,637
	Immunization coverage with the third dose	Parameter	%	90.00%	92.00%	92.00%	90.00%	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.25	1.25	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	230,700				
	Stock across second level Dec 31, 2014 (if available)*		#	230,700				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	No	

	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	0.00	0.00	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.30%	3.60%	4.40%	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

N/A

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **Not defined**

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

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

	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20
Your co-financing	0.20	0.20		

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

		2014	2015	2016	2017
Number of vaccine doses	#	1,815,500	1,563,500	2,020,000	2,352,000
Number of AD syringes	#	1,725,600	1,629,300	2,046,900	2,400,400
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	19,000	17,925	22,225	25,875
Total value to be co-financed by GAVI	\$	3,699,500	3,185,000	3,852,500	3,744,500

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

		2014	2015	2016	2017
Number of vaccine doses	#	100,000	280,500	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value of country co-financing[1]	\$	198,500	554,000	0	0

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-financing	V				
B	Number of children to be vaccinated with the first dose	Table 4	485,141	502,606		
B 1	Number of children to be vaccinated with the third dose	Table 4	436,627	502,606		
C	Number of doses per child	The immunization schedule	3	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,387,019	1,451,125		
E	Estimated vaccine wastage factor	Table 4	1.25	1.25		
F	Number of doses required including wastage	$D \times E$		1,813,906		
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$				
H 1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$				
H 2	Stock on 1st January	Table 7.11.1	468,500	230,700		
H 3	Dispatch schedule	Approved volume		1,844,000		
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		1,844,000		
J	Number of doses per vial	Vaccine parameter				
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$				
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$				
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$				
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$				

O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$				
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$				
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$				
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$				
T	Total funds required	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

As the shipment plans for 2014 are not yet available, the volume approved for 2014 is used as the best view of the shipment in 2014. The information will be updated when the shipment schedule is available.

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	0.00%		
B	Number of children to be vaccinated with the first dose	Table 4	483,783	0	483,783
B1	Number of children to be vaccinated with the third dose	Table 4	478,581	0	478,581
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,444,015	0	1,444,015
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required including wastage	$D \times E$	1,602,856	0	1,602,856
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	- 2,666	0	- 2,666
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$	- 419,419	0	- 419,419
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$	260,795	0	260,795
H2	Stock on 1st January	Table 7.11.1			
H3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	2,020,000	0	2,020,000
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	2,046,845	0	2,046,845
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	22,220	0	22,220
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	3,629,940	0	3,629,940
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	91,699	0	91,699
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	121	0	121
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	130,678	0	130,678

S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	3,852,438	0	3,852,438
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00%		

As the shipment plans for 2014 are not yet available, the volume approved for 2014 is used as the best view of the shipment in 2014. The information will be updated when the shipment schedule is available.

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	V	0.00%		
B	Number of children to be vaccinated with the first dose	Table 4	538,924	0	538,924
B1	Number of children to be vaccinated with the third dose	Table 4	485,031	0	485,031
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,540,783	0	1,540,783
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required including wastage	$D \times E$	1,710,269	0	1,710,269
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	641,351	0	641,351
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$			
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Stock on 1st January	Table 7.11.1			
H3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	2,352,000	0	2,352,000
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	2,400,348	0	2,400,348
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	25,873	0	25,873

N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	3,483,312	0	3,483,312
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	107,536	0	107,536
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	141	0	141
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	153,266	0	153,266
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	3,744,255	0	3,744,255
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00%		

As the shipment plans for 2014 are not yet available, the volume approved for 2014 is used as the best view of the shipment in 2014. The information will be updated when the shipment schedule is available.

Table 7.11.1: Characteristics for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

ID	Source		2014	2015	2016	2017	TOTAL	
	Number of surviving infants	Parameter	#	485,141	502,606	520,197	538,924	2,046,868
	Number of children to be vaccinated with the first dose	Parameter	#	431,775	452,345	478,581	485,031	1,847,732
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.25	1.25	1.33	1.33	
	Stock in Central Store Dec 31, 2014		#	14,400				
	Stock across second level Dec 31, 2014 (if available)*		#	14,400				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	0.00	0.00	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		7.50%	7.40%	7.20%	
fd	Freight cost as % of material value	Parameter	%					

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable

Co-financing table for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

Co-financing group	Low
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	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20
Your co-financing	0.20	0.20		

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

	Formula	2014	2015		
			Total	Government	GAVI
A Country co-financing	V				
B Number of children to be vaccinated with the first dose	Table 4	431,775	452,345		
C Number of doses per child	The immunization schedule	1	1		
D Number of doses required	$B \times C$	431,775	452,345		
E Estimated vaccine wastage factor	Table 4	1.25	1.25		
F Number of doses required including wastage	$D \times E$		565,432		
G Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$				
H Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$				

H 2	Stock on 1st January	Table 7.11.1	50,600	14,400		
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		571,900		
J	Number of doses per vial	Vaccine parameter				
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$				
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$				
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$				
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$				
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$				
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$				
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$				
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$				
T	Total funds required	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

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

	Formula	2016		
		Total	Government	GAVI
A	Country co-financing	V	0.00%	
B	Number of children to be vaccinated with the first dose	Table 4	478,581	0
C	Number of doses per child	The immunization schedule	1	
D	Number of doses required	$B \times C$	478,581	0

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses required including wastage	$D \times E$	636,513	0	636,513
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	17,771	0	17,771
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$	0	0	0
H 2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	654,300	0	654,300
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	545,988	0	545,988
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	71,973	0	71,973
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	7,198	0	7,198
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	649,066	0	649,066
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	24,461	0	24,461
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	2,520	0	2,520
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	40	0	40
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	48,031	0	48,031
S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	724,118	0	724,118
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00%		

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	V	0.00%		
B	Number of children to be vaccinated with the first dose	Table 4	485,031	0	485,031
C	Number of doses per child	The immunization schedule	1		
D	Number of doses required	$B \times C$	485,031	0	485,031
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses required including wastage	$D \times E$	645,092	0	645,092
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted <i>Buffer on doses needed = (D - D of previous year original approved) x 0,25</i> <i>Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25</i>	121,790	0	121,790
H	Stock to be deducted	$H2$ of the previous year - $0.25 \times F$ of the previous year			
H 2	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	766,900	0	766,900
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	667,504	0	667,504
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	84,359	0	84,359
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	8,436	0	8,436
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	782,238	0	782,238
O	Cost of the required AD syringes	$K \times \text{AD syringe price per unit (ca)}$	29,905	0	29,905
P	Cost of the required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	2,953	0	2,953
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	46	0	46
R	Freight cost of the required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	56,322	0	56,322

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

S	Freight cost of the required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	871,464	0	871,464
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00%		

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8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. **Please complete this section only if your country was approved for and received HSS funds before or during January to December 2014.** All countries are expected to report on:
 - a. The progress achieved in 2014
 - b. The implementation of HSS from January to April 2015 (interim report)
 - c. Plans for 2016
 - d. Proposed changes to approved activities and budget (see No. 4 below)

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

In order to better align HSS support reporting on national processes, for countries of whose 2014 fiscal year starts in January 2014 and ends in December 2014, the HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal 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 template, as necessary.
 4. If you would like to modify the objectives, activities and pre-approved budgets (rescheduling), please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavi.org.
 5. If you are requesting additional funds, please make this clear in [section 8.1.2](#).
 6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures, and sources used.
 7. Please attach all required [supporting documents](#). These include:
 - a. Minutes of the HSCC meetings held in 2014
 - b. Minutes of the HSCC meeting in 2015 that endorsed this report
 - c. Latest Health Sector Review Report
 - d. Financial statement for the use of HSS funds in the calendar year 2014
 - 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 installments of HSS funding:
 - a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter
 - b. Demonstrating (with tangible evidence) strong links between activities, output, outcomes, and impact indicators;
 - c. Outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.
8. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either, send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or to only approve part of the next installment of HSS funds.

8.1. Report on the use of HSS funds in 2014 and request for additional funds

Countries that have already received the final disbursement of GAVI approved funds under HSS grant and require no further financing: Is the implementation of HSS grant completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **Yes**

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

NA, since HSS1 ended in December 2014 and another funding request HSS2 was submitted in February 2015, for 3 years: 2016, 2017 and 2018

Please attach all studies and evaluations related to the GAVI HSS grant or financed by it.

Please attach the gender disaggregated data, if any, by rural/urban areas, district/state, especially for immunization coverage indicators. This is mainly important if the GAVI HSS grants are used to target populations and/or specific geographic locations in the country.

If the CSOs are involved in HSS implementation, please attach a list of those involved in implementing the grant, financing received by the CSOs for GAVI HSS grant and activities that are conducted. If the CSO involvement was already planned in the initial proposal approved by GAVI, but no financing was provided to CSOs, please explain why. Go to <http://www.gavialliance.org/support/cso/>, for the GAVI CSO implementation framework.

NA, since the CSO have not been involved in the preparation or implementation of the HSS grant

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

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

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

8.1.1. Report on the use of HSS funds in **2014**

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

Please note: If you are requesting additional funding, please make sure you fill in the last row of [Table 8.1.3.a](#) and [8.1.3.b](#).

8.1.2. Please indicate if you are requesting a new portion of funding **No**

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

These funds will be sufficient to ensure the HSS allocation till December 2016.

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
Original annual budget (as per the <i>initially approved HSS proposal</i>)	1,597,743	1,069,506	820,856	783,056	0	0
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	1,588,678	1,139,306	2,200,000	0
Total funds received from GAVI during the calendar year (A)	707,000	0	0	0	2,200,000	0

Balance funds (carry over) from previous year (A)	0	0	0	0	0	1,337,057
Total Funds available during the calendar year (C=A+B)	707,000	0	0	0	2,200,000	1,337,057
Total expenditure during the calendar year (D)	679,144	23,258	1,790	2,762	827,981	900370
Balance carried forward to the next calendar year (E=C-D)	27,856	23,258	1,790	2,762	1,372,019	436,687
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budget (as per the <i>initially approved HSS proposal</i>)	0	0	0	0
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Balance funds (carry over) from previous year (A)	436,687	0		0
Total Funds available during the calendar year (C=A+B)	436,687	0		0
Total expenditure during the calendar year (D)	0	0		0
Balance carried forward to the next calendar year (E=C-D)	436,687	0		0
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as per the <i>initially approved HSS proposal</i>)	782,894,070	524,057,940	402,219,440	383,697,440	0	0
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	778,452,220	558,259,940	1,078,000,000	0
Total funds received from GAVI during the calendar year (A)	339,360,000	0	0	0	1,079,350,822	0
Balance funds (carry over) from previous year (A)	339,360,000	0	0	0	1,079,350,822	681,899,150
Total Funds available during the calendar year (C=A+B)	339,360,000	13,370,880	3,066,240	2,207,040	1,079,350,822	681,899,150
Total expenditure during the calendar year (D)	325,989,120	11,163,840	859,200	1,325,760	397,430,880	397,430,650
Balance carried forward to the next calendar year (E=C-D)	13,370,880	11,163,840	859,200	1,325,760	6,818,991,500	218,208,600
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	1,015,035,000
	2015	2016	2017	2018		
Original annual budget (as per the <i>initially approved HSS proposal</i>)	0	0	0	0		
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	0		
Total funds received from GAVI during the calendar year (A)	0	0	0	0		
Balance funds (carry over) from previous year (A)	224,893,805					
Total Funds available during the calendar year (C=A+B)	224,893,805	0	0	0		

Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to the next calendar year (E=C-D)	224,893,805	0	0	0
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Report of Exchange Rate Fluctuation

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

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 st January	480	480	480	480	480	510
Closing on 31 st December	480	480	480	480	480	515

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*).

Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. **(Document Number: 19)**

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

Has an external audit been conducted? Yes

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

8.2. Progress of HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

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

[Table 8.2: HSS activities in the reporting year 2014](#)

Main Activities (insert as many rows as required)	Activities planned for 2014	Percentage of activity completed (annual) (where applicable)	Source of information/data (if relevant)
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<p>Strengthen the capacity of 10 health districts in skilled and motivated health personnel by the end of 2014</p>	<p>1.1. Organize a training session in MLM (Medium Level Management) for 10 Health Districts 1.2. Train health workers in 100 HC on EPI, CDD/ARI and CPN 1.3. Reward the top three HD workers 1.4. Organize an integrated supportive supervision every three months</p>	<p>20</p>	<p>Report on practical EPI training in the Districts</p>
<p>. Make the supply and management system for medicines, vaccines and medical products efficient in health facilities in 10 districts</p>	<p>2.1. Locally train workers in the 10 districts on the management of vaccines and medicines 2.2. Equip eight regions (GAVI) in medication management tools and EPI 2.3. Install EPI equipment (cold rooms) 2.4. Equip each of the 8 RHD with a freezer and 10 HC with one freezer each 2.5. Equip 50 health centers (GAVI zone) with solar refrigerators in the districts for storing vaccines. 2.6. Ensure the distribution of vaccines every 3 months in 8 RHD. 2.7. Equip 100 health centers with solar refrigerators in the districts for storing vaccines. 2.8. Ensure the maintenance of CDF equipment</p>	<p>30</p>	<p>Delivery receipt of freezers and solar refrigerators, reports on the distribution of vaccines to the EPI,</p>

<p>Strengthen the organization and management of services in 10 Health Districts and 6 central level structures by 2013</p>	<p>3.1. Organization of a micro-planning workshop in 10 Districts;</p> <p>3.2. Organize a workshop for validation and adoption of PAO of HD</p> <p>3.3. Organize monitoring meetings for actions in 100 health centers of 10 HD;</p> <p>3.4. Organize annual review meetings of PRDS for activities in 8 health delegations (GAVI area)</p> <p>3.5. Organize a biannual meeting of NPMD at central level</p> <p>3.7. Develop, validate and adopt the new submissions to GAVI</p> <p>3.8. Organize 2 workshops for development and validation of GAVI HSS (2014) APR</p> <p>3.9. Ensure that 100 motorbikes are operating</p> <p>3.10. Ensure the operation of 10 vehicles bought on GAVI funds and 2 to be acquired</p> <p>3.11. Organize activities (EPI, EIC, vitamin A, mebendazole, CBC ...) with fixed and advanced strategies including market days, in the areas covered;</p> <p>3.12. Provide the central EPI with truck transport for the distribution of supplies, tools, cold chains, drugs and EPI consumables</p> <p>3.13. Support monitoring missions at the level of concerned HC, HD and RHD;</p> <p>3.15. Organize quarterly meetings to monitor and control the GAVI HSS activities at central level (CT meetings)</p> <p>3.16. Equip 8 RHD with computer and office kits</p> <p>3.17. Train health committees in 10 HD</p> <p>3.18. Support the organization of monthly monitoring meetings of management committees involving community volunteers in HD</p>		<p>Monitoring report in the HD, supervision report in the HD; Report on the preparation and validation of the new HSS proposal, delivery receipts for motorcycles, bills and other documents for maintenance and repair of vehicles, Monthly reports from HC, report and assignment order for supervision from the coordination body, delivery receipts for computers</p> <p>35</p>
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<p>Ensure reprogramming co-ordination and management including external audit</p>	<p>4.1. Organize an external audit 4.2. Set up communication materials (posters, flipchart ...) in 10 HD 4.3. Execute two missions: monitoring and control 4.4. Duplication of documents 4.5. Communication 4.6. Office supplies and consumables for co-ordination office 4.7. Office Equipment 4.8. Supply fuel to the members of the technical team</p>	<p>50</p>	<p>Report on fund-monitoring assignment Bills and delivery receipts for supplies received fuel allowance</p>
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8.2.1. For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

<p>Main Activities (insert as many rows as required)</p>	<p>Explain progress achieved and constraints</p>
<p>Strengthen the organization and management of services</p>	<p>The strengthening of staff in the districts shows an overall improvement. All the Urban HC in the GAVI zone have at least two qualified staff members and the Rural HC have at least one qualified staff member. In addition, since 2012 the health staff receives awards from the State and bonuses for cost recovery, which further motivates the staff to provide better core services. However, there are points for improvement: the instability of the Chief District Doctors' posts, non-adherence to the immunization schedule by mothers, poor organization for receiving patients.</p>
<p>Make the procurement system more efficient</p>	<p>The vaccine transportation system in the districts was strengthened by providing districts and health delegations with vehicles and notably the introduction of cold rooms in certain delegations. Regarding medicines, certain bottlenecks need to be removed. The orders for essential generic drugs sent to the Pharmaceutical Purchase Center through the HSS Program were not processed despite regular follow-ups. There is a sluggishness in the administrative system for the management of supply and distribution of EGD</p>
<p>Strengthen the capacity of 10 health districts</p>	<p>The operational capacity of HD and HC has been strengthened considerably. With the resources at their disposal, the supervisions, the mobile and advanced strategies are implemented even if the program schedule is not completely adhered to. The strengthening of workers' skills on immunization is a reality as the training is conducted in the HDs by the district officers' teams. An overall improvement of indicators in most of the HD is observed. In some districts the coverage is still low despite the support. The assessment of the program will indicate the progress and the difficulties faced by the staff in the area of operation.</p>
<p>Ensure the co-ordination and management of the Reprogram</p>	<p>Procedure and management manuals are prepared and adopted, these aids have helped the coordination team to better monitor the implementation of the HSS program schedule. It should be emphasized that the system for ordering through the partners is long and the coordinating body is not qualified to monitor.</p>

8.2.2. Explain why certain activities have not been implemented, or have been modified, and give references.

The completion of scheduled activities essentially depends on the body responsible for implementing the activity. For example, MLM training, cold chain maintenance, transportation of vaccines from the central level to the regions are activities that should be implemented by the EPI services, the field activities (at the HD level) fall under the jurisdiction of the District Medical Officers. They are partially implemented due to lack of time or resourcefulness in the head of the HD.

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

The GAVI HSS funds have not been used to provide incentives or motivation for human resources. They also allowed the health human resources of the 10 districts to implement their activities in areas where liquid funds from the State do not reach, or rarely reach. With GAVI support, the HC organize advanced strategies, the districts organize mobile strategies and supervise. These funds were also used to improve the skills of workers in immunization and monitoring.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
1.1. Proportion of health centers having a qualified health staff member	N/A	N/A	100% of the HC received GAVI HSS support in the 10 HD	N/A	N/A	N/A					
1.2. Number of HC having health staff present in the RZ at least for 10 months out of 12	N/A	N/A	80% of 100 health centers within the support area	80%	N/A	N/A					
2.1. Average number of days with disruptions in ten key molecules in health centers during the quarter - 3% in 2012).	N/A	N/A	3	3	N/A	N/A					
2.2. Number of managers trained in the management of essential generic drugs	N/A	N/A	In 10 HDs	100%	N/A	N/A					
3.1. PENTA3 immunization coverage	77%	EPI annual report 2006	95%	80%							
3.2. Tetanus Toxoid vaccine in pregnant women	58%	EPI annual Report 2006	90%	80%							

3.3. Mortality Rate for children less than five years of age	191 per 1000 live births	INSEED 2014	64 per 1000 live births	N/A								
3.4. Number of districts having reached >80% Penta 3 coverage	0	EPI 2006 report	44	44								
3.5. Proportion of health centers that have undergone at least six visits during the past year, during which a quantified checklist was used	24	Reports from RHD/CD	100	80								

8.4. Program implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

The main accomplishments and their impacts on the immunization program;

THE IMPACT OF ACTIONS TAKEN WILL BE DETERMINED BY THE ASSESSMENT IN PROGRESS.

However, we can bring up certain points:

1. Logistical support to HSS and ISS programs: the availability of two vehicles has allowed the coordinators to better conduct supervision and monitoring of field activities.
2. The provision of 100 motorcycles to HC has helped restart immunization activities in villages distant from the health centers. More children have been immunized as a result of advanced activities.
3. The provision of sub-national cold rooms has helped to make vaccines available and bring them closer to the districts. The Medical Officers who had to travel 500 to 600 km to obtain vaccines have to travel a shorter distance.
4. The refrigerators purchased from GAV funds have allowed certain HC without fridges to store their vaccines easily and to use them with little wastage.
5. the district Head Doctors conducted a permanent supervision in 2014. Each HC in the 10 HD was subjected to at least 5 supervisions during the year
6. the training done during the year has improved the skills of HC staff and motivated the RCS to better perform their immunization activities.

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

Problems encountered in 2014:

During 2014, the program did not face any major problems. However, a few administrative limitations were observed. These include the delay in providing motorcycles, delay in preparation of technical and financial reports at the district level and problems related to availability of account cosignatories in two districts (Sarh and Mao for example).

Some of these limitations have been resolved following intervention by superiors. Those that still exist are related to delays in submission of supporting documents by the district managers. Efforts are in progress to resolve this problem: the central level supervisions will be more frequent (one supervision every two months

instead of every three months). During each supervision the team must be present with the available supporting documents.

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

Monitoring and evaluation provisions:

- At the central level: the program coordination team undertakes one monitoring assignment every quarter in the 10 HD receiving GAVI support
- the general inspections in the RHD also take place, but on an adhoc basis, in the concerned HD to observe the fund management
- the fund management problems are brought up and addressed during meetings with the TFP and MPH and particularly in ICC meetings.
- the Health Delegates track the management of GAVI funds in their respective districts
- At the end of each year, in Chad, an audit and a program assessment are planned. The process has been started and is in progress. The results shall be available by May 15 for audit and end June for assessment.

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

The quarterly meetings with the partners and the MPH, the ICC meetings, weekly meetings (MPH Managing Committee) are opportunities during which any questions related to management, and the monitoring of GAVI funds can be discussed. Therefore this integration already exists.

The reports can be synchronized as follows: the current GAVI indicators are the key indicators of the healthcare system. Therefore all that the technicians of these two groups need to do is an update or a revision of the indicators, in order to harmonize better. This would facilitate the completeness and promptness of reports.

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

Participation of stakeholders;

This particularly refers to the WHO, UNICEF, Swiss Cooperation, UNFPA, French Cooperation, European Union,

They work with the MPH by providing technical assistance, financial support and advice regarding HSS implementation.

Currently for the HSS, the civil society is not involved in the management. However it was involved in the process of preparation of HSS2 at the finalization and approval stages. This particularly refers to the CSO platform.

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

NA, since the CSOs were not involved in HSS1.

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

- Was the management of the HSS funds has been effective?
- Where there any constraints in disbursing internal funds?
- Actions taken to address any issues and to improve management
- Are there any planned changes to management processes in the coming year?

The management of funds during 2014 was transparent and efficient as the fund management procedures were applied and complied with.

With regard to the HSS program itself, there were no obstacles in disbursement. However, a balance amounting to: 2,071,500 US\$, deposited into the account of the ISS program had to face difficulties since the problem already existed when the fund was made available to the EPI. The problem was resolved in November 2014, since throughout 2014 the funding of EPI activities in the RED districts was suspended.

With respect to procedures, there has been no change in 2014. These are part of the procedure manual prepared and validated by the Ministry in collaboration with GAVI.

8.5. HSS Activities planned for 2015

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

Table 8.4: Activities planned for 2015

Main Activities (insert as many rows as required)	Activity planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if applicable)	Revised budget for 2015 (if applicable)
Ensure the coordination of the HSS program and the monitoring of field operations by the central level.	1.1. Support 4 integrated joint supervision assignments conducted by the central level on the EPI health delegations (HIS, HR, director of reproductive health and immunization...) 1.2. Ensure the quarterly monitoring of activities in the GAVI-supported districts (4 audit assignments) 1.3 Organize two external audits: January and December. 2015. 1.4. Ensure the functioning of the HSS coordination.	79,320	0	N/A	There have been no changes in the activity	79,320

Strengthen the skills of the HD staff	<p>1.1. Support the 10 HD in their joint supervision assignments (1 supervision every two months).</p> <p>1.2. Support the 100 health centers with respect to advanced strategies</p> <p>1.3. Support the organization of two peer review workshops in the regions</p> <p>1.4. Support the HD in monitoring the HS</p>	192881	0		There have been no changes in the activity	192881
Strengthen the 100 HC in terms of medicines and vaccine storage capacity in the RHD of N'Djamena.	<p>1.1. Supply 100 health centers with medicines</p> <p>1.2. Provide the N'Djamena cold room with a vehicle for distribution of vaccines</p>	132,038	0		There have been no changes in the activity	132,038
		404,239	0			404,239

8.6. HSS activities planned for 2016

Please use **Table 8.6** to indicate the planned activities for 2016. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that the change in the budget is over 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.

Table 8.6: HSS Activities planned for 2016

Main Activities (insert as many rows as required)	Activity planned for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during previous reviews of the Annual Progress Reports)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if applicable)	Revised budget for 2016 (if applicable)
N/A	N/A	0	N/A	0	0
N/A	N/A	0	N/A	0	0
N/A	N/A	0	N/A	0	0
N/A	N/A	0	N/A	0	0
N/A	N/A	0	N/A	0	0
N/A	N/A	0	N/A	0	0
		0			

8.7. Revised indicators in case of reprogramming

Countries planning to request reprogramming can do so at any time of the year. Please ask the person responsible for your country at the GAVI Secretariat for reprogramming guidelines or send an email at gavihss@gavi.org

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
WHO UNICEF UNFPA COOP SWITZERLAND COOP FRANCE WORLD BANK	0		

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

8.9. Reporting on the HSS grant

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

- How the 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 questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Financial report of the coordination	The report shall be validated during the ICC.	APR

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

1. the portal should be available/open in the beginning of March for the Country teams to be able to fill in before the deadline.
2. the WHO correspondence with the Country to designate the participants must take place a month in advance to allow the country to assign workers in good time

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014 Please attach:

1. The minutes from all the HSCC meetings held in 2015, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

9. Strengthen the involvement of Civil Society Organizations (CSO): type A and type B

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

Chad has **NOT** received GAVI Type A support to CSOs

Chad will not present a report on GAVI Type A support to CSOs for 2014


9.2. TYPE B : CSO support to help implement the GAVI HSS proposal or CMYP

Chad has **NOT** received GAVI Type B support to CSOs

Chad will not present a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC and any comments or information you may wish to share in relation to the challenges you have encountered during the year under review. These are in addition to the approved minutes, which should be included in the attachments.



11. Appendices

11.1. Annex 1: ISS instructions

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION UNDER IMMUNIZATION SERVICES SUPPORT (ISS)**

- I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the countries' own national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014(interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of December 31, 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of ISS income & expenditure

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF A VACCINE INTRODUCTION 1

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	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 general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR HEALTH SYSTEM STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the countries' own national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. The carry-forward of funds from calendar year 2013 (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014

- c. Other income received during 2014(interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of December 31, 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional 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 shall be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - HSS income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	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 general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

- I. All countries that have received CSO - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the countries' own national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. The carry-forward of funds from calendar year 2013 (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014

- c. Other income received during 2014(interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of December 31, 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional 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 shall be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - CSO income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

An example of income & expenditure statement



Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US\$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	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 general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1		Signature MSP.pdf File desc: Date/Time: 05/15/2015 11: 18: 56 Size: 1 MB
2	Signature of the Finance Minister (or delegated authority)	2.1		Signature MSP.pdf File desc: Date/Time: 05/15/2015 11: 21: 50 Size: 1 MB

3	Signatures of the ICC members	2.2	✓	Liste Presence CCIA 13 5 2015.pdf File desc: Date/Time: 15/05/2015 10: 06: 26 Size: 3 MB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014.	5.4	✓	CR CCIA 13 5 2015.pdf File desc: Date/Time: 05/15/2015 11: 45: 20 Size: 2 MB
5	Signature of the HSCC members	2.3	✓	CCIA CCSS.docx File desc: Date/Time: 05/15/2015 05: 57: 15 Size: 12 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	CCIA CCSS.docx File desc: Date/Time: 05/15/2015 05: 58: 40 Size: 12 KB
7	Financial statements for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	Etat financier.docx File desc: Date/Time: 05/15/2015 11: 54: 25 Size: 12 KB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	Audit.docx File desc: Date/Time: 15/05/2015 10: 15: 21 Size: 12 KB
9	Post-introduction Evaluation Report	7.2.1	✗	Pas nouveaux vaccins.docx File desc: Date/Time: 05/14/2015 12: 02: 14 Size: 12 KB
10	Financial statements of grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	Nouveaux vaccins.docx File desc: Date/Time: 05/15/2015 05: 45: 54 Size: 12 KB
11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than USD 250,000	7.3.1	✓	Nouveaux vaccins.docx File desc: Date/Time: 05/15/2015 05: 44: 09 Size: 12 KB
12	EVSM/EVM/VMA report	7.5	✓	Rapport EVALUATION 01 Dec10.pdf File desc: Date/Time: 05/15/2015 04: 31: 34 Size: 1 MB

13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Evaluation de la mise en oeuvre du Plan de revitalisation 2010-1.docx File desc: Date/Time: 05/15/2015 04: 32: 34 Size: 17 KB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	MO PLAN DE REVITALISATION EVM 2010 120315.xlsx File desc: Date/Time: 05/15/2015 04: 09: 59 Size: 16 KB
16	The valid cMYP, if the country is requesting an extension of support	7.8	✗	PPAc 2015-2017 valid+@ par le CCIA.zip File desc: Date/Time: 05/14/2015 11: 49: 16 Size: 2 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support.	7.8	✗	Renouvellement du soutien.docx File desc: Date/Time: 15/05/2015 06: 53: 00 Size: 12 KB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✗	Renouvellement du soutien.docx File desc: Date/Time: 15/05/2015 06: 53: 41 Size: 12 KB
19	Financial statements for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	✓	Rap_Finance_P3.pdf File desc: Date/Time: 15/05/2015 06: 47: 30 Size: 627 KB
20	Financial statements for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	✓	Rapport financier 2014_RSS 1.zip File desc: Date/Time: 15/05/2015 06: 55: 51 Size: 20 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	RAS.docx File desc: Date/Time: 15/05/2015 06: 58: 55 Size: 10 KB
22	Review report of the health sector-HSS	8.9.3	✓	RAPPORT 2014 MSP_version du30_01_2015.zip File desc: Date/Time: 15/05/2015 07: 03: 11 Size: 110 KB
23	Census report - Type A CSO support	9.1.1	✗	NA.docx File desc: Date/Time: 15/05/2015 07: 03: 59 Size: 10 KB

				Soutien_typeA.docx File desc: Date/Time: 15/05/2015 06: 28: 55 Size: 12 KB
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	X	Soutien_typeB.docx File desc: Date/Time: 15/05/2015 06: 30: 02 Size: 12 KB
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	X	Soutien_typeB.docx File desc: Date/Time: 15/05/2015 06: 31: 18 Size: 12 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given.	0	✓	Le relevé bancaire.docx File desc: Date/Time: 05/15/2015 11: 57: 53 Size: 12 KB
				Releve Bq_RSS_03.pdf File desc: Date/Time: 15/05/2015 07: 09: 09 Size: 503 KB
27	minutes_of_icc meeting_vaccin_change_presentation	7.7	X	changement de présentation.docx File desc: Date/Time: 15/05/2015 07: 30: 55 Size: 12 KB
28	Explanation for changes in target population	5.1	X	SANS OBJET.docx File desc: Date/Time: 15/05/2015 10: 10: 45 Size: 12 KB
	Other documents		X	Autres dossiers.zip File desc: Date/Time: 15/05/2015 06: 05: 05 Size: 2 MB
				Autres dossiers.zip File desc: Date/Time: 05/15/2015 05: 37: 29 Size: 6 MB
				Rapport Revue ext PEV Tchad mars avril 2012 version Finale 28-07-12.pdf File desc: Date/Time: 15/05/2015 06: 09: 47 Size: 819 KB

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