



GAVI Alliance

# Annual Progress Report **2012**

Submitted by

The Government of  
**Guinea**

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 9:16:43 AM**

**Deadline for submission: 9/24/2013**

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

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

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

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

*Accomplishments using GAVI resources in the past year*

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

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

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

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

# 1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
INS			

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For <b>2012</b> ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

## 2. Signatures

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

By signing this page, the Government of **Guinea** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Guinea**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
<b>Name</b>	Dr. KEITA Naman, Ministre Délégué à la Santé	<b>Name</b>	Mr. YANSANE Kerfala, Ministre
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

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

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### 2.2. ICC signatures page

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

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

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

#### 2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. BALLO Younoussa, Secrétaire Général	Ministère de la Santé		

Dr.YANSANE Mohamed Lamine, Conseiller du MSHP	Ministère de la Santé		
Dr. CAMARA Robert, DNPSC	Ministère de la Santé		
Dr. KOUROUMA Mamady, DNSFN	Ministère de la Santé		
Dr. SOUMAH Camille Tafsir, CN/PEV	Ministère de la Santé		
Dr. BALDE Hadiatou, CNA/PEV	Ministère de la Santé		
Dr. SOMPARE Djénou, Chef Sect Immunisation PEV	Ministère de la Santé		
Dr. HANN Mariama, Communication PEV	Ministère de la Santé		
Dr. YOMBOUNO Samah, Responsable logistique PEV	Ministère de la Santé		
Dr. DIALLO Mamadou Rafi, Chef Service Promotion Santé	Ministère de la Santé		
Dr. SALL Boubacar, DA/BSD/ point focal RSS	Ministère de la Santé		
Mr. BANGOURA Aboubacar Yalani, Chef Service DAF	Ministère de la Santé		
Mr. DIALLO Elhadj Mamadou Aliou	Ministère de l'Economie et des Finances		
Mr. LENO Marcel	Ministère chargé de la Coopération		

Mr. CAMARA Kanfory	Ministère de l'Agriculture		
Mr. CAMARA Fodé Louncy	Ministère de l'Environnement		
Dr. SYLLA Abdoulaye	Ministère de la Pêche		
Mr. LELANO Etienne Sewa	Ministère de l'Administration du Territoire et de la Décentralisation		
Mr. CAMARA	Ministère de la Jeunesse		
Mme NABE Binta	Ministère des Affaires Sociales, Promotion Féminine et Enfance		
Dr. CODDY René Zitsamele	Représentant OMS/GUINEE		
Dr. Felix ACKEBO	Représentant Adjoint/UNICEF GUINEE		
Dr. BALDE Marouf	USAID GUINEE		
Mr. DIAKITE Moussa Kémoko	Rotary Club International		
Mr. BAH Oury	Ministère de l'Enseignement supérieur		
Dr. CAMARA Momo	ADeSAME (Association pour le Développement de la Santé de la Mère et de l'Enfant		
Dr. TAMBALOU Robert	AGBEF (Association guinéenne pour le bien Etre familial)		

Mr. Boubacar SYLLA	Club des amis du Monde		
Dr. CONDE Sékou, DNEHS	Ministère de la Santé		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Plus de 70 % des membres du CCIA sont membres du CCSS. La Présidence est assurée par Mr. Le Ministre de la Santé et de l'Hygiène Publique.	Ministère de la Santé		

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Guinea is not reporting on CSO (Type A & B) fund utilisation in 2013





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## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	458,345	458,345	472,554	472,554	487,203	487,203	502,306	502,306
Total infants' deaths	41,709	41,709	43,002	43,002	44,335	44,335	45,709	45,709
Total surviving infants	416636	416,636	429,552	429,552	442,868	442,868	456,597	456,597
Total pregnant women	515,638	515,638	531,623	531,623	548,103	548,103	565,094	565,094
Number of infants vaccinated (to be vaccinated) with BCG	435,428	386,542	448,926	396,945	462,843	462,843	477,191	477,191
BCG coverage	95 %	84 %	95 %	84 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	395,804	399,757	408,074	340,238	420,724	398,581	433,767	410,937
OPV3 coverage	95 %	96 %	95 %	79 %	95 %	90 %	95 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	395,804	447,267	408,074	340,238	420,724	420,725	433,767	433,767
Number of infants vaccinated (to be vaccinated) with DTP3	376,013	419,236	387,671	318,974	399,688	398,581	412,079	410,937
DTP3 coverage	90 %	101 %	90 %	74 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	407,375	447,267	408,074	340,238	420,724	420,725	433,767	433,767
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	407,375	419,236	408,074	318,974	399,688	398,581	412,079	410,937
DTP-HepB-Hib coverage	90 %	101 %	90 %	74 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	374,972	416,288	408,074	340,238	420,724	398,581	433,767	433,767
Yellow Fever coverage	95 %	100 %	95 %	79 %	95 %	90 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	9	0	9	5	5	5	5

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.1	1.05	1.1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Yellow Fever, 5 dose(s) per vial, LYOPHILISED	50 %	10 %	50 %	10 %	50 %	10 %	50 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	395,804	418,588	408,074	340,238	420,724	398,581	433,767	433,767
Measles coverage	95 %	100 %	95 %	79 %	95 %	90 %	95 %	95 %
Pregnant women vaccinated with TT+	438,292	442,920	467,828	467,828	493,293	493,293	508,585	508,585
TT+ coverage	85 %	86 %	88 %	88 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	138,105	320,200	148,105	352,220	158,105	387,442	168,105	426,186
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	5 %	6 %	5 %	6 %	5 %	5 %	5 %	5 %

\*\* Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . 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.

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Pas de changement par rapport au rapport de 2011. Le taux de croissance annuelle de la population est de 3.1%

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

Aucun changement par rapport à 2011 avec un taux de décès infantile de 91 pour 1000 naissances vivantes.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

Sur la base de la lettre de décision de 2011, il a été demandé de partir ds résultats notifiés dans le rapport conjoint (JRF) pour estimer les prévisions de 2013 à 2015. Cette phase de transition amenera des discordances entre le PPAC et le rapport de situation de 2011. Ainsi le pays envisage une actualisation du PPAC au cours d l'année 2013.

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

Aucun changement

### 5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Pour une prévision de 90% de couverture en DTC3 nous avons réalisé une couverture de 101% selon les données administratives.<?xml:namespace prefix = "o" />

Cependant le rapport conjoint estime cette couverture à 60% pour les deux années

Pour maintenir cette performance les activités suivantes ont été développées :

- L'approvisionnement des structures sanitaires en vaccin et outils de gestion adaptés ;
- Le Renforcement de la logistique par la dotation des centres de santé en moto, chaîne de froid, véhicules de supervision;
- La Mise en œuvre de l'ACD dans tous les districts et l'organisation des campagnes intégrées de vaccination contre la poliomyélite intégrée à la distribution de la vitamine A et du mebendazole
- La Supervision des activités de vaccination dans les formations sanitaires à tous les niveaux ;
- Le Monitoring des activités ;
- L'amélioration de la qualité des données par l'utilisation des outils SMT et DVD-MT dans les districts ;

☐☐ Le renforcement de la surveillance épidémiologique des maladies cibles du PEV avec un accent sur la recherche des cas PFA ;

☐☐ Evaluation des recommandations issues de la gestion efficace des vaccins et de la chaîne de froid de 2011 ;

☐ Restitution des résultats de la revue externe du PEV en 2011.

☐☐ Elaboration des plans d'amélioration des activités du PEV basés sur les recommandations de la revue externe.

Les principaux obstacles enregistrés en 2012 sont entre autres :

- la faible mobilisation des ressources financières pour le financement des vaccins de routine et la contribution de l'Etat liée à l'introduction des nouveaux vaccins.
- Le déficit des ressources humaines par endroit surtout dans les zones défavorisées
- Insuffisance de la sensibilisation de la population en faveur du PEV
- Vétusté des motos et des réfrigérateurs de certains centres de santé

Certains de ces obstacles ont été levés grâce à l'appui de l'OMS, UNICEF, GAVI et la Banque Mondiale (financement des vaccins et autres logistiques du PEV). Cependant il existe un GAP dans la fourniture des motos, des chaînes de froids des centres des santé, les Partenaires au développement du Gouvernement sont entrain de faire un plaidoyer auprès de l'Etat pour améliorer le niveau de financement public de la santé.

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

Les objectifs fixés pour 2012 ont été atteints selon les données administratives. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

### 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

SO	SO	SO	SO
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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

SO

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

Révision des outils de collecte pour introduire la variable sexe.

## 5.4. Data assessments

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

Pour certains antigènes tels que le BCG, l'antitétanique et le Penta1 les données sont sensiblement identiques. Pour les autres antigènes le critère de doses valides qui exige le respect du calendrier vaccinale a entraîné des différences entre les données d'enquête et celles administratives.

\* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**  
If Yes, please describe the assessment(s) and when they took place.

SO

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Les activités entreprises depuis 2010 pour améliorer la qualité des données sont :<?xml:namespace prefix = "o" />

- 1- L'actualisation et l'harmonisation des supports de collecte et d'analyse des données ;
- 2- Formation des équipes cadres des districts, des régions et du niveau central en DVD-MT ;
- 3- Formation du niveau central (Coordination nationale du PEV) en DQS ;
- 4- Formation des équipes cadres des districts, des régions et du niveau central en gestion efficace des vaccins ;
- 5- Organisation régulière des réunions trimestrielle sur la surveillance épidémiologique et la vaccination systématique regroupant les points focaux des districts, des régions et du niveau central ;
- 6- Monitoring mensuel et semestriel des données de vaccination ;
- 7- Supervision des activités de vaccination par niveau ;
- 8- Equipement des districts, régions, Coordination PEV en outil informatique et en flotte téléphonique ;
- 9- Formation des statisticiens des districts sur le logiciel RAMIS.

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

Réaliser une évaluation du système de production des données administratives qui sera assorti d'un plan d'amélioration.

## 5.5. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 US\$ = 7150	Enter the rate only; Please do not enter local currency name
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**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	BM/APN DS	ROTARY	HKI
Traditional Vaccines*	634,008	0	0	634,008	0	0	0	0
New and underused Vaccines**	5,049,500	0	4,569,500	0	0	480,000	0	0
Injection supplies (both AD syringes and syringes other than ADs)	80,336	0	0	80,336	0	0	0	0
Cold Chain equipment	363,570	0	0	363,570	0	0	0	0
Personnel	1,308,400	1,308,400	0	0	0	0	0	0
Other routine recurrent costs	811,000	3,500	18,000	500,000	289,500	0	0	0
Other Capital Costs	21,877	0	0	17,877	4,000	0	0	0
Campaigns costs	2,371,222	0	0	300,000	1,997,306	0	3,916	70,000
SO		0	0	0	0	0	0	0
Total Expenditures for Immunisation	10,639,913							
Total Government Health		1,311,900	4,587,500	1,895,791	2,290,806	480,000	3,916	70,000

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Il existe depuis 2005, une ligne budgétaire pour l'achat des vaccins traditionnels ; cette ligne est sécurisée par l'accord sur l'Initiative d'Indépendance Vaccinale entre le Gouvernement guinéen et le fonds des Nations Unies pour l'Enfance (UNICEF). En dépit de cette mesure, le Gouvernement éprouve des difficultés dans l'achat des vaccins traditionnels et le co-financement. Cependant les plaidoyers effectués par les Partenaires Financiers et Techniques ont permis de garantir un montant substantiel dans le budget sur la ligne achat des vaccins considérée comme une dépense prioritaire.

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, partially implemented**

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

Action plan from Aide Mémoire	Implemented?
-------------------------------	--------------



Elaboration d'un Plan détaillé des activités du RSS	Yes
Reprogrammation des activités du RSS	No
Elaboration du manuel de procédure simplifié	Yes
Le paiement du Cofinancement pour 2012	No
Désignation des cadres pour le circuit de paiement et le contrôle des dépenses	Yes
Effectuer l'audit financier du SSV 2009, 2010 et 2011	No
Arrangement bancaire	Yes
Décaissement de la première tranche des fonds de RSS	Yes

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

Déjà décrit dans le tableau ci-dessus

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

L'activité qui n'a pas été entièrement réalisée reste l'audit des comptes du SSV. Les termes de références de cette activité sont élaborés, la sélection du consultant et la mobilisation des ressources financières pour son exécution sont en cours. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Il faut préciser néanmoins le manque de financement de l'audit. Nous souhaiterions avoir des orientations précises sur la réalisation de cet audit externe de la part de GAVI.

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

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

En 2012, les réunions du CCIA ont porté essentiellement sur :

- Le financement du PEV de routine (plaidoyer auprès des partenaires pour l'achat des vaccins et autres coûts opérationnels, mise en œuvre de l'ACD);
- appui à l'organisation des campagnes intégrées de vaccination (semaine africaine de vaccination suivi d'activités de rattrapage des enfants en vaccination de routine) ;
- Présentation et adoption du PAO du PEV 2012 ;
- Présentation et adoption des plans des campagnes de vaccination contre la poliomyélite ;
- Présentation et adoption du rapport de situation annuel 2011 ;
- Plaidoyer auprès du Gouvernement pour la résolution du défaut de cofinancement de 2012 (Lettre de transfert de crédit, mission de plaidoyer de l'OMS/GAVI) ;
- Révision des objectifs de vaccination dans le PPAC et le rapport de situation 2012 ;<?xml:namespace prefix = "o" />
- Présentation et adoption du plan de vaccination contre le TMN dans 15 districts à risques

En 2012, les principales recommandations formulées au cours des différentes réunions du CCIA ont porté essentiellement sur :

- La mise en place d'un plan de mobilisation des ressources internes pour le financement du PEV ;
- Le plaidoyer auprès du Gouvernement (Ministère des Finances) pour le paiement du co-financement GAVI ;
- La mobilisation urgente des fonds destinés à l'achat des vaccins dans le Projet APNDS/Banque Mondiale ;
- Le renforcement de la surveillance surtout la recherche des PFA pendant les JNV.

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

If **Yes**, which ones?

#### List CSO member organisations:

Association Guinéenne pour le bien être familial (AGBF)
Association pour le développement de la santé de la mère et de l'enfant (ADeSaME)
Club des Amis du Monde (CAM)

### 5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Objectif général : atteindre et maintenir les couvertures vaccinales à 90% au niveau national et d'au moins 80% dans tous les districts sanitaires pour tous les antigènes (GIVS).<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Objectifs spécifiques :

- introduire le vaccin contre le pneumocoque en 2013 et le rota virus en 2014 dans le PEV de routine;
- améliorer la qualité des données ;
- Renforcer la supervision aux différents niveaux de la pyramide sanitaire
- poursuivre l'approche ACD dans les Districts sanitaires ;
- élaborer les documents d'orientation et de stratégie du PEV
- renforcer la logistique aux différents niveaux de la pyramide sanitaire(CDF, véhicule de supervision, motos pour les stratégies avancées);
- organiser les campagnes de vaccination contre la poliomyélite, la rougeole et la méningite à méningocoque

Activités prioritaires sont :

- Former les agents de santé sur l'utilisation des outils DVD\_MT et DQS
- recruter d'un consultant pour la qualité des données
- Poursuivre la mise en œuvre des recommandations de l'évaluation de la chaîne de froid et des vaccins ;
- Assurer la formation des prestataires sur le PEV ;
- renforcer les activités de surveillance des maladies évitables par la vaccination ;
- réviser le PPAC ;
- Elaborer le plan intégré de communication en faveur du PEV
- Procéder à la pré-validation des documents de certification de l'éradication de la poliomyélite et de l'élimination du TMN ;
- Assurer la formation des équipes cadres de districts en DQS ;
- Assurer la mobilisation des ressources locales pour le financement du PEV.

### 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Seringues autobloquantes 0,05ml	Budget de l'Etat et UNICEF
Measles	Seringues autobloquantes 0,5ml	Budget de l'Etat et UNICEF
TT	Seringues autobloquantes 0,5ml	Budget de l'Etat et UNICEF
DTP-containing vaccine	Seringues autobloquantes 0,5ml	Budget de l'Etat et GAVI

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

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

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

Insuffisance d'incinérateur dans la plupart des districts ;

Insuffisance de formation des agents en gestion des déchets

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Collecte des déchets pointus au niveau des structures sanitaires publiques et privées (centre de santé, postes de santé et les hôpitaux).les déchets collectés sont ensuite transportés au niveau des incinérateurs lors des supervisions pour leur incinération systématique.

En 2010 une évaluation de la capacité de gestion des déchets piquants a été réalisée avec l'appui de l'OMS  
Unz réponse à la problématique identifiée a été proposée sous forme d'un plan dont les activités sont en cours de réalisation

## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	18,260	130,559,000
Total funds available in 2012 (C=A+B)	18,260	130,559,000
Total Expenditures in 2012 (D)	18,000	128,457,188
Balance carried over to 2013 (E=C-D)	260	2,101,812

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

Les fonds GAVI sont domiciliés dans une banque commerciale de la place et entrent dans le budget du Ministère de la Santé sous forme de subvention dans la rubrique FINEX (Financement extérieur). La gestion des fonds SSV est assurée par le CCI dont le Président (le Secrétaire Général du Ministère de la Santé et le Vice Président (Représentant de l'OMS) sont signataires des chèques. Au début de chaque Année la Coordination nationale du PEV élabore un plan d'action opérationnel qui est validé en session ordinaire du CCI. La mise en œuvre du PAO fait l'objet d'élaboration des requêtes (fiche technique) qui sont ainsi soumises au CCI pour leur adoption en plénière après amendements. Après cette étape, les fonds sont décaissés pour la mise en œuvre des activités du PAO. Au sein du CCI il existe une commission technique chargée d'élaborer les PAO et le budget annuel du Programme composée de l'équipe cadre du PEV, des points focaux PEV de l'OMS, UNICEF et les cadres du ministère des finances. Un comité de réception du matériel acheté pour le PEV sur fonds GAVI est mis en place par le Ministère de la Santé pour servir d'interface entre le CCI et le PEV (la présidence de ce comité est assurée par l'OMS, parmi les membres il y a l'UNICEF. A cet effet, les outils de gestion ont été élaborés pour un meilleur suivi. Dans le cadre de la mise en œuvre de l'approche «Atteindre chaque district », le CCI a impulsé les activités de vaccination en stratégie avancée et la supervision formative. Il veille à la répartition rationnelle des moyens et à l'intégration de toutes les ressources mises à la disposition du PEV pour cette stratégie par les partenaires en particulier l'UNICEF, l'OMS et le projet APNDS de la Banque Mondiale. Les fonds nécessaires à cette approche pour les districts sont envoyés par virement bancaire. Au terme de la mise en œuvre des activités, les pièces justificatives sont remontées à la Coordination pour la validation et l'élaboration des états financiers. Le CCI veille aussi à la mise en œuvre de la politique nationale de la sécurité des injections. Un audit interne est prévu chaque année pour s'assurer de la cohérence et de la fiabilité des dépenses. Un rapport de situation annuelle est envoyé au secrétariat de GAVI avant le 15 mai de l'année suivante après adoption du CCI. Ce rapport est signé par les Ministres de la Santé et des Finances ou de leurs représentants.

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

Les fonds GAVI sont domiciliés dans une banque commerciale destinés au financement des activités du PEV. Ce compte comprend 2 parties dont une partie en devises et l'autre en monnaie locale. le compte est cogéré par le Président du CCIA et le Représentant de l'OMS. Au niveau district et région ces entités disposent de comptes bancaires qui reçoivent tous les fonds extérieurs y compris ceux de GAVI.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

En 2012, les principales activités menées pour renforcer la vaccination avec les fonds du SSV sont : <?xml:namespace prefix = "o" />

- Frais de transit de vaccins et consommable de vaccination ;
- Relevance de connexion à l'internet.

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

## **6.2. Detailed expenditure of ISS funds during the 2012 calendar year**

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

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

## **6.3. Request for ISS reward**

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

### 7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2012 vaccinations against approvals for 2012

	[ A ]	[ B ]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
Yellow Fever	434,500	643,300	290,300	No
DTP-HepB-Hib	1,737,550	1,101,000	503,600	No

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

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

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

L'expédition de la contre partie des vaccins achetés par le gouvernement à connu du retard pour défaut de paiement du cofinancement par l'Etat en 2011 à temps

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

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

Actualisation du forecasting basé sur l'inventaire réel du vaccin et du suivi régulier des approvisionnements avec Copenhague.

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

SO

## 7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	SO

Yellow Fever, 5 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	SO

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 0**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9) )

SO

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

ND

## 7.3. New Vaccine Introduction Grant lump sums 2012

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

SO

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

SO

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

SO

## 7.4. Report on country co-financing in 2012

**Table 7.4** : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	348,000	133,100
Awarded Vaccine #2: Yellow Fever, 5 dose(s) per vial, LYOPHILISED	87,000	81,400
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	BND (en cours de paiement)	
Donor	SO	
Other	SO	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Yellow Fever, 5 dose(s) per vial, LYOPHILISED	0	0



Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	BND (Gouvernement)
Awarded Vaccine #2: Yellow Fever, 5 dose(s) per vial, LYOPHILISED	September	BND (Gouvernement)
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Assistance technique pour l'actualisation du PPAC notamment dans sa composante plan de viabilité financière		

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

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

- Présentation de la situation du cofinancement à la réunion du CCIA de novembre 2012 ;<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

- Plaidoyer auprès du Gouvernement et du (CNT) Conseil national de transition (Lettre adressée au Premier Ministre, Présentation du document sur l'appui de GAVI en Conseil des Ministres) ;

- Transfert de crédit pour le paiement du cofinancement ;

- Engagement du montant pour paiement par le trésor public ;

- Suivi régulier du dossier par la DAF et le PEV.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

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

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

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

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

Please attach:

(a) EVM assessment (**Document No 12**)

(b) Improvement plan after EVM (**Document No 13**)

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

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

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

If yes, provide details

Pas de changement.

When is the next Effective Vaccine Management (EVM) assessment planned? **April 2016**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Guinea does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

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

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Guinea is not available in 2013

## 7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

SO

## 7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	416,636	429,552	442,868	456,597	1,745,653
	Number of children to be vaccinated with the first dose	Table 4	#	447,267	340,238	420,725	433,767	1,641,997
	Number of children to be vaccinated with the third dose	Table 4	#	419,236	318,974	398,581	410,937	1,547,728
	Immunisation coverage with the third dose	Table 4	%	100.62 %	74.26 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	908,500				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	908,500				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

\*\* Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

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

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per <b>APR 2011</b>			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	973,300	1,261,000	1,246,800
Number of AD syringes	#	1,133,000	1,471,400	1,455,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	12,600	16,350	16,175
Total value to be co-financed by GAVI	\$	2,168,500	2,809,500	2,712,000

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

		2013	2014	2015
Number of vaccine doses	#	99,000	128,300	130,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country <sup>[1]</sup>	\$	214,500	278,000	275,500

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
<b>A</b>	<b>Country co-finance</b>	$V$	0.00 %	9.23 %		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	<i>Table 5.2.1</i>	447,267	340,238	31,412	308,826
<b>C</b>	<b>Number of doses per child</b>	<i>Vaccine parameter (schedule)</i>	3	3		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	1,341,801	1,020,714	94,236	926,478
<b>E</b>	<b>Estimated vaccine wastage factor</b>	<i>Table 4</i>	1.05	1.05		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	1,408,892	1,071,750	98,948	972,802
<b>G</b>	<b>Vaccines buffer stock</b>	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
<b>H</b>	<b>Stock on 1 January 2013</b>	<i>Table 7.11.1</i>	908,500			
<b>I</b>	<b>Total vaccine doses needed</b>	$F + G - H$		1,072,250	98,994	973,256
<b>J</b>	<b>Number of doses per vial</b>	<i>Vaccine Parameter</i>		10		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.11$		1,132,993	0	1,132,993
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$I / J \times 1.11$		0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.11$		12,577	0	12,577
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$		2,183,101	201,551	1,981,550
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$		52,685	0	52,685
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$		7,295	0	7,295
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$		139,719	12,900	126,819
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$		2,382,800	214,450	2,168,350
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$		214,450		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$		9.23 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	420,725	38,843	381,882	433,767	41,056	392,711
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,262,175	116,529	1,145,646	1,301,301	123,166	1,178,135
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,325,284	122,355	1,202,929	1,366,367	129,324	1,237,043
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	63,384	5,852	57,532	10,271	973	9,298
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,389,168	128,253	1,260,915	1,377,138	130,343	1,246,795
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,471,371	0	1,471,371	1,455,845	0	1,455,845
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	16,333	0	16,333	16,160	0	16,160
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,828,347	261,123	2,567,224	2,734,997	258,861	2,476,136
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,828,347	0	68,419	2,734,997	0	67,697
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	9,474	0	9,474	9,373	0	9,373
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	181,015	16,712	164,303	175,040	16,568	158,472
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,087,255	277,834	2,809,421	2,987,107	275,428	2,711,679
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	277,834			275,428		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

**Table 7.11.4:** Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

**Table 7.11.1:** Specifications for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	416,636	429,552	442,868	456,597	1,745,653
	Number of children to be vaccinated with the first dose	Table 4	#	416,288	340,238	90.00 %	433,767	1,588,874
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.10	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	548,400				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	548,400				
	Number of doses per vial	Parameter	#		5	5	5	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.91	0.92	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

\*\* Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

<P><FONT style="BACKGROUND-COLOR: #ffeeee">Pas de différence</FONT></P>

### Co-financing tables for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

Co-financing group	Low
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	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	297,200	341,800	371,400
Number of AD syringes	#	377,700	454,800	491,800
Number of re-constitution syringes	#	83,100	95,400	103,200
Number of safety boxes	#	5,125	6,125	6,625
Total value to be co-financed by GAVI	\$	314,500	365,500	403,500

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

		2013	2014	2015
Number of vaccine doses	#	77,200	87,900	93,500

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country <sup>[1]</sup>	\$	75,000	86,000	93,000

**Table 7.11.4:** Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 1)

	Formula	2012	2013		
		Total	Total	Government	GAVI
<b>A</b> Country co-finance	$V$	0.00 %	20.61 %		
<b>B</b> Number of children to be vaccinated with the first dose	Table 5.2.1	416,288	340,238	70,139	270,099
<b>C</b> Number of doses per child	Vaccine parameter (schedule)	1	1		
<b>D</b> Number of doses needed	$B \times C$	416,288	340,238	70,139	270,099
<b>E</b> Estimated vaccine wastage factor	Table 4	1.10	1.10		
<b>F</b> Number of doses needed including wastage	$D \times E$	457,917	374,262	77,153	297,109
<b>G</b> Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
<b>H</b> Stock on 1 January 2013	Table 7.11.1	548,400			
<b>I</b> Total vaccine doses needed	$F + G - H$		374,312	77,163	297,149
<b>J</b> Number of doses per vial	Vaccine Parameter		5		
<b>K</b> Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		377,665	0	377,665
<b>L</b> Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		83,098	0	83,098
<b>M</b> Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		5,115	0	5,115
<b>N</b> Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		336,881	69,447	267,434
<b>O</b> Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		17,562	0	17,562
<b>P</b> Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		3,075	0	3,075
<b>Q</b> Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		2,967	0	2,967
<b>R</b> Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		26,277	5,417	20,860
<b>S</b> Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		2,361	0	2,361
<b>T</b> Total fund needed	$(N+O+P+Q+R+S)$		389,123	74,863	314,260
<b>U</b> Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		74,863		
<b>V</b> Country co-financing % of GAVI supported proportion	$U / (N + R)$		20.61 %		



**Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 2)**

	Formula	2014			2015		
		Total	Government	GAVI	Total	Government	GAVI
<b>A</b>	<b>Country co-finance</b>	$V$	20.46 %			20.10 %	
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	<i>Table 5.2.1</i>	398,581	81,531	317,050	433,767	87,191 346,576
<b>C</b>	<b>Number of doses per child</b>	<i>Vaccine parameter (schedule)</i>	1			1	
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	398,581	81,531	317,050	433,767	87,191 346,576
<b>E</b>	<b>Estimated vaccine wastage factor</b>	<i>Table 4</i>	1.05			1.05	
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	418,511	85,608	332,903	455,456	91,550 363,906
<b>G</b>	<b>Vaccines buffer stock</b>	$(F - F \text{ of previous year}) \times 0.25$	11,063	2,263	8,800	9,237	1,857 7,380
<b>H</b>	<b>Stock on 1 January 2013</b>	<i>Table 7.11.1</i>					
<b>I</b>	<b>Total vaccine doses needed</b>	$F + G - H$	429,624	87,881	341,743	464,743	93,417 371,326
<b>J</b>	<b>Number of doses per vial</b>	<i>Vaccine Parameter</i>	5			5	
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.11$	454,705	0	454,705	491,735	0 491,735
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$I / J \times 1.11$	95,377	0	95,377	103,173	0 103,173
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.11$	6,106	0	6,106	6,604	0 6,604
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	389,669	79,708	309,961	428,958	86,224 342,734
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	389,669	0	21,144	428,958	0 22,866
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	3,529	0	3,529	3,818	0 3,818
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	3,542	0	3,542	3,831	0 3,831
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$	30,395	6,218	24,177	33,459	6,726 26,733
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	2,822	0	2,822	3,052	0 3,052
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	451,101	85,925	365,176	495,984	92,949 403,035
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	85,925			92,949	
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$	20.46 %			20.10 %	

**Table 7.11.4:** Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

## Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org).

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

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

### 9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

#### 9.1.1. Report on the use of HSS funds in 2012

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

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

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

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

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						1632314
Revised annual budgets (if revised by previous Annual Progress Reviews)						0
Total funds received from GAVI during the calendar year (A)						1632314
Remaining funds (carry over) from previous year (B)						0
Total Funds available during the calendar year (C=A+B)						1632314
Total expenditure during the calendar year (D)						0
Balance carried forward to next calendar year (E=C-D)						1632314
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]						0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	501618			
Revised annual budgets (if revised by previous Annual Progress Reviews)	0			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	1632314			
Total Funds available during the calendar year (C=A+B)	1632314			
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	501618			

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						1142619800
Revised annual budgets (if revised by previous Annual Progress Reviews)						0
Total funds received from GAVI during the calendar year (A)						1142619800
Remaining funds (carry over) from previous year (B)						0
Total Funds available during the calendar year (C=A+B)						0
Total expenditure during the calendar year (D)						0
Balance carried forward to next calendar year (E=C-D)						0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]						



	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	3511326000			
Revised annual budgets (if revised by previous Annual Progress Reviews)	0			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	1142619800			
Total Funds available during the calendar year (C=A+B)	1142619800			
Total expenditure during the calendar year (D)	0			
Balance carried forward to next calendar year (E=C-D)	1142619800			
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	3511326000			

### Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						6900
Closing on 31 December						6900

### Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

### Financial management of HSS funds

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

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

il est ouvert un compte bancaire spécifique en devise dans une des banque commerciale de la place (Ecobank) pour recevoir les fonds du soutien de GAVI au RSS. Ce compte est co-signé par le Ministre de la santé et de l'hygiène Publique et le Représentant de l'OMS en Guinée. Chacun de ces signataires aura un suppléant désigné par lui.

Les fonds sont transférés du niveau central au niveau périphérique par la DAAF, par virement bancaire. Des comptes spécifiques en francs guinéen seront ouverts à cet effet par chaque sous-bénéficiaire. Les numéros des comptes ainsi que les références de domiciliation doivent être communiqués à la DAFF.

La première tranche de la subvention, soit un million six cent trente-deux mille trois cent quatorze dollars (1 632 314 USD), a été virée au compte du Ministère de la santé et de l'hygiène publique au mois de septembre 2012. Le Ministère a intégré l'utilisation de ce fonds dans le plan d'action de l'année 2013 et conformément aux procédures de gestion de la subvention ; les équipements de chaîne de froid, les véhicules, les médicaments et les matériels SOUB et SOUC ont été commandés à travers l'UNICEF et l'UNFPA.

Has an external audit been conducted? **No**

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

## 9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>1. Vaccination: Fournir 50 réfrigérateurs solaires à 50 CS</b>	Fournir 50 réfrigérateurs solaires à 50 CS	0	Rapport d'activités
<b>Accorder des primes de rendement à 150 agents de 50 FS en zone rurale</b>	Accorder des primes de rendement à 150 agents	0	Rapport d'activités
<b>Appuyer les structures privées des organisations de la société civile pour mener des activités de sensibilisation et des services de santé essentiels</b>	Appuyer les structures privées des organisations de la société civile pour mener des activités de sensibilisation et des services de santé essentiels	0	Rapport d'activités
<b>Fournir 50 motos à 50 CS</b>	Fournir 50 motos à 50 CS	0	Rapport d'activités
<b>Assurer le fonctionnement et la maintenance de 50 motocyclettes</b>	Assurer le fonctionnement et la maintenance de 50 motocyclettes	0	Rapport d'activités
<b>Soutenir la maintenance de 50 réfrigérateurs solaires</b>	Soutenir la maintenance de 50 réfrigérateurs solaires	0	Rapport d'activités
<b>Appuyer les organisations de la société civile au développement des mutuelles de santé dans la zone</b>	Appuyer les organisations de la société civile au développement des mutuelles de santé dans la zone	0	Rapport d'activités

<b>Organiser des sensibilisations par des microprogrammes au niveau de 4 stations de radios rurales</b>	Organiser des sensibilisations par des microprogrammes au niveau de 4 stations de radios rurales		0 Rapport d'activités
<b>Soutenir les comités de gestion des CS dans les activités de recherche active et de sensibilisation</b>	Soutenir les comités de gestion des CS dans les activités de recherche active et de sensibilisation		0 Rapport d'activités
<b>Organiser 12 séances de sensibilisation des communautés sur les activités de SMI/PF par CS et par an</b>	Organiser 12 séances de sensibilisation des communautés sur les activités de SMI/PF par CS et par an		0 Rapport d'activités
<b>2. Santé de la Reproduction:</b>			0 Rapport d'activités
<b>Organiser 2 ateliers de formation de 25 prestataires par session pendant 10 jrs dans le domaine de la SR</b>	Organiser 2 ateliers de formation de 25 prestataires par session pendant 10 jrs dans le domaine de la SR		0 Rapport d'activités
<b>Fournir une dotation initiale en Outils de suivi de la grossesse et de l'accouchement à 50 CS de la zone</b>	Fournir une dotation initiale en Outils de suivi de la grossesse et de l'accouchement à 50 CS de la zone		0 Rapport d'activités
<b>Fournir 2 ambulances à 2 HP</b>	Fournir 2 ambulances à 2 HP		0 Rapport d'activités
<b>Assurer l'entretien et le fonctionnement de 2 ambulances des HP</b>	Assurer l'entretien et le fonctionnement de 2 ambulances des HP		0 Rapport d'activités
<b>Fournir 20 équipements SOUB à 20 CS</b>	Fournir 20 équipements SOUB à 20 CS		0 Rapport d'activités
<b>Fournir 2 Equipements SOUC à 2 HP</b>	Fournir 2 Equipements SOUC à 2 HP		0 Rapport d'activités
<b>Fournir à 5 HP des kits Césariennes pour les urgences obstétricales</b>	Fournir à 5 HP des kits Césariennes pour les urgences obstétricales		0 Rapport d'activités
<b>3. Soins Curatifs:</b>			0 Rapport d'activités
<b>Réviser et adopter les schémas de traitement standardisés (ordinogrammes et protocoles thérapeutiques)</b>	Réviser et adopter les schémas de traitement standardisés (ordinogrammes et protocoles thérapeutiques)		0 Rapport d'activités
<b>Reproduire et diffuser les schémas de traitement standardisés pour 50 CS, 5 DPS, 5 HP et 2 DRS</b>	Reproduire et diffuser les schémas de traitement		0 Rapport d'activités
<b>Organiser 2 sessions de formation de 10 jours pour 25 agents de santé par session en PCIME, Rationalisation des Soins et Gestion des ME</b>	Organiser 2 sessions de formation de 10 jours pour 25 agents de santé par session en PCIME, Rationalisation des Soins et Gestion des ME		0 Rapport d'activités
<b>Fournir une dotation initiale en Médicaments et consommables médicaux à 50 CS</b>	Fournir une dotation initiale en Médicaments et consommables médicaux à 50 CS		0 Rapport d'activités
<b>Approvisionner les hôpitaux en ME et en Consommables médicaux</b>	Approvisionner les hôpitaux en ME et en Consommables médicaux		0 Rapport d'activités
<b>4. Recherche opérationnelle</b>			0 Rapport d'activités

<b>Réaliser une étude sur la faisabilité de la stratégie de mise en place de mutuelles de santé dans la zone</b>	Réaliser une étude sur la faisabilité de la stratégie de mise en place de mutuelles de santé dans la zone		0 Rapport d'activités
<b>Réaliser une étude sur le schéma organisationnel des structures publiques de santé</b>	Réaliser une étude sur le schéma organisationnel des structures publiques de santé		0 Rapport d'activités
<b>5. Système de suivi/évaluation</b>			0 Rapport d'activités
<b>Organiser des supervisions semestrielles du niveau central vers le niveau intermédiaire et périphérique</b>	Organiser des supervisions semestrielles du niveau central vers le niveau intermédiaire et périphérique		0 Rapport d'activités
<b>Organiser des supervisions trimestrielles du niveau régional vers les DS de la zone ciblée</b>	Organiser des supervisions trimestrielles du niveau régional vers les DS de la zone ciblée		0 Rapport d'activités
<b>Organiser des supervisions bimestrielles du niveau District vers l'hôpital et les CS de la zone ciblée</b>	Organiser des supervisions bimestrielles du niveau District vers l'hôpital et les CS de la zone ciblée		0 Rapport d'activités
<b>Fournir les outils du système d'information et de gestion</b>	Fournir les outils du système d'information et de gestion		0 Rapport d'activités
<b>Produire les bulletins trimestriels statistiques</b>	Produire les bulletins trimestriels statistiques		0 Rapport d'activités
<b>Fournir 5 véhicules de supervision (type 4X4 Pick-up) à 5 districts</b>	Fournir 5 véhicules de supervision (type 4X4 Pick-up) à 5 districts		0 Rapport d'activités
<b>Assurer l'entretien et le fonctionnement des 5 véhicules de supervision de 5 DPS</b>	Assurer l'entretien et le fonctionnement des 5 véhicules de supervision de 5 DPS		0 Rapport d'activités
<b>6. Coordination/Gestion</b>			0 Rapport d'activités
<b>Appuyer l'organisation des réunions du CCSS</b>	Appuyer l'organisation des réunions du CCSS		0 Rapport d'activités
<b>Appuyer l'organisation de 2 CTRS dans la zone ciblée</b>	Appuyer l'organisation de 2 CTRS dans la zone ciblée		0 Rapport d'activités
<b>Appuyer l'organisation de 10 CTPS dans la zone ciblée</b>	Appuyer l'organisation de 10 CTPS dans la zone ciblée		0 Rapport d'activités
<b>Elaborer un manuel de mise en œuvre des mutuelles de santé</b>	Elaborer un manuel de mise en œuvre des mutuelles de santé		0 Rapport d'activités
<b>Organiser 2 réunions de concertation multisectorielle par an au niveau central et dans la zone ciblée</b>	Organiser 2 réunions de concertation intersectorielle par an au niveau central et dans la zone ciblée		0 Rapport d'activités
<b>Appuyer l'élaboration des plans préfectoraux de développement sanitaire (PPDS) dans la zone ciblée</b>	Appuyer l'élaboration des plans préfectoraux de développement sanitaire (PPDS) dans la zone ciblée		0 Rapport d'activités
<b>Réaliser l'audit annuel des comptes de la proposition</b>	Réaliser l'audit annuel des comptes de la proposition		0 Rapport d'activités

<b>Organiser un atelier de 4 jours pour l'élaboration des textes de création et de fonctionnement d'un cadre de concertation multisectorielle aux différents niveaux</b>	Organiser un atelier de 4 jours pour l'élaboration des textes de création et de fonctionnement d'un cadre de concertation intersectorielle aux différents niveaux		0 Rapport d'activités
<b>Organiser une session de formation des responsables régionaux et de districts en gestion de système de santé de district pendant 10 jours</b>	Organiser une session de formation des responsables régionaux et de districts en gestion de système de santé de district pendant 10 jours		0 Rapport d'activités
<b>Evaluer la mise en oeuvre du PPAC 2007-2011 et reprogrammer le PPAC 2012-2017</b>			0 Rapport d'activités
<b>Evaluer la mise en oeuvre du PNDS 2003-2012 et reprogrammer le PNDS</b>			0 Rapport d'activités

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

<b>Major Activities</b> (insert as many rows as necessary)	<b>Explain progress achieved and relevant constraints</b>
so	so

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

La mise à disposition des fonds prévus pour 2012 a eu lieu à la fin du cycle de planification annuelle et la livraison des équipements a pris du retard.

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

Au cours de l'année, aucun fonds n'a été utilisé pour la motivation du personnel.

### 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
% Couverture nationale DTC3	88%	JRF	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012
% de Districts atteignant >= 80% couverture en DTC3	84%	JRF	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012 Mise en œuvre non faite en 2012
Taux de mortalité des enfants de moins de 5 ans assistés par une sage femme diplômée	163‰	EDS III	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012
% de couverture de CPN 1	70%	Annuaire statistique 2006	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012

% d'accouchement assistés	20%	Annuaire statistique 2006	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012
Taux de césarienne	1,5%	Annuaire statistique 2006	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012
% Disponibilité en médicaments traçeurs dans les formations sanitaires rture DTC3 en % de quintile de revenu	50%	Rapport de monitoring	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012
% de formations sanitaires supervisées selon les normes nationales	50%	Rapport CTRS	OUI	so	so	so	SO	SO	SO	SO	Mise en œuvre non faite en 2012

## 9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Non applicable

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

Non applicable

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

Non applicable

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

Non applicable

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

Non applicable pour l'année 2012 ; cependant la société civile est fortement représentée dans le CCSS.

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

Non applicable

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

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

Non applicable

## 9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.



**Table 9.5: Planned activities for 2013**

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
1. Vaccination: Fournir 50 réfrigérateurs solaires à 50 CS	Fournir 50 réfrigérateurs solaires à 50 CS	300000	0	NON	NON	0
Accorder des primes de rendement à 150 agents de 50 FS en zone rurale	Accorder des primes de rendement à 150 agents de 50 FS en zone rurale	72000	0	NON	NON	0
Appuyer les structures privées des organisations de la société civile pour mener des activités de sensibilisation et des services de santé essentiels	Appuyer les structures privées des organisations de la société civile pour mener des activités de sensibilisation et des services de santé essentiels	5000	0	NON	NON	0
Fournir 50 motos à 50 CS	Fournir 50 motos à 50 CS	82500	0	NON	NON	0
Assurer le fonctionnement et la maintenance de 50 motocyclettes	Assurer le fonctionnement et la maintenance de 50 motocyclettes	14000	0	NON	NON	0
Soutenir la maintenance de 50 réfrigérateurs solaires	Soutenir la maintenance de 50 réfrigérateurs solaires	10000	0	NON	NON	0
Appuyer les organisations de la société civile au développement des mutuelles de santé dans la zone	Appuyer les organisations de la société civile au développement des mutuelles de santé dans la zone	20000	0	NON	NON	0
Organiser des sensibilisations par des microprogrammes au niveau de 4 stations de radios rurales	Organiser des sensibilisations par des microprogrammes au niveau de 4 stations de radios rurales	2080	0	NON	NON	0
Soutenir les comités de gestion des CS dans les activités de recherche active et de sensibilisation	Soutenir les comités de gestion des CS dans les activités de recherche active et de sensibilisation	4500	0	NON	NON	0
Organiser 12 séances de sensibilisation des communautés sur les activités de SMI/PF par CS et par an	Organiser 12 séances de sensibilisation des communautés sur les activités de SMI/PF par CS et par an	6000	0	NON	NON	0

2. Santé de la reproduction: Organiser 2 ateliers de formation de 25 prestataires par session pendant 10 jrs dans le domaine de la SR	ser 2 ateliers de formation de 25 prestataires par session pendant 10 jrs dans le domaine de la SR	15750	0	NON	NON	
Fournir une dotation initiale en Outils de suivi de la grossesse et de l'accouchement à 50 CS de la zone	Fournir une dotation initiale en Outils de suivi de la grossesse et de l'accouchement à 50 CS de la zone	10000	0	NON	NON	0
Fournir 2 ambulances à 2 HP	Fournir 2 ambulances à 2 HP	80000	0	NON	NON	0
Assurer l'entretien et le fonctionnement de 2 ambulances des HP	Assurer l'entretien et le fonctionnement de 2 ambulances des HP	14496	0	NON	NON	0
Fournir 20 équipements SOUB à 20 CS	Fournir 20 équipements SOUB à 20 CS	200000	0	NON	NON	0
Fournir 2 Equipements SOUC à 2 HP	Fournir 2 Equipements SOUC à 2 HP	60000	0	NON	NON	0
Fournir à 5 HP des kits Césariennes pour les urgences obstétricales	Fournir à 5 HP des kits Césariennes pour les urgences obstétricales	84180	0	NON	NON	0
3. Soins curatifs	Réviser et adopter les schémas de traitement standardisés (ordinogrammes et protocoles thérapeutiques)	7000	0	NON	NON	0
Reproduire et diffuser les schémas de traitement standardisés pour 50 CS, 5 DPS, 5 HP et 2 DRS	Reproduire et diffuser les schémas de traitement standardisés pour 50 CS, 5 DPS, 5 HP et 2 DRS	1750	0	NON	NON	0
Organiser 2 sessions de formation de 10 jours pour 25 agents de santé par session en PCIME, Rationalisation des Soins et Gestion des ME	Organiser 2 sessions de formation de 10 jours pour 25 agents de santé par session en PCIME, Rationalisation des Soins et Gestion des ME	31500	0	NON	NON	0



Fournir une dotation initiale en Médicaments et consommables médicaux à 50 CS	Fournir une dotation initiale en Médicaments et consommables médicaux à 50 CS	250000	0	NON	NON	0
Approvisionner les hôpitaux en ME et en Consommables médicaux	Approvisionner les hôpitaux en ME et en Consommables médicaux	75000	0	NON	NON	0
4. Recherche opérationnelle	Réaliser une étude sur le schéma organisationnel des structures publiques de santé	10000	0	NON	NON	0
Réaliser une étude sur la faisabilité de la stratégie de mise en place de mutuelles de santé dans la zone	Réaliser une étude sur la faisabilité de la stratégie de mise en place de mutuelles de santé dans la zone	10000	0	NON	NON	0
Evaluer le PPAc 2007 - 2011 et reprogrammer 2012-2017	SO	0	0	NON	NON	0
Evaluer le PNDS 2003-2012 et reprogrammer le PNDS 2014 -2023	SO	0	0	NON	NON	0
5. Système de suivi/évaluation	Organiser des supervisions semestrielles du niveau central vers le niveau intermédiaire et périphérique	4000	0	NON	NON	0
Organiser des supervisions trimestrielles du niveau régional vers les DS de la zone ciblée	Organiser des supervisions trimestrielles du niveau régional vers les DS de la zone ciblée	9600	0	NON	NON	0
Organiser des supervisions bimestrielles du niveau District vers l'hôpital et les CS de la zone ciblée	Organiser des supervisions bimestrielles du niveau District vers l'hôpital et les CS de la zone ciblée	18000	0	NON	NON	0
Fournir les outils du système d'information et de gestion	Fournir les outils du système d'information et de gestion	1400	0	NON	NON	0
Produire les bulletins trimestriels statistiques	Produire les bulletins trimestriels statistiques	8000	0	NON	NON	0
Fournir 5 véhicules de supervision (type 4X4 Pick-up) à 5 districts sanitaires	Fournir 5 véhicules de supervision (type 4X4 Pick-up) à 5 districts sanitaires	125000	0	NON	NON	0

Assurer l'entretien et le fonctionnement des 5 véhicules de supervision de 5 DPS	Assurer l'entretien et le fonctionnement des 5 véhicules de supervision de 5 DPS	36240	0	NON	NON	0
6. Coordination/ Gestion	Appuyer l'organisation des réunions du CCSS	800	0	NON	NON	0
Appuyer l'organisation de 2 CTRS dans la zone ciblée	Appuyer l'organisation de 2 CTRS dans la zone ciblée	4000	0	NON	NON	0
Appuyer l'organisation de 10 CTPS dans la zone ciblée	Appuyer l'organisation de 10 CTPS dans la zone ciblée	10000	0	NON	NON	0
Elaborer un manuel de mise en œuvre des mutuelles de santé	Elaborer un manuel de mise en œuvre des mutuelles de santé	5258	0	NON	NON	0
Organiser 2 réunions de concertation multisectorielle par an au niveau central et dans la zone ciblée	Organiser 2 réunions de concertation multisectorielle par an au niveau central et dans la zone ciblée	8000	0	NON	NON	0
Appuyer l'élaboration des plans préfectoraux de développement sanitaire (PPDS) dans la zone ciblée	Appuyer l'élaboration des plans préfectoraux de développement sanitaire (PPDS) dans la zone ciblée	15000	0	NON	NON	0
Réaliser l'audit annuel des comptes de la proposition	Réaliser l'audit annuel des comptes de la proposition	7000	0	NON	NON	0
Organiser un atelier de 4 jours pour l'élaboration des textes de création et de fonctionnement d'un cadre de concertation multisectorielle aux différents niveaux	Organiser un atelier de 4 jours pour l'élaboration des textes de création et de fonctionnement d'un cadre de concertation multisectorielle aux différents niveaux	7000	0	NON	NON	0
Organiser une session de formation des responsables régionaux et de districts en gestion de système de santé de district pendant 10 jours	Organiser une session de formation des responsables régionaux et de districts en gestion de système de santé de district pendant 10 jours	7260	0	NON	NON	0
		1632314	0			0

## 9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

**Table 9.6:** Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
1.1: VACCINATION	Accorder des primes de rendement à 150 agents de 50 FS en zone rurale	72000	SO	SO	SO
	: Appuyer les structures privées des organisations de la société civile pour mener des activités de sensibilisation et des services de santé essentiels	5000	SO	SO	SO
	Fournir 50 motos à 50 CS	82500	SO	SO	SO
	Assurer le fonctionnement et la maintenance de 50 motocyclettes	14000	SO	SO	SO
	Soutenir la maintenance de 50 réfrigérateurs solaires	10000	SO	SO	SO
	Appuyer les organisations de la société civile au développement des mutuelles de santé dans la zone	20000	SO	SO	SO
	Organiser des sensibilisations par des microprogrammes au niveau de 2 stations de radios rurales	2080	SO	SO	SO
	: Soutenir les comités de gestion des CS dans les activités de recherche active et de sensibilisation	4500	SO	SO	SO

	Organiser 12 séances de sensibilisation des communautés sur les activités de SMI/PF par CS et par an	6000	SO	SO	SO
<b>1.2 : Santé de la reproduction</b>	Organiser 2 ateliers de formation de 25 prestataires par session durant 10 j dans le domaine de la SR	15750	SO	SO	SO
	Assurer l'entretien et le fonctionnement de 2 ambulances des HP	14496	SO	SO	SO
	Fournir à 5 HP des kits Césariennes pour les urgences obstétricales	84180	SO	SO	SO
<b>1.3 : Soins curatifs</b>	Organiser 2 sessions de formation de 10 jours pour 25 agents de santé par session en PCIME, Rationalisation des Soins et Gestion des ME	31500	SO	SO	SO
<b>2.1: Recherche opérationnelle</b>	Evaluer la mise en œuvre du PPAC 2007-2011 et reprogrammer le PPAC 2012-2016	14000	SO	SO	SO
	Evaluer la mise en œuvre du PNDS 2007-2011 et reprogrammer le PNDS 2012-2017	18572	SO	SO	SO
<b>2.2: Système de suivi/évaluation</b>	Organiser des supervisions semestrielles du niveau central vers le niveau intermédiaire et périphérique	4000	SO	SO	SO
	Organiser des supervisions trimestrielles du niveau régional vers les DS de la zone ciblée	9600	SO	SO	SO

	Organiser des supervisions bimestrielles du niveau District vers l'hôpital et les CS de la zone ciblée	18000	SO	SO	SO
	Fournir les outils du système d'information et de gestion	1400	SO	SO	SO
	Produire les bulletins trimestriels statistiques	8000	SO	SO	SO
	Assurer l'entretien et le fonctionnement des 5 véhicules de supervision de 5 DPS	36240	SO	SO	SO
<b>2.3: Coordination/ Gestion</b>	Appuyer l'organisation des réunions du CCSS	800	SO	SO	SO
	Appuyer l'organisation de 2 CTRS dans la zone ciblée	4000	SO	SO	SO
	Appuyer l'organisation de 10 CTPS dans la zone ciblée	10000	SO	SO	SO
	Organiser 2 réunions de concertation multisectorielle par an au niveau central et dans la zone	8000	SO	SO	SO
	Réaliser l'audit annuel des comptes de la proposition	7000	SO	SO	SO
		501618			

## 9.7. Revised indicators in case of reprogramming

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

## 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
APNDS/BANQUE MONDIALE	480000	1 AN	Vaccins
ETAT	1311900	1 AN	Dépenses de personnel, frais de formation, infrastructures, médicaments
GAVI	1632314	1 AN	Véhicules, motos, chaines de froids, supervision et coordination, matériels SOUC et SOUB

OMS	293500	1 AN	surveillance, supervision et recyclage, activités de stratégies avancées
ROTARY	3916	1 AN	Appui à la mobilisation sociale en faveur du PEV
UNICEF	1895791	1 AN	Vaccins, chaîne de froids, motos, véhicules, formation continue du personnel, frais de supervision et le système d'information

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

## 9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

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

- La plate forme informatique ne se prête pas à la conversion en monnaie locale surtout si celle-ci est faible ; les matrices du Tableau 9.1.3b ne prennent pas plus de neuf (9) chiffres ;
- La répétition des activités principales alourdit le remplissage des tableaux dans le RSS ;
- Elargir la période d'ouverture de la plate forme avant la tenue de la réunion de revue par les pairs.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?1

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

**Guinea has NOT received GAVI TYPE A CSO support**

Guinea is not reporting on GAVI TYPE A CSO support for 2012

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

Guinea **has NOT** received GAVI TYPE B CSO support

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



## 11. Comments from ICC/HSCC Chairs

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

Le CCIA recommande à la coordination du pev de poursuivre la mise en oeuvre des recommandations issues de la revue externe du PEV réalisée en novembre 2011, par le suivi des activités contenues dans les plans d'amélioration des districts sanitaires et des régions. Il recommande l'actualisation du PPAC ;

Le CCIA invite le PEV a fournir plus d'efforts pour remplir le critère d'éligibilité pour introduire le nouveau vaccin contre le pneumocoque ; il invite ensuite le PEV à introduire urgemment la variable sexe dans les supports de vaccination pour prendre en compte la politique de GAVI sur l'égalité entre hommes et femmes ; Le CCIA suggère à l'OMS et l'UNICEF à intercéder auprès du secrétariat de GAVI - ALLIANCE pour avoir un critère plus souple (réduire le critère d'éligibilité à 50% au lieu de 70% pour éviter de pénaliser la population cible) ;

Le CCIA suggère au Gouvernement à être à jour dans le paiement des co-financements pour les nouveaux vaccins ;

Le CCIA recommande au ministère de la Santé et ses partenaires à engager une réflexion profonde pour introduire les reformes nécessaires à l'amélioration de la qualité des données ; il lui recommande aussi de prendre toutes les dispositions nécessaires pour signer l'accord cadre de partenariat avec GAVI avant le 30 juin 2013 ;

Le CCSS recommande de diligenter la révision de la politique sanitaire, l'élaboration du PNDS ;

Il suggère de concrétiser notre adhésion à l'IHP+ au mois de mai 2012 par la négociation et la signature d'un COMPTACT national. Les priorités du PNDS 2003-2012 doivent être poursuivies pour cette phase intérimaire avant l'élaboration du nouveau PNDS.

## 12. Annexes

### 12.1. Annex 1 – Terms of reference ISS

#### TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
  - b. Income received from GAVI during 2012
  - c. Other income received during 2012 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2012
  - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012</b> (balance carried forward to 2013)	<b>60,139,325</b>	<b>125,523</b>

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. Annex 3 – Terms of reference HSS

### TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
  - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
  - b. Income received from GAVI during 2012
  - c. Other income received during 2012 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2012
  - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012 (balance carried forward to 2013)</b>	<b>60,139,325</b>	<b>125,523</b>

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
  - b. Income received from GAVI during 2012
  - c. Other income received during 2012 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2012
  - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.6. Annex 6 – Example income & expenditure CSO

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

*An example statement of income & expenditure*



Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
<b>Summary of income received during 2012</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2012</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2012 (balance carried forward to 2013)</b>	<b>60,139,325</b>	<b>125,523</b>

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


Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2012</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature Ministre.doc File desc: Date/time: 5/15/2013 8:13:35 AM Size: 233472
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature Ministre.doc File desc: Date/time: 5/15/2013 8:14:23 AM Size: 233472
3	Signatures of members of ICC	2.2		Signatures membres du CCIA.docx File desc: Date/time: 5/14/2013 1:14:27 PM Size: 494652
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Procès verbal réunion du CCIA du 07 mai 2013.doc File desc: Date/time: 5/14/2013 1:16:41 PM Size: 1280512
5	Signatures of members of HSCC	2.3		Signature membres CCSS.docx File desc: Date/time: 5/14/2013 9:04:53 AM Size: 10109
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Procès verbal réunion du CCIA du 07 mai 2013.doc File desc: Date/time: 5/14/2013 1:19:05 PM Size: 1280512
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Etat financier signé 2012.doc File desc: Date/time: 5/15/2013 9:01:42 AM Size: 288256
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Audit externe en cours.docx File desc: Date/time: 5/14/2013 1:21:49 PM Size: 9953
9	Post Introduction Evaluation Report	7.2.2		SO.doc File desc: Date/time: 5/14/2013 1:23:05 PM Size: 26112



10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		SO.doc File desc: Date/time: 5/15/2013 8:20:44 AM Size: 26112
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		SO.doc File desc: Date/time: 5/14/2013 1:24:14 PM Size: 26112
12	Latest EVSM/VMA/EVM report	7.5		GEV_REVISE 2010.docx File desc: Date/time: 5/14/2013 1:28:11 PM Size: 7246437
13	Latest EVSM/VMA/EVM improvement plan	7.5		Plan d'action recommandation GEV.xlsx File desc: Date/time: 5/14/2013 1:29:16 PM Size: 11800
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Rapport de suivi GEV.doc File desc: Date/time: 5/14/2013 1:31:06 PM Size: 131072
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		SO.doc File desc: Date/time: 5/14/2013 1:31:49 PM Size: 26112
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		Procès verbal réunion du CCIA du 07 mai 2013.doc File desc: Date/time: 5/14/2013 1:34:18 PM Size: 1280512
17	Valid cMYP if requesting extension of support	7.8		PPAC GUINEE version finale 13 05 2011.doc File desc: Date/time: 5/14/2013 1:45:18 PM Size: 1107456
18	Valid cMYP costing tool if requesting extension of support	7.8		cMYP_Costing_Tool_Vs 2 5_Fr.xls File desc: Date/time: 5/14/2013 1:54:18 PM Size: 3293184

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	SO.doc File desc: Date/time: 5/14/2013 2:13:08 PM Size: 26112
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	SO.doc File desc: Date/time: 5/14/2013 2:00:45 PM Size: 26112
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	SO.doc File desc: Date/time: 5/14/2013 2:01:12 PM Size: 26112
22	HSS Health Sector review report	9.9.3	X	Prolongation PNDS.docx File desc: Date/time: 5/14/2013 2:14:56 PM Size: 118747
23	Report for Mapping Exercise CSO Type A	10.1.1	X	SO.doc File desc: Date/time: 5/14/2013 2:02:47 PM Size: 26112
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	SO.doc File desc: Date/time: 5/14/2013 2:03:27 PM Size: 26112
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	SO.doc File desc: Date/time: 5/14/2013 2:04:23 PM Size: 26112
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Relevées bancaires.docx File desc: Date/time: 5/14/2013 2:05:35 PM Size: 247402