



GAVI Alliance

Annual Progress Report **2013**

submitted by
the Government of
Guinea

Reporting year: **2013**

Support request for the year: **2015**

Submitted on: **13/05/2014**

Deadline for submission: 22/05/2014

Please submit the **2013** annual status report via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

Note: *We invite you to use previous annual status reports and approved requests for support from GAVI as reference documents. The electronic copy of previous annual status reports and GAVI support requests are available from the following address: <http://www.gavialliance.org/country/>*

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the program(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 THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/ CANCELLATION

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

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be given by the Country to any third person, nor will the Country accept any gifts, payments or benefits 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 assessments to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will 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 claim 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 this support application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (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 the responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unexpected 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, 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 UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages will be English or French.

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

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

By preparing this APR the Country will inform GAVI about:

- *accomplishments using GAVI resources in the past year;*
- *important problems 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 additional funds previously approved in earlier application for ISS/NVS/HSS, but have not yet been released;*
- *how GAVI can make the APR user-friendlier while meeting GAVI's principles to be accountable and transparent.*

1. Features of the Support

Reporting year: **2013**

Support request for the year: **2015**

1.1. NVS AND INS SUPPORT

| Type of Support | Current vaccine | Preferred presentation | Active until |
|---|--|--|--------------|
| New Vaccines Support (routine immunization) | DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | 2015 |
| New Vaccines Support (routine immunization) | Yellow fever, 5 dose (s) per vial, LYOPHILIZED | Yellow fever, 5 dose (s) per vial, LYOPHILIZED | 2015 |

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

1.2. Extension of the Program

No NVS is eligible for an extension of this year

1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilization in 2013 | Request for Approval of | Eligible For 2013 ISS reward |
|-----------------|------------------------------------|--|-------------------------------------|
| ISS | Yes | Next instalment: N/C | N/C |
| HSS | Yes | HSS grant next instalment No | N/C |
| Type A CSO | No | Not applicable | N/C |
| B type CSO | No | Extension of support for B type CSO by the Board in July 2013: N/C | N/C |
| HSFP | No | Next instalment of HSFP Grant N/C | N/C |
| VIG | No | Not applicable | N/C |
| COS | No | Not applicable | N/C |

AVI: Allocation of vaccine introduction; CSO: Operational support for a campaign

1.4. Previous IRC Report

The annual progress report (APR) of IRC for the year **2012** is available [here](#). French version is also available [here](#).

2. Signatures

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

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

For the government of **Guinea**

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

| Minister of Health (or delegated authority): | | Minister of Finance (or delegated authority): | |
|--|------------------------|---|-----------------|
| Name | Dr. Colonel LAMAH Remy | Name | Mr DIARE Mamadi |
| Date | | Date | |
| Signature | | Signature | |

This report has been complied by (these persons can be contacted in case GAVI Secretariat has any queries on this document):

| Full name | Position | Telephone | E-mail |
|---------------------------|----------------------------|-------------------|-------------------------|
| Dr. SOUMAH Camille Tafsir | National EPI Coordinator | +224,664 38 18 33 | camille_tafsir@yahoo.fr |
| Dr. DIALLO Rouguiatou | Focal point for EPI/WHO | +224,622 93 13 20 | diallor@who.int |
| Dr. Moustapha DABO | Focal point for EPI/UNICEF | +224,622 93 17 18 | mdabo@unicef.org |
| Dr. MARA Karifa | HSS/GAVI/WHO FOCAL POINT | +224 622597023 | marak@who.int |
| Dr. SALL Boubacar | Focal point for EPI/MPHP | +224,628 27 15 83 | bousall2@yahoo.fr |

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC committees are joined. 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 is an integral part of GAVI Alliance monitoring of country's performance. By signing this form, the HSCC members confirm that funds received from the GAVI Alliance were used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunization Inter-Agency coordinating Committee (ICC), endorse this report. Signature of 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, Secretary General | Ministry of Health | | |
| Dr. YANSANE Mohamed Lamine, Advisor | Ministry of Health | | |
| Dr. CAMARA Robert, DNPSC | Ministry of Health | | |
| Dr. Sékou CONDE, DNEHS | Ministry of Health | | |
| Dr. KOUROUMA Mamady, DNSFN | Ministry of Health | | |
| Dr. SOUMAH Camille Tafsir, CN/EPI | Ministry of Health | | |
| Dr. BALDE Hadiatou, CNA/EPI | Ministry of Health | | |
| Dr. SOMPARE Djénou, Head of EPI Immunization Division | Ministry of Health | | |
| Dr. HANN Mariama, EPI Communication | Ministry of Health | | |
| Dr. YOMBOUNO Samah, Head of EPI logistics | Ministry of Health | | |
| Dr. DIALLO Mamadou Rafi, Head Health Promotion Department | Ministry of Health | | |
| Dr. SALL Boubacar, DA/BSD/ HSS focal point | Ministry of Health | | |
| Mr BANGOURA Aboubacar Yalani, Head DAF Department | Ministry of Health | | |

| | | | |
|--------------------------------|---|--|--|
| Mr DIALLO Elhadj Mamadou Aliou | Ministry of Economic Affairs and Finance | | |
| Mr LENO Marcel | Minister responsible for Co-operation | | |
| Mr CAMARA Kanfory | Ministry of Agriculture | | |
| Mr CAMARA Fodé Lounceny | Ministry of Environment | | |
| Dr. SYLLA Abdoulaye | Ministry of Fisheries | | |
| Mr LELANO Etienne Sewa | Ministry of Territorial Administration and Decentralization | | |
| Mr CAMARA Mamadi, Advisor | Ministry of Youth | | |
| Mrs. NABE Binta | Ministry of Social Affairs, Promotion of women and children | | |
| Dr. CODDY René Zitsamele | WHO/GUINEA Representative | | |
| Dr. Mohamed AYOYA | UNICEF GUINEA Representative | | |
| Mrs. Marie Ly Kanieriemen | HKI/GUINEA Representative | | |
| Dr. BALDE Marouf | USAID GUINEA | | |
| Mr DIAKITE Moussa Kémoko | Rotary Club International | | |

| | | | |
|---------------------|---|--|--|
| Mr BAH Oury | Ministry of Higher Education | | |
| Dr. CAMARA Momo | ADMIH (Association for the Development of Maternal and Infant Health) | | |
| Dr. TAMBALOU Robert | Guinean Association for family welfare (GAFW) | | |
| Mr Boubacar SYLLA | World Friends Club | | |

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

All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), endorse this report on the Health Systems Strengthening Program. 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's performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

| Name/Title | Agency/Organization | Signature | Date |
|---|---------------------|-----------|------|
| Dr Younoussa BALLO, HSCC President | Ministry of Health | | |
| Dr. Boubacar SALL, HSCC Reporter | Ministry of Health | | |
| Mr Aliou Taibata DIALLO, DAF/Health Minister | Ministry of Health | | |
| Dr. Yéro-Boye CAMARA, President of the Human Resources Thematic Group | Ministry of Health | | |

| | | | |
|--|---|--|--|
| Ms. Hawa BEAVOGUI, President of the Governance Thematic group | Ministry of Health | | |
| Dr. Mohamed Lamine YANSANE, President of the Finance Thematic group | Ministry of Health | | |
| Dr. Robert CAMARA, National Director for Prevention and Health | Ministry of Health | | |
| Dr. Sékou CONDE, President of the Healthcare Thematic Group | Ministry of Health | | |
| Dr. Mamadi CONDE, Technical Secretariat of HSCC | Ministry of Health | | |
| Dr. Fodé DONZO, Technical Secretariat of HSCC | Ministry of Health | | |
| Mr Ousmane DIAKITE, Technical Secretariat of HSCC | Ministry of Health | | |
| Dr. Mamadi KOUROUMA, National Director for Family Health and Nutrition | Ministry of Health | | |
| Dr. Souleymane CAMARA, President of the Health Information Thematic Group | Ministry of Health | | |
| Dr. Nagnouma SANO, Member of the Health Products and Medical Technologies Thematic Group | Ministry of Health | | |
| Mr Thierno Sadio DIALLO, Health Union | Ministry of Health | | |
| Mr Moussa TRAORE, | Ministry of Social Affairs, Promotion of women and children | | |
| Mr Boubacar SYLLA | "World Friends" Club | | |

| | | | |
|--|--------|--|--|
| Dr. Karifa MARA, GAVI/HSS/WHO Focal point | WHO | | |
| Dr. Moustapha DABO | UNICEF | | |
| Dr. Ibrahima Sory BARRY | GIZ | | |

If HSCC wishes it may send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

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

Guinea does not present the report on use of CSO funds (Type A and B) in 2014

3. Table of Contents

This APR reports on activities carried out by **Guinea** between January - December 2013 and specifies requests for the period January – December 2015

Sections

[1. Features of the Support](#)

[1.1. NVS AND INS support](#)

[1.2. Extension of the Program](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous IRC report](#)

[2. Signatures](#)

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

[2.2. ICC Signatures Page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC Signatures Page](#)

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

[3. Table of Contents](#)

[4. Baseline and annual targets.](#)

[5. General Program Management Component](#)

[5.1. Updated Baseline and Annual Targets](#)

[5.2. Immunization achievements in 2013](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditure and Financing for Immunization](#)

[5.6. Financial Management](#)

[5.7. Inter-Agency Coordination Committee \(ICC\)](#)

[5.8. Priority actions in 2014 to 2015](#)

[5.9. Progress of transition plan for injection safety](#)

[6. Immunization Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2013](#)

[6.2. Details of expenditure of ISS funds during the calendar year](#)

[6.3. Request for ISS reward](#)

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

[7.1. Receipt of new & under-used vaccines for 2013 immunization program](#)

[7.2. Introduction of a New Vaccine in 2013](#)

[7.3. Lump sum allocation for the introduction of a new vaccine in 2013](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2013](#)

[7.5. Immunization Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2013](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014](#)

[7.9. Request for continued support for vaccines for 2015 vaccination program](#)

[7.10. Weighted average prices of supply and related freight costs](#)

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health System Strengthening Support \(HSS\)](#)
 - [9.1. Report on the use of ISS funds in 2013 and request for additional funds](#)
 - [9.2. Progress of HSS activities in the 2013 calendar year](#)
 - [9.3. General overview of targets achieved](#)
 - [9.4 Program implementation in 2013](#)
 - [9.5. HSS activities planned for 2014](#)
 - [9.6. HSS activities planned for 2015](#)
 - [9.7. Revised indicators in case of reprogramming](#)
 - [9.8. Other sources of funding for HSS](#)
 - [9.9. Report on the HSS grant](#)
- [10. Strengthen the involvement of Civil Society Organizations \(CSO\): type A and type B](#)
 - [10.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
 - [10.2. TYPE B : Support for CSOs to help implement the GAVI HSS proposal or CMYP:](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1: ISS instructions](#)
 - [12.2. Annex 2 - Example income & expenditure ISS](#)
 - [12.3. Annex 3 - Instructions for HSS support](#)
 - [12.4. Annex 4 - Example income & expenditure HSS](#)
 - [12.5. Annex 5 - Instructions for CSO support](#)
 - [12.6. Annex 6 - Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline and annual targets

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

| Number | Preparation of joint report of WHO/UNICEF | | Targets (Preferred presentation) | | | |
|---|---|----------|---|--------------------|----------------------------|--------------------|
| | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2013 | Current estimation |
| Total number of births | 472,554 | 472,554 | 487,203 | 487,203 | 502,306 | 502,306 |
| Total infants' deaths | 43,002 | 47,256 | 44,335 | 44,335 | 45,709 | 45,709 |
| Total number of surviving infants | 429,552 | 425,298 | 442,868 | 442,868 | 456,597 | 456,597 |
| Total pregnant women | 531,623 | 531,623 | 548,103 | 548,103 | 565,094 | 565,094 |
| Number of infants who have received (yet to receive) BCG vaccine | 396,945 | 467,143 | 462,843 | 462,843 | 477,191 | 477,191 |
| BCG coverage | 84% | 99 % | 95% | 95% | 95% | 95% |
| Number of infants who received (yet to receive) OPV3 vaccine | 340,238 | 431,841 | 398,581 | 398,581 | 410,937 | 410,937 |
| OPV3 coverage | 79% | 102% | 90% | 90% | 90% | 90% |
| Number of infants who have received (yet to receive) DTP1 vaccine | 340,238 | 489,795 | 420,725 | 420,725 | 433,767 | 433,767 |
| Number of infants who received (yet to receive) DTP3 vaccine | 318,974 | 440,012 | 398,581 | 398,581 | 410,937 | 410,937 |
| DTP3 coverage | 74 % | 103% | 90% | 90% | 90% | 90% |
| Wastage [1] rate during the reference year and anticipated thereafter (%) for DTP vaccine | 5 | 5 | 5 | 5 | 5 | 5 |
| Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| Number of infants who received (yet to receive) 1 dose(s) of DTP-HepB-Hib vaccine | 408,074 | 489,795 | 420,725 | 420,725 | 433,767 | 433,767 |
| Number of infants who received (yet to receive) 3 dose(s) of DTP-HepB-Hib vaccine | 408,074 | 440,012 | 420,725 | 420,725 | 410,937 | 410,937 |
| DTP-HepB+Hib coverage | 95% | 103% | 95% | 95% | 90% | 90% |
| Wastage [1] rate in base-year and planned thereafter (%) [2] | 5 | 5 | 10 | 5 | 5 | 5 |
| Wastage [1] factor in base-year and planned thereafter (%) | 1.05 | 1.05 | 1.11 | 1.05 | 1.05 | 1.05 |
| Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID | 25% | 0% | 25% | 25% | 25% | 25% |
| Number of infants who received (yet to receive) Yellow fever vaccine | 408,074 | 440,388 | 398,581 | 398,581 | 433,767 | 433,767 |

| | | | | | | |
|---|---------|---------|---------|---------|---------|---------|
| Yellow fever coverage: | 95% | 104% | 90% | 90% | 95% | 95% |
| Wastage [1] rate in base-year and planned thereafter (%) | 5 | 9 | 5 | 5 | 5 | 5 |
| Wastage [1] factor in base-year and planned thereafter (%) | 1.05 | 1.1 | 1.05 | 1.05 | 1.05 | 1.05 |
| Maximum loss rate for Yellow fever, 5 dose (s) per vial, LYOPHILIZED | 10% | 10% | 10% | 10% | 50% | 10% |
| Number of infants who received (yet to receive) 1st dose(s) of measles vaccine | 340,238 | 437,074 | 398,581 | 398,581 | 433,767 | 433,767 |
| Measles coverage | 79% | 103% | 90% | 90% | 95% | 95% |
| Pregnant women immunized with TT+ | 467,828 | 437,417 | 493,293 | 493,293 | 508,585 | 508,585 |
| TT+ coverage | 88% | 82% | 90% | 90% | 90% | 90% |
| Vit A supplement to mothers within 6 weeks from delivery | 0 | 0 | 0 | 0 | 0 | 0 |
| Vit A supplement to infants after 6 months | 352,220 | 387,442 | 387,442 | 387,442 | 426,186 | 426,186 |
| Annual DTP Dropout rate [(DTP1–DTP3)/DTP1] x100 | 6% | 10% | 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 optimize wastage, coverage and cost.

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 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 the space below, please provide justification and reasons for those numbers in this APR that are different from the referenced ones:

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

No change compared to the 2012 report. The annual growth rate of the population is 3.1%

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

No change when compared to 2012 with an infant mortality rate of 91 per 1000 live births.

- Provide justification for any changes in Targets by vaccine: **Please note that for targets more than 10%, the results from previous years must be justified.**

Based on the 2011 Decision Letter, we were asked to share the results notified in the Joint Report (JRF) to estimate the forecasts from 2013 to 2015. This transition phase will cause discrepancies between cMYP and 2011 progress report. Hence, the country started updating the cMYP in 2013.

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

No changes

5.2. Immunization achievements in 2013

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

According to the administrative data, we achieved a DTP3 coverage of 103% as against an estimate of 90%.

To maintain this performance, the following activities were developed:

- Provision of health facilities with vaccines and adapted management tools;
- Strengthening logistics by equipping the health centres with motorbikes, cold chain, supervision vehicles;
- The implementation of RED in all the districts and the organization of two immunization campaigns against polio integrating the distribution of vitamin A and mebendazole.
- Supervision of immunization activities in health facilities at all levels;
- Monitoring Activities (monthly monitoring of antigens and bi-annual monitoring) along with the two technical health committees;
- Improving data quality by using SMT and DVD-MT tools in the districts with a detailed analysis thereof during each quarterly meeting;
- Strengthening the Epidemiological surveillance of EPI target diseases with an emphasis on the search for AFP cases;
- Continuing the implementation of the main recommendations made in the EVM (efficient vaccine management) and Cold Chain report 2011 (training health workers in EPI management...);
- Continuing the implementation of the recovery plans in districts in line with the recommendations put forth by the external EPI review in 2011.

• The main obstacles recorded in 2013 are:

- Low mobilization of financial resources for financing routine vaccines and contribution of the State to the introduction of new vaccines.
- Lack of human resources in various locations, especially in deprived areas.
- Insufficient sensitization of the population on EPI.
- Desuetude of motorcycles and refrigerators in certain health centres.

Some of these obstacles were overcome with support from WHO, UNICEF, GAVI and the World Bank (financing of vaccines and other EPI logistics). However, there is still a GAP in the supply of motorcycles, cold chains to the health centres; the development Partners of the Government are pleading with the State to improve the level of public health funding through support missions.

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

According to the administrative data, the targets fixed for 2013 were attained.

5.3. Monitoring the implementation of GAVI gender policy

5.3.1. Over the past five years, were the sex-disaggregated data on the coverage of DTP3, through administrative sources and/or surveys, available in your country? **No, not available**

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

| Data Source | Year of reference for estimation | DTP3 coverage estimation | |
|-------------|----------------------------------|--------------------------|-------|
| | | Boys | Girls |
| N/A | N/A | N/A | N/A |

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

N/A

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

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

The national information and health management system (NIHMS) just completed the validation of the revised and harmonized tools by considering the gender variable (routine EPI data collection sheet and additional immunization activities).

5.4. Data assessments

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

For some antigens like BCG, tetanus and Penta 1, the data are almost similar. For the other antigens, the criterion of valid doses that requires the compliance of the immunization schedule has led to differences between the survey and administrative data. Moreover, the poor analysis of data at all levels (inadequate application of DQS) also explains this difference.

Please note that the WHO/UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

N/A

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

The major activities to improve the data quality since 2011 are:<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

- 1- Updating and harmonization of data collection and analysis tools;
- 2- Training districts, regions and central level management teams in DVD-MT;
- 3- Training the central level (EPI National Coordination) in DQS;
- 4- Training districts, regions and central level management teams in efficient vaccine management;
- 5- Regular organization of quarterly meetings on epidemiological surveillance and systematic immunization by gathering the focal points from districts, regions and central level;
- 6- Monthly and bi-annual monitoring of immunization data;
- 7- Supervision of immunization activities by level;
- 8- Equipping districts, regions and EPI Coordination in IT tools and telephone fleets;
- 9- Training district statisticians on RAMIS software;
- 10- Review of data collection tools;
- 11- Training the trainers on supportive supervision with the support from AMP/GAVI;

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.

Conduct an evaluation of the administrative data production system that will be accompanied with an improvement plan with the support from AMP/GAVI.

5.5. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.5a** consists in guiding GAVI understanding of the broad trends in immunization programme expenditures and financial flows. Please fill the table using US\$.

| | |
|---------------------------|---------------|
| Exchange rate used | 1 US\$ = 7000 |
|---------------------------|---------------|

Enter just the exchange rate and not the name of local currency

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

| Expenditures by Category | Year of Expenditure 2013 | Sources of Finance | | | | | | |
|---|--------------------------|--------------------|-----------|--------|-----|-------------|-----|----------|
| | | Country | GAVI | UNICEF | WHO | ROTARY CLUB | HKI | WB/PNHDP |
| Traditional vaccines* | 520,000 | 0 | 0 | 0 | 0 | 0 | 0 | 520,000 |
| New and Under-used Vaccines (NVS)** | 1,404,000 | 174,000 | 1,230,000 | 0 | 0 | 0 | 0 | 0 |
| Injection material (AD syringes and others) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|--------|---------|---------|
| Cold Chain equipment | 653,623 | 0 | 300,000 | 353,623 | 0 | 0 | 0 | 0 |
| Staff | 1,439,340 | 1,439,340 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 294,679 | 3,428 | 17,596 | 67,594 | 178,804 | 27,257 | 0 | 0 |
| Other Capital Costs | 249,436 | 0 | 150,000 | 67,294 | 0 | 32,142 | 0 | 0 |
| Campaigns costs | 3,195,057 | 0 | 0 | 1,267,314 | 1,800,000 | 2,743 | 125,000 | 0 |
| N/A | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunization | 7,756,135 | | | | | | | |
| Total Government Health expenditures | | 1,616,768 | 1,697,596 | 1,755,825 | 1,978,804 | 62,142 | 125,000 | 520,000 |

*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 no governments funds are allocated to traditional vaccines, please find why and provide plans for expected sources of funding for 2014 and 2015

Since 2005, there is a budget line for the procurement of traditional vaccines; this line is secured by the agreement on the Vaccine Independence Initiative between the Guinean Government and the United Nations Children's Fund (UNICEF). Despite this measure, the Government has difficulty in procuring traditional vaccines and co-financing. However, the advocacy made by the Technical and Financial Partners helped ensure a substantial amount in the budget on the vaccine purchase line, which is considered as a priority expense. Despite this provision, the State could not honour its commitments in terms of procurement of traditional vaccines in 2013.

5.6 Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

| Action plan from Aide Mémoire | Implementation? |
|---|-----------------|
| Preparation of a detailed plan for HSS activities | Yes |
| Reprogramming of HSS activities | No |
| Preparation of a simplified procedures manual | Yes |
| Payment of Co-financing for 2013 | Yes |
| Designation of teams for the payment cycle and expense control | Yes |
| Conduct ISS financial audit for 2009, 2010, 2011, 2012 and 2013 | No |
| Banking arrangement | Yes |
| Disbursement of the first instalment of HSS funds | Yes |

If the above table shows that the plan from Aide-Mémoire was completely or partially implemented, briefly describe what was exactly executed.

Already described in the above table

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

The activities that were not fully carried out are the audit of HSS accounts and reprogramming of HSS activities for

2014. Regarding the audit of ISS accounts, the terms of reference and implementation method are prepared and sent to the Ministry of Health. We are waiting for the new date for this activity. Regarding the reprogramming of HSS activities, a proposal was made for 2014.

5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document N°4**) from all the ICC meetings held in 2014, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Overall Expenditures and Financing for Immunization](#) to [Overall Expenditure and Financing for Immunization](#)

In 2013, the ICC meetings mainly focused on:

- Financing routine EPI (advocacy to the Partners for the procurement of vaccines and other operational costs, implementation of RED);
- support to the organization of integrated immunization campaigns (African Immunization Week followed by remedial activities for children in routine immunization);
- Presentation and adoption of EPI PAO 2013;
- Presentation and adoption of immunization campaigns against poliomyelitis;
- Presentation and adoption of the Annual Progress Report 2012;
- Advocacy to the Government for resolving the 2013 co-financing default (Credit transfer letter, GAVI/WHO advocacy mission);
- Revision of immunization targets in cMYP and Annual Progress Report 2012;
- Presentation of a new Partnership Agreement with GAVI;
- Presentation of results of the 1st round of NID 2013;
- Presentation and adoption of the submission document to GAVI related to the organization of the preventive immunization campaign against meningococcal meningitis using the MenA vaccine.
- In 2013, the main recommendations formulated during different ICC meetings were:
 - Implementation of an internal resource mobilization plan for EPI funding;
 - Advocacy to the Government (Ministry of Finance) for the payment of GAVI co-financing;
 - Strengthening the monitoring, especially the search for AFP during NIDs;
 - The letter to the GAVI Secretariat related to the validity of the current NHDP in which the immunization priorities do not change;
 - Inclusion of gender in all immunization activities;
 - Establishing a national coalition of Civil Society Organizations;
 - Considering the creation of funds for systematic immunization.

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

If yes, which ones?

| List CSO members of ICC: |
|--|
| ADMCH (Association for the Development of Maternal and Child Health) |
| Guinean Association for family welfare (GAFW) |
| World Friends Club (WFC) |

5.8. Priority actions in 2014 to 2015

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

General objective: achieve and maintain the vaccine coverage at 90% at the national level and at least at 80% in all the health districts for all antigens (GIVS).

Specific objectives:

- Introduce the pneumococcal vaccine, IPV in 2014, rotavirus and MenA in 2015 in the routine EPI;
- Improve data quality;
- Strengthen the supervision at various levels of the health pyramid with the technical support from AMP/GAVI;
- Continue the RED approach in health districts;
- Prepare strategic and guideline documents for EPI
- Strengthen the logistics at various levels of the health pyramid (CC, supervision vehicle, motorcycles for advanced strategies);
- Organize immunization campaigns against poliomyelitis, Measles and meningococcal meningitis;
- Advocacy at a high level for the mobilization of local resources for immunization and vaccines.

Priority activities are:

- Train the health workers on the use of DVD_MT and DQS tools;
- Evaluate the health information system to improve data quality;
- Continue the implementation of recommendations from the evaluation of cold chain and vaccines;
- Provide training to service providers on EPI;
- Strengthen the monitoring activities of vaccine-preventable diseases;
- Develop an integrated EPI communication plan
- Conduct pre-validation of certification documents for the eradication of poliomyelitis and eradication of MNT;
- Provide training to district management teams in DQS;
- Ensure mobilization of local resources for EPI funding;
- Ensure the preparation of immunization campaigns against poliomyelitis, MenA and Measles;
- Implement local resources mobilization plan

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

| Vaccine | Types of syringe used in 2013 routine EPI | Funding sources of 2013 |
|---------------------------|---|-------------------------|
| FR BCG | AD syringes 0.05 ml | State and UNICEF budget |
| FR Measles | AD syringe 0.5ml | State and UNICEF budget |
| FR TT | AD syringe 0.5ml | State and UNICEF budget |
| FR DTP-containing vaccine | AD syringe 0.5ml | State and GAVI budget |

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

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

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

The main obstacles encountered are:

- Lack of incinerators in most of the districts; <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Lack of training of health workers in waste management

Please explain how in 2013 sharps have been eliminated, what were the problems, etc.

Collection of syringe needle wastes at public and private medical unit level (medical centre, health centres and hospitals). The collected waste is then transported at the incinerator level during supervisions for their systematic incineration.

In 2010, an evaluation of the capability for the management of sharp wastes was conducted with the support from WHO. A response to the identified issue was proposed in the form of a plan and these activities are being executed. The main issues encountered are the lack of incinerators and the lack of training for health workers in waste management.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

| | Amount in USD | Amount in local currency |
|--|---------------|--------------------------|
| Funds received in 2013 (A) | 0 | 0 |
| Remaining funds (carry over) from 2012 (B) | 21,789 | 152,523,000 |
| Total Available Funds in 2013 (C=A+B) | 21,789 | 152,523,000 |
| Total expenditures in 2013(D) | 17,495 | 122,470,996 |
| Balance carried over to 2014 (E=C-D) | 4,294 | 30,052,004 |

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 program use.

GAVI funds are domiciled in a local commercial bank and are within the budget of the Ministry of Health in the form of a grant under the heading FINEX (External Funding). Management of ISS funds is secured by ICC, the President (Secretary General of the Ministry of Health) and Vice President (Representative of WHO) of which are signatories of checks. At the beginning of each year, the national Coordination of EPI develops an operational action plan, which is validated in the ordinary session of ICC. Implementation of PAO is subject to preparation of applications (technical file) that are then submitted to ICC for their complete adoption after amendments. After this step, the funds are disbursed for the implementation of PAO activities. At ICC, there is a technical commission responsible for the preparation of PAO and annual budget of the Program comprising of the EPI team, EPI focal points from WHO, UNICEF and officials of the ministry of finance. A committee for the receipt of material purchased for EPI on GAVI funds is set-up by the Ministry of Health to serve as an interface between ICC and EPI (the presidency of this committee is provided by WHO, UNICEF is amongst other members). To this effect, the management tools are developed for a better follow-up. In the scope of implementation of « Reach Every District » approach, the ICC promoted the immunization activities by advanced strategy and supervision formative It ensures efficient allocation of resources and the integration of all the resources made available to EPI for this strategy by the partners especially UNICEF, WHO and APNDS project of the World Bank. Funds necessary to this approach for the districts are sent via bank transfer. In terms of implementation of activities, supporting documents are sent to the Coordination for validation and preparation of financial statements. ICC also ensures the implementation of national policy on safety of injections. An internal audit is planned each year to ensure the coherence and viability of expenses. An annual status report is sent to the secretariat of GAVI before 15th May of the following year after adoption of ICC. The Ministers of Health and Finances or their representatives sign this report. The compliance of this procedure helps avoid all problems for the disbursement of funds.

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

GAVI funds are deposited in a commercial bank account used for funding EPI activities. This account has 2 parts; one for foreign currency and the other for local currency. The account is co-managed by the ICC President and WHO representative. At the district and regional levels, these entities have bank accounts, which receive all the external funds including those from GAVI.

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

In 2013, the major activities conducted to strengthen immunization with ISS funds are:

- Transit charges for vaccines and immunization supplies;
- Relevance of internet connection (internet keys);
- Fuel for the functioning of the central Cold chain.

6.1.4. Indicate whether ISS funds have been included in national health sector plans and budgets. **Yes**

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 7). (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.

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

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

6.3. Request for ISS reward

The request for expected ISS reward is not applicable for 2013 in Guinea.

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

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

7.1.1. Did you receive the approved amount of vaccine doses for the vaccination program in 2013 that GAVI communicated to you in its decision letter (DL)? Please fill the table below.

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

| | [A] | [B] | | |
|--------------|----------------------------|--|---|--|
| Vaccine Type | Total doses for 2013 in DL | Total doses received by 31 December 2013 | Total doses of postponed deliveries in 2013 | Has the country experienced a stock shortage at any level in 2013? |
| DTP-HepB-Hib | 438,500 | 1,020,780 | 582,280 | No |
| Yellow Fever | 428,500 | 620,000 | 191,500 | No |

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

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

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

The dispatch of the counter part of vaccines purchased by the Government was delayed for lack of on-time payment of co-financing by the State in 2012.

- 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 optimize wastage, coverage and cost.

Forecasting update based on the actual inventory of vaccines and regular follow-up of supplies with Copenhagen, every year. The multiple changes in the presentation of vaccines often lead to an increased wastage rate and reduce the daily immunization of children causing low vaccine coverage (problem of missed opportunities).

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

N/A

7.2. Introduction of a New Vaccine in 2013

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

| Yellow fever, 5 dose (s) per vial, LYOPHILIZED | | |
|--|----|------------|
| PHASED INTRODUCTION | No | 06/12/2012 |
| Nationwide introduction [YES / NO] | No | 06/12/2012 |
| The time and scale of introduction was as planned in the proposal? If No, Why? | No | N/A |

| DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | | |
|--|----|------------|
| PHASED INTRODUCTION | No | 06/12/2012 |
| Nationwide introduction [YES / NO] | No | 06/12/2012 |
| The time and scale of introduction was as planned in the proposal? If No, Why? | No | N/A |

7.2.2. When is the Post introduction evaluation (PIE) planned? **October 2014**

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

N/A

7.2.3. Post Immunization Adverse Events (PIAE)

Is there a national dedicated vaccine pharmaceutical-vigilance capacity? **Yes**

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

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

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

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

Has your country implemented a risk communication strategy along with national preparedness plans to deal with possible immunization issues? **Yes**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhoea? **Yes**

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

Has your country conducted special studies on:

a. Rotavirus diarrhoea? **No**

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

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **Yes**

Are you planning to use the data of national sentinel surveillance and / or special studies to monitor and

assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of monitoring / special studies and NITAG / ICC contributions:

The monitoring results are often analysed by the national polio certification committees. During the national immunization campaigns, the monitoring results are presented in the ICC coordination meeting.

7.3. Lump sum allocation for the introduction of a new vaccine in 2013

7.3.1. Financial Management Reporting

| | Amount in USD | Amount in local currency |
|--|---------------|--------------------------|
| Funds received in 2013 (A) | 0 | 0 |
| Balance of funds carried forward from 2012 | 0 | 0 |
| Total Available Funds in 2013 (C=A+B) | 0 | 0 |
| Total expenditures in 2013(D) | 0 | 0 |
| Balance carried over to 2014 (E=C-D) | 0 | 0 |

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

Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document No. 10, 11). (Terms of reference for this financial statement are attached in **Annex 1.**) Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. 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.

N/A

Please describe any problems encountered in the implementation of planned activities:

N/A

Please describe the activities that will be undertaken with the balance of funds carried forward to 2014

N/A

7.4. Report on country co-financing in 2013

Table 7.4: 5 questions on country co-financing

| | Q.1: What were the actual co-financed amounts and doses in 2013? | |
|--|--|-----------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Vaccine selected # 1: Yellow fever, 5 dose (s) per vial, LYOPHILIZED | 86,000 | 88,350 |
| Vaccine selected # 2: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | 88,000 | 41 500 |
| | | |
| | Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources? | |
| Government | BND | |
| Donor | N/A | |
| Others | N/A | |
| | | |

| 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 |
| Vaccine selected # 1: Yellow fever, 5 dose (s) per vial, LYOPHILIZED | 0 | 0 |
| Vaccine selected # 2: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | 0 | 0 |
| | | |
| Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding? | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2015 | Funding source |
| Vaccine selected # 1: Yellow fever, 5 dose (s) per vial, LYOPHILIZED | September | BND |
| Vaccine selected # 2: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID | September | BND |
| | | |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing. | | |
| Technical assistance for improving the vaccine coverage, data quality and advocacy for mobilizing local resources. | | |

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/program-policies/co-financing/>

Presentation of the co-financing situation in the ICC meeting in November 2012; <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

- Advocacy to the Government and National Transition Council (NTC) (Letter addressed to the Prime Minister, Presentation of the document on GAVI support in the Cabinet);
- Organization of a tripartite meeting including the Ministry of Health/National Directorate for investments/National Directorate for budget to rectify the budgetary allocation for purchase of vaccines from 2015;
- Organization of a high-level advocacy mission to increase the overall health budget (technical and financial Partners);
- Establishment of a regular monthly monitoring mechanism with the country by the Guinea head with the GAVI Secretariat;
- Place the issue of financial sustainability of the program (functioning of the purchase line and injection material) as the top priority of ICC meetings by including the points on monitoring the execution of immunization expenses in the agenda of regular meetings;
- Revision of the agreement on the Vaccine Independence Initiative between Guinea and UNICEF.

Is GAVI's new or under-used vaccines and injection supply support reported in national health sector budget?
Yes

7.5 Vaccine Management (EVSM/EVM/VMA)

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

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine.

This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in annual progress 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 the following documents:

- (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

There have been no changes

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Guinea does not provide a report on NVS as part of the prevention campaign.

7.7. Change of vaccine presentation

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

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

The renewal of multi-year support for Guinea is not available in 2014.

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

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

Confirm here below that your request for 2015 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain:

N/A

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight cost

| Vaccine Antigens | Vaccine Type | No threshold | 200,000\$ | | 250,000\$ | |
|----------------------|-----------------|--------------|-----------|---|-----------|---|
| | | | <= | > | <= | > |
| Yellow fever | YF | 7.80% | | | | |
| Type A meningococcal | MENINACONJUGATE | 10.20% | | | | |
| Pneumococcal (PCV10) | PNEUMO | 3.00% | | | | |
| Pneumococcal (PCV13) | PNEUMO | 6.00% | | | | |
| Rotavirus | ROTA | 5.00% | | | | |
| Measles second dose | MEASLES | 14.00% | | | | |
| DTP-HepB | HEPBHIB | 2.00% | | | | |
| HPV bivalent | HPV2 | 3.50% | | | | |
| HPV tetravalent | HPV2 | 3.50% | | | | |
| RR | OR | 13.20% | | | | |

| Vaccine Antigens | Vaccine Type | 500,000\$ | | 2,000,000\$ | |
|----------------------|-----------------|-----------|-------|-------------|---|
| | | <= | > | <= | > |
| Yellow fever | YF | | | | |
| Type A meningococcal | MENINACONJUGATE | | | | |
| Pneumococcal (PCV10) | PNEUMO | | | | |
| Pneumococcal (PCV13) | PNEUMO | | | | |
| Rotavirus | ROTA | | | | |
| Measles second dose | MEASLES | | | | |
| DTP-HepB | HEPBHIB | | | | |
| DTP-HepB-Hib | HEPBHIB | 25.50% | 6.40% | | |
| HPV bivalent | HPV2 | | | | |
| HPV tetravalent | HPV2 | | | | |
| RR | OR | | | | |

7.11. Calculation of requirements

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

| ID | Source | | 2013 | 2014 | 2015 | TOTAL | |
|----|---|---------|------|---------|---------|---------|-----------|
| | Number of surviving infants | Table 4 | # | 429,552 | 442,868 | 456,597 | 1,329,017 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 408,074 | 420,725 | 433,767 | 1,262,566 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 408,074 | 420,725 | 410,937 | 1,239,736 |
| | Immunization coverage with | Table 4 | % | 95.00% | 95.00% | 90.00% | |

| | | | | | | |
|----|---|--------------------|----|---------|--------|--------|
| | the third dose | | | | | |
| | Number of doses per child | Parameter: | # | 3 | 3 | 3 |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.11 | 1.05 |
| | Vaccine stock as at December 31, 2013 *(see explanatory note) | | # | 635,040 | | |
| | Vaccine stock as of January 1, 2014 *(see explanatory note) | | # | 635,040 | | |
| | Number of doses per vial | Parameter: | # | | 10 | 10 |
| | AD syringes required | Parameter: | # | | Yes | Yes |
| | Reconstitution syringes required | Parameter: | # | | No | No |
| | Safety boxes required | Parameter: | # | | Yes | Yes |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.40% | 6.40% |
| fd | Freight cost as % of material value | Parameter: | % | | 0.00% | 0.00% |

* Stocks of vaccines on 31 December 2012: the country is requested to indicate the total closing stock on December 31 of the reporting year.

** The country is requested to indicate its opening stock on 1 January 2014, if there is a discrepancy between the stock on 31 December 2013 and 1 January 2014, please explain the reason in the box below.

N/A

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

Not defined

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

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

| | 2013 | 2014 | 2015 |
|--|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2012 | | | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 |

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

| | | 2014 | 2015 |
|-------------------------|---|-----------|-----------|
| Number of vaccine doses | # | 1,303,500 | 925,700 |
| Number of AD syringes | # | 1,436,100 | 1,057,100 |

| | | | |
|--|----|-----------|-----------|
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 15,800 | 11,650 |
| Total value to be co-financed by GAVI | \$ | 2,734,500 | 1,967,500 |

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

| | | 2014 | 2015 |
|--|----|-------------|-------------|
| Number of vaccine doses | # | 141,100 | 98,900 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total value of country co-financing | \$ | 289,000 | 205 000 |

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

| | Formula | 2013 | 2014 | | | |
|----|---|---|-----------|------------|---------|-----------|
| | | | Total | Government | GAVI | |
| A | Country co-financing | V | 0.00% | 9.76% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 408,074 | 420,725 | 41,083 | 379,642 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 408,074 | 420,725 | 41,083 | 379,642 |
| C | Number of doses per child | The immunization schedule | 3 | 3 | | |
| D | Number of doses required | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 1,224,222 | 1,262,175 | 123,248 | 1,138,927 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.11 | | |
| F | Number of doses required including wastage | $D \times E$ | | 1,401,015 | 136,805 | 1,264,210 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | | 43,343 | 4,233 | 39,110 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | | | | |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | | | | |
| H2 | Stock on 1st January | Table 7.11.1 | 0 | 635,040 | | |
| H3 | Shipment plan | UNICEF shipment report | | 1,498,000 | | |
| I | Total vaccine doses required | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 1,444,500 | 141,051 | 1,303,449 |
| J | Number of doses per vial | Vaccine parameter | | 10 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | | 1,436,070 | 0 | 1,436,070 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | | 15,797 | 0 | 15,797 |
| N | Cost of the required vaccines | $1 \times \text{price of vaccine per dose (g)}$ | | 2,780,663 | 271,523 | 2,509,140 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit (ca)}$ | | 64,624 | 0 | 64,624 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes (cs)}$ | | 79 | 0 | 79 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value (fv)}$ | | 177,963 | 17,378 | 160,585 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$ | | 0 | 0 | 0 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | | 3,023,329 | 288,900 | 2,734,429 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose (cc)}$ | | 288,900 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 9.76% | | |

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

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

| | Formula | 2015 | | | |
|----|---|---|------------|---------|-----------|
| | | Total | Government | GAVI | |
| A | Country co-financing | V | 9.64% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 433,767 | 41,835 | 391,932 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 410,937 | 39,633 | 371,304 |
| C | Number of doses per child | The immunization schedule | 3 | | |
| D | Number of doses required | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 1,269,111 | 122,399 | 1,146,712 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | 1,332,567 | 128,519 | 1,204,048 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | 2,601 | 251 | 2,350 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | 310,776 | 29,973 | 280,803 |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | 807,756 | 77,904 | 729,852 |
| H2 | Stock on 1st January | Table 7.11.1 | | | |
| H3 | Shipment plan | UNICEF shipment report | | | |
| I | Total vaccine doses required | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 1,024,500 | 98,808 | 925,692 |
| J | Number of doses per vial | Vaccine parameter | 10 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | 1,057,030 | 0 | 1,057,030 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | 11,628 | 0 | 11,628 |
| N | Cost of the required vaccines | $1^* \text{ price of vaccine per dose (g)}$ | 1,996,751 | 192,576 | 1,804,175 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit (ca)}$ | 47,567 | 0 | 47,567 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes (cs)}$ | 59 | 0 | 59 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value (fv)}$ | 127,793 | 12,325 | 115,468 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$ | 0 | 0 | 0 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | 2,172,170 | 204,900 | 1,967,270 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose (cc)}$ | 204,900 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 9.64% | | |

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

| | | | |
|--|----|--------|--------|
| Number of vaccine doses | # | 9,500 | 37,900 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total value of country co-financing | \$ | 11,500 | 42,000 |

Table 7.11.4: Calculation of requirements for Yellow fever, 5 dose (s) per vial, LYOPHILIZED (section 1)

| | Formula | 2013 | 2014 | | | |
|----|---|---|---------|------------|--------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-financing | V | 0.00% | 16.96% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 408,074 | 398,581 | 67,593 | 330,988 |
| C | Number of doses per child | The immunization schedule | 1 | 1 | | |
| D | Number of doses required | $B \times C$ | 408,074 | 398,581 | 67,593 | 330,988 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | | 418,511 | 70,973 | 347,538 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | - 2,373 | - 402 | - 1,971 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | | |
| H2 | Stock on 1st January | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 55,900 | 9,480 | 46,420 |
| J | Number of doses per vial | Vaccine parameter | | 5 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | | 39,554 | 0 | 39,554 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | | 12,299 | 0 | 12,299 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | | 571 | 0 | 571 |
| N | Cost of the required vaccines | $1 \times \text{price of vaccine per dose}(g)$ | | 61,155 | 10,371 | 50,784 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit}(ca)$ | | 1,780 | 0 | 1,780 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit}(cr)$ | | 50 | 0 | 50 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes}(cs)$ | | 3 | 0 | 3 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value}(fv)$ | | 4,771 | 810 | 3,961 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$ | | 184 | 0 | 184 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | | 67,943 | 11,180 | 56,763 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose}(cc)$ | | 11,180 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 16.96% | | |

Table 7.11.4: Calculation of requirements for Yellow fever, 5 dose (s) per vial, LYOPHILIZED (section 2)

| | Formula | 2015 | | | |
|----|---|---|------------|--------|---------|
| | | Total | Government | GAVI | |
| A | Country co-financing | V | 18.10% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 433,767 | 78,514 | 355,253 |
| C | Number of doses per child | The immunization schedule | 1 | | |
| D | Number of doses required | $B \times C$ | 433,767 | 78,514 | 355,253 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | 455,456 | 82,439 | 373,017 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 9,237 | 1,672 | 7,565 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 255,622 | 46,269 | 209,353 |
| H2 | Stock on 1st January | Table 7.11.1 | | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 209,100 | 37,848 | 171,252 |
| J | Number of doses per vial | Vaccine parameter | 5 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | 206,120 | 0 | 206,120 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | 46,003 | 0 | 46,003 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | 2,774 | 0 | 2,774 |
| N | Cost of the required vaccines | $I \times \text{price of vaccine per dose}(g)$ | 214,328 | 38,794 | 175,534 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit}(ca)$ | 9,276 | 0 | 9,276 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit}(cr)$ | 185 | 0 | 185 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes}(cs)$ | 14 | 0 | 14 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value}(fv)$ | 16,718 | 3,027 | 13,691 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$ | 948 | 0 | 948 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | 241,469 | 41,820 | 199,649 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose}(cc)$ | 41,820 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 18.10% | | |

8. Injection Safety Support (INS)

This type of support is no longer available.

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

For countries that received HSS funds within the last three months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email at gavihss@gavialliance.org.

5. If you are requesting additional funds, 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 the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report of 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 instalments of HSS funding:

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

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 instalment of HSS funds.

9.1. Report on the use of HSS funds in 2013 and request for additional funds

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

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

N/A

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

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

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

N/A

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

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

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

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

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 program and both in USD 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 **Yes**

If yes, please indicate the amount of funding requested: **501618** USD

These funds will be sufficient to ensure the HSS allocation until December 2015.

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

N.B.: Country will fill both \$ and local currency tables. This enables the consistency check for TAP.

Table 9.1.3a \$(US)

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|-----------|---------|
| Original annual budgets (as per the originally approved HSS proposal) | | | | | 1,632,314 | 501,618 |
| Revised annual budget (if revised during a review of the previous years' annual reports) | | | | | 0 | 0 |
| Total funds received from GAVI during the | | | | | 1,632,488 | 0 |

| | | | | | | |
|---|---|---|---|---|-----------|-----------|
| calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (A) | | | | | 0 | 1,632,488 |
| Total Funds available during the calendar year (C=A+B) | | | | | 1,632,488 | 1,632,488 |
| Total expenditure during the calendar year (D) | | | | | 0 | 926,426 |
| Balance carried forward to the next calendar year (E=C-D) | | | | | 1,632,488 | 706,062 |
| Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2014 | 2015 | 2016 | 2017 |
|---|---------|------|------|------|
| Original annual budgets (as per the originally approved HSS proposal) | 0 | 0 | 0 | 0 |
| Revised annual budget (if revised during a review of the previous years' annual reports) | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (A) | 706,062 | 0 | 0 | 0 |
| Total Funds available during the calendar year (C=A+B) | 706,062 | 0 | 0 | 0 |
| Total expenditure during the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance carried forward to the next calendar year (E=C-D) | 706,062 | 0 | 0 | 0 |
| Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds] | 501,618 | 0 | 0 | 0 |

Table 9.1.3b (Local currency)

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|---------------|---------------|
| Original annual budgets (as per the originally approved HSS proposal) | | | | | 1,118,135,090 | 3,436,083,300 |
| Revised annual budget (if revised during a review of the previous years' annual reports) | | | | | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | | | | | 1,118,254,280 | 0 |
| Remaining funds (carry over) from previous year (A) | | | | | 0 | 1,118,254,280 |
| Total Funds available during the calendar year (C=A+B) | | | | | 1,118,254,280 | 1,118,254,280 |
| Total expenditure during the calendar year (D) | | | | | 0 | 6,346,019,059 |
| Balance carried forward to the next calendar year (E=C-D) | | | | | 1,118,254,280 | 4,836,523,741 |
| Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2014 | 2015 | 2016 | 2017 |
|---|---------------|------|------|------|
| Original annual budgets (as per the originally approved HSS proposal) | 0 | 0 | 0 | 0 |
| Revised annual budget (if revised during a review of the previous years' annual reports) | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (A) | 4,836,523,741 | 0 | 0 | 0 |
| Total Funds available during the calendar year (C=A+B) | 4,836,523,741 | 0 | 0 | 0 |
| Total expenditure during the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance carried forward to the next calendar year (E=C-D) | 0 | 0 | 0 | 0 |
| Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds] | 3,436,083,300 | 0 | 0 | 0 |

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

| Exchange Rate | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--------------------------|------|------|------|------|------|-------|
| Opening on 1st January | | | | | | 6,850 |
| Closing on 31st December | | | | | | 6,850 |

Detailed expenditure of HSS funds during the 2013 calendar year

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

If any expenditures for the January April 2014 period are reported in Tables14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please 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 the sub-national and national levels; and the overall role of the ICC in this process.

The technical committee coordinates the preparation of the annual budgeted plan in compliance with the uses and practices of the interventions from other Technical and Financial Partners.

The purchase of Cold chain equipment and rolling stock (ambulances, supervision vehicles and motorcycles) were carried out by the central purchasing department at Copenhagen through UNICEF (technical specifications by the Ministry of Health, quotation requests, orders, procurement and delivery).

The medical equipment (SOUB and SOUC) was purchased by UNFPA after a new quotation and a purchase order.

The Central Pharmacy at Guinea (CPG) purchased the medicines and medical supplies (caesarean kits) for hospitals after the estimation of a kit by the National Directorate of hospitals and healthcare, then its quotation, order and delivery to the sites.

Fund Transfer mechanism for GAVI HSS support to the country

A specific foreign currency bank account is opened at ECOBANK Guinea, a commercial bank operating in the location where the GAVI HSS support funds are deposited. This account is co-signed by the Health Minister and the Representative of the WHO in Guinea. Each of these two signatories has a deputy appointed by him.

Fund Transfer mechanism for GAVI HSS support from the central level to the peripheral level

The funds have not been transferred from the central level to the peripheral level during this year due to the delay in the acquisition of physical assets that determine the efficiency of the support to immunization activities on site in compliance with the procedures and the intent of the proposal.

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

| Major Activities (insert as many rows as necessary) | Activity planned for 2013 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|--|---|---|
| Objective 1: Increase the accessibility of basic healthcare from 40% in 2006 to 60% before the end of 2011 in 5 health districts with low vaccine coverage appsportal.gavialliance.org/PDEXtranet_APR_2013 | Objective 1: Increase the accessibility of basic healthcare from 40% in 2006 to 60% before the end of 2011 in 5 health districts with low vaccine coverage | | |
| DPS 1.1 Vaccination | DHP 1.1 Vaccination | | |
| Activity 1.1.1: Provide 50 solar refrigerators to 50 HF | Activity 1.1.1: Provide 50 solar refrigerators to 50 HF | 100 | Delivery receipt |
| Activity 1.1.2: Grant performance bonuses to 150 | Activity 1.1.2: Grant | 0 | |

| | | | |
|--|---|-----|------------------|
| workers of 50 HF in rural areas | performance bonuses to 150 workers of 50 HF in rural areas | | |
| Activity 1.1.3: Support the private structures of civil society organizations to conduct awareness activities and basic healthcare services | Activity 1.1.3: Support the private structures of civil society organizations to conduct awareness activities and basic healthcare services | 0 | |
| Activity 1.1.4: Provide 50 motorcycles to 50 HC (25 motorcycles per year) | Activity 1.1.4: Provide 50 motorcycles to 50 HC | 100 | |
| Activity 1.1.5: Ensure the functioning and maintenance of 50 motorcycles | Activity 1.1.5: Ensure the functioning and maintenance of 50 motorcycles | 0 | |
| Activity 1.1.6: Support the maintenance of 50 solar refrigerators | Activity 1.1.6: Support the maintenance of 50 solar refrigerators | 0 | |
| Activity 1.1.7: Support the civil Society Organizations in the mutual development of health in the area | Activity 1.1.7: Support the civil Society Organizations in the mutual development of health in the area | 0 | |
| Activity 1.1.8: Organize awareness sessions through micro-programs in 4 rural radio-stations | Activity 1.1.8: Organize awareness sessions through micro-programs in 4 rural radio-stations | | |
| Activity 1.1.9: Support management committees of HC in active search and awareness activities | Activity 1.1.9: Support management committees of HC in active search and awareness activities | 0 | |
| Activity 1.1.10: Organize 12 community awareness sessions on SMI/PF activities per HC and per year | Activity 1.1.10: Organize 12 community awareness sessions on SMI/PF activities per HC | 0 | |
| DPS 1.2: Reproductive Health | DPS 1.2: Reproductive Health | | |
| Activity 1.2.1: Organize 2 training workshops of 25 service providers per session for 10 days in the field of RH | Activity 1.2.1: Organize 1 training workshops of 25 service providers per session for 10 days in the field of RH | 0 | |
| Activity 1.2.2: Provide an initial endowment of pregnancy and childbirth monitoring tools to 50 HC of the area | Activity 1.2.2: Provide an initial endowment of pregnancy and childbirth monitoring tools to 50 HC of the area | 0 | |
| Activity 1.2.3: Provide 2 ambulances to 2 HP | Activity 1.2.3: Provide 2 ambulances to 2 HP | 100 | |
| Activity 1.2.4: Ensure maintenance and operation of 2 ambulances | Activity 1.2.4: Ensure maintenance and operation of 2 ambulances | 0 | |
| Activity 1.2.5: Provide 20 SOUB equipment to 20 HC | Activity 1.2.5: Provide 20 SOUB equipment to 20 HC | 100 | Delivery receipt |
| Activity 1.2.6: Provide 2 SOUC Equipment to 2 HP | Activity 1.2.6: Provide 2 SOUC Equipment to 2 HP | 100 | Delivery receipt |
| Activity 1.2.7: Provide Caesarean kits for obstetric | Activity 1.2.7: Provide | 100 | Delivery receipt |

| | | | |
|---|--|-----|----------------|
| emergencies to 5 HP | Caesarean kits for obstetric emergencies to 5 HP | | |
| DPS 1.3: Curative care | DPS 1.3: Curative care | | |
| Activity 1.3.1: Revise and adopt the standardized process diagrams (flowcharts and therapeutic protocols) | Activity 1.3.1: Revise and adopt the standardized process diagrams (flowcharts and therapeutic protocols) | 0 | |
| Activity 1.3.2: Prepare and distribute the standardized process diagrams to 50 HC, 5 DPS, 5 HP and 2 DRS | Activity 1.3.2: Prepare and distribute the standardized process diagrams to 50 HC, 5 DPS, 5 HP and 2 DRS | 0 | |
| Activity 1.3.3: Organize a 10-day training session in PECIME, Rationalization of healthcare and Management of medicines to 25 health workers per session | Activity 1.3.3: Organize a 10-day training session in PECIME, Rationalization of healthcare and Management of medicines to 25 health workers per session | 0 | |
| Activity 1.3.4: Provide an initial endowment of Medicines and medical supplies to 50 HC | Activity 1.3.4: Provide an initial endowment of Medicines and medical supplies to 50 HC | 50 | |
| Activity 1.3.5: Provide hospitals with ME and medical supplies | Activity 1.3.5: Provide hospitals with ME and medical supplies | 100 | |
| Objective 2: Strengthen management capabilities | Management capabilities of 5 health districts, 2 Regional Health Directorates and central level before the end of 2011 | | |
| DPS 2.1: Operational research | DPS 2.1: Operational research | | |
| Activity 2.1.1: Conduct a study on the organizational flowchart of public health facilities | Activity 2.1.1: Conduct a study on the organizational flowchart of public health facilities | | |
| Activity 2.1.2: Conduct a study on the feasibility of the strategy of developing mutual health organizations in the area | Activity 2.1.2: Conduct a study on the feasibility of the strategy of developing mutual health organizations in the area | | |
| Activity 2.1.3: Evaluate the implementation of cMYP 2007 - 2011 and re-plan cMYP 2012 - 2016 | Activity 2.1.3: Evaluate the implementation of cMYP 2007 - 2011 and re-plan cMYP 2012 - 2016 | 100 | on other funds |
| Activity 2.1.4: Evaluate the implementation of NHDP 2003 - 2012 and re-plan NHDP 2014 -2025 | Activity 2.1.4: Evaluate the implementation of NHDP 2003 - 2012 and re-plan NHDP 2014 -2025 | 100 | On EU Funds |

| | | | |
|---|--|-----|---|
| DPS 2.2: Monitoring and evaluation | DPS 2.2: Monitoring and evaluation | | |
| Activity 2.2.1: Organize quarterly supervisions from the central level to the intermediate and peripheral levels | Activity 2.2.1: Organize quarterly supervisions from the central level to the intermediate and peripheral levels | 50 | On WHO funds) Supervision Reports |
| Activity 2.2.2: Organize quarterly supervisions from the regional level to HD of the target areas | Activity 2.2.2: Organize quarterly supervisions from the regional level to HD of the target areas | 50 | On other funds). Supervision Reports |
| Activity 2.2.3: Organize bi-monthly supervisions from the District level to hospitals and HC of the target areas | Activity 2.2.3: Organize bi-monthly supervisions from the District level to hospitals and HC of the target areas | 50 | On other funds). Supervision Reports |
| Activity 2.2.4: Provide management and information system tools | Activity 2.2.4: Provide management and information system tools | 0 | |
| Activity 2.2.5: Produce quarterly statistical newsletters | Activity 2.2.5: Produce quarterly statistical newsletters | 0 | |
| Activity 2.2.6: Provide 5 supervision vehicles (4x4 Pick-up vehicles) to 5 health districts | Activity 2.2.6: Provide 5 supervision vehicles (4x4 Pick-up vehicles) to 5 health districts | 100 | Delivery receipt |
| Activity 2.2.7: Ensure maintenance and operation of 5 vehicles | Activity 2.2.7: Ensure maintenance and operation of 5 vehicles | 0 | |
| DPS 2.3: Coordination-Management | DPS 2.3: Coordination-Management | | |
| Activity 2.3.1: Support organizing HSCC meetings | Activity 2.3.1: Support organizing HSCC meetings | 0 | |
| Activity 2.3.2: Support the organization of 2 CTRS in target areas | Activity 2.3.2: Support the organization of 2 CTRS in target areas | 0 | |
| Activity 2.3.3: Support the organization of 10 CTPS in target areas | Activity 2.3.3: Support the organization of 10 CTPS in target areas | 0 | |
| Activity 2.3.4: Prepare a manual for implementing mutual health organizations | Activity 2.3.4: Prepare a manual for implementing mutual health organizations | 0 | |
| Activity 2.3.5: Organize 2 multi-sectorial dialogue meetings per year at the central level and in target areas | Activity 2.3.5: Organize 2 multi-sectorial dialogue meetings per year at the central level and in target areas | 0 | |
| Activity 2.3.6: Support the preparation of prefectural health development plans (PHDP) in target areas | Activity 2.3.6: Support the preparation of prefectural health development plans (PHDP) in target areas | 0 | |
| Activity 2.3.7: Conduct annual audit of proposal accounts | Activity 2.3.7: Conduct annual audit of proposal accounts | 0 | |
| Activity 2.3.8: Organize a 4-day workshop for preparing texts for creation and functioning of a | Activity 2.3.8: Organize a 4-day | 0 | |

| | | | |
|--|---|-----|------------------|
| multi-sectorial dialogue framework to different levels | workshop for preparing texts for creation and functioning of a multi-sectorial dialogue framework to different levels | | |
| Activity 2.3.9: Organize a training session of regional and district heads in district health system management for 10 days | Activity 2.3.9: Organize a training session of regional and district heads in district health system management for 10 days | 100 | Others WHO funds |

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. assessments, HSCC meetings).

| Major Activities (insert as many rows as necessary) | Explain progress achieved and constraints |
|---|--|
| Objective 1: Increase the accessibility of healthcare | |
| DPS 1.1 Vaccination | |
| DPS 1.1 Vaccination | |
| Activity 1.1.1: Provide 50 solar refrigerators | 100% |
| Activity 1.1.2: Grant performance bonuses | 0% |
| Activity 1.1.3: Support private health facilities | 0% |
| Activity 1.1.4: Provide 50 motorcycles to 50 HC | 100% |
| Activity 1.1.5: Ensure the functioning and maintenance | 0% |
| Activity 1.1.6: Support the maintenance of 50 ref. | 0% |
| Activity 1.1.7: Support civil society organizations | 0% |
| Activity 1.1.8: Organize awareness sessions | 0% |
| Activity 1.1.9: Support management committees | 0% |
| Activity 1.1.10: Organize 12 awareness sessions | 0% |
| DPS 1.2: Reproductive Health | |
| Activity 1.2.1: Organize 2 training workshops | 0% |
| Activity 1.2.2: Provide an initial endowment | 0% |
| Activity 1.2.3: Provide 2 ambulances to 2 HP | 100% |
| Activity 1.2.4: Ensure maintenance and operation | 0% |
| Activity 1.2.5: Provide 20 SOUB equipment to 20 | 100% |
| Activity 1.2.6: Provide 2 SOUC Equipment to 2 HP | 100% |
| Activity 1.2.7: Provide Caesarean kits to 5 HP | 100% |
| DPS 1.3 : Curative care | |
| Activity 1.3.1: Revise and adopt the process diagrams | 0% |
| Activity 1.3.2: Prepare and distribute the flowcharts | 0% |
| Activity 1.3.3: Organize 2 training sessions | 0% |
| Activity 1.3.4: Provide an initial endowment | 100% |
| Activity 1.3.5: Provide hospitals with ME | 100% |
| Objective 2: Strengthen management capabilities | |
| Activity 2.1.1: Conduct a study on the flowchart | 0% |
| DPS 2.1: Operational research | |

| | |
|--|------|
| Activity 2.1.1: Conduct a study on the flowchart | 0% |
| Activity 2.1.2: Conduct a study on the feasibility | 0% |
| Activity 2.1.3: Evaluate the cMYP implementation | 100% |
| Activity 2.1.4: Evaluate the NHDP implementation | 100% |
| DPS 2.2: Monitoring and evaluation | |
| Activity 2.2.1: Organize bi-annual supervisions | 50% |
| Activity 2.2.2: Organize quarterly supervisions | 50% |
| Activity 2.2.3: Organize bi-monthly supervisions | 50% |
| Activity 2.2.4: Provide information system tools | 0% |
| Activity 2.2.5: Produce quarterly newsletters | 0% |
| Activity 2.2.6: Provide 5 supervision vehicles | 100% |
| Activity 2.2.7: Ensure the maintenance and operation | 0% |
| Activity 2.3.2: Support the organization of 2 CTRS | 0% |
| DPS 2.3: Coordination/Management | |
| Activity 2.3.1: Support organizing meetings | 50% |
| Activity 2.3.2: Support the organization of 2 CTRS | 0% |
| Activity 2.3.3: Support the organization of 10 CTPS | 0% |
| Activity 2.3.4: Prepare an implementation manual | 0% |
| Activity 2.3.5: Organize 2 multi-sectorial dialogue meetings | 0% |
| Activity 2.3.6: Support the preparation of plans | 0% |

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

The delay in receiving the equipment ordered from outside and the desire to make an efficient intervention on one hand, and to focus on the targeted area for GAVI/HSS in the Five districts on the other, have prevented the starting of training, supervision activities and delivery of supplies for rolling material. Also, the financial management procedures, which accompany the proposal, could not promote a shift of funds.

9.2.3 If the GAVI HSS grant has been utilized 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?

The GAVI-HSS funds were not used in 2013 to fund the staff motivation activities although this was planned for the immunization staff in the health centres. The Ministry of Health did not finalize the document that governs the procedure for granting bonuses to health workers.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2013 target | 2009 | 2010 | 2011 | 2012 | 2013 | Data Source | Explanation if any targets were not achieved |
|---|----------------|----------------------|---|-------------|------|------|------|------|------|-------------|--|
| | Baseline Value | Baseline source/date | | | | | | | | | |
| National Coverage for DTP3 (%) | 103% | EPI/2013 | 90% | 74% | | | | | | EPI | Poor quality of denominator data |

| | | | | | | | | | | | |
|--|----------------|---|------|------|--|--|--|--|--|------------------------|---|
| Number / % of districts achieving ≥ 80% of coverage by DTP3 | Not Determined | WHO-UNICEF-EPI/2007 Joint report | 90% | | | | | | | EPI | |
| Mortality Rate for children less than 5 years of age (for 1,000) | 163% | DHS III/2005 | 120% | | | | | | | Ministry of Planning | |
| Coverage rate for the first prenatal consultation (PNC1) | 80% | Statistical Yearbook (NHIS)/2006 | 85% | 80% | | | | | | HC monitoring report | Poor availability of human resources |
| Rate of assisted Births | 20% | Statistical Yearbook (NHIS)/2006 | 40% | 60% | | | | | | DHS-MICS 2012 | Low investment to improve the offer |
| Rate of Caesarean sections | 1.5% | Hospital management yearbook/2006 | 3% | 2.5% | | | | | | DNEHS | Poor quality of healthcare (Lack of blood transfusion facilities) |
| Availability of tracer medicines in health facilities | 50% | Monitoring reports/2006 | 60% | 80% | | | | | | Monitoring report | Sub-financing, weak central purchasing department, mismanagement in the pharmacy sector |
| Ratio of health facilities supervised according to national standards | 60% | CTRS Reports 2008 | 80% | 70% | | | | | | Monitoring report/CTRS | Deficiency of rolling logistics in most of RHD and PHD. |
| Ratio of health centres having at least 3 health workers trained in the provision of basic health services | 30% | Annual DRS reports/2008 | 80% | 60% | | | | | | Monitoring report/CTRS | Absence of staff retention mechanisms in rural areas |
| Ratio of health districts having a prefectural health development plan | 25% | Prefectural Plans for health development/2008 | 100% | NA | | | | | | | NHDP from which the guidelines are taken for the preparation of PPDS is being drafted |

9.4 Program implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

During 2013, actions were taken to provide equipment to the health facilities to improve the quality of childbirth and management of obstetric complications, to improve the cold chain equipment and for repairing the motorcycles for the advanced strategy and to improve the supervision vehicles.

Referring pregnant women was facilitated in two health districts by the acquisition of two ambulances.

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

The problems encountered are at two levels:

- Delay in the delivery of equipment ordered from outside;

- Administrative red tape for obtaining customs exemptions.

The Ministry of Health is considering making local purchases in the future.

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

The provisions described in the proposal with regard to supervision, coordination meetings and data collection procedures were implemented during the period. However, the data quality was found to be poor. Hence, it was recommended that a slice of the remaining GAVI funds should be used to improve data quality.

A SARA survey with a DSQA module is planned for 2014.

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

During the period, a joint review of the health system was not organized. However, the Action Plans for implementing GAVI/HSS plans were integrated into the activities of the departments at various levels; their periodic reports provide information on the indicators selected for use in the GAVI/HSS Proposal.

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

The GAVI HSS is implemented at the central level with the support from several Partners:

- WHO participates in the fund management as a co-signatory and approves the expense and disbursement proposals
- UNICEF supports the planning and acquisition of cold chain material and rolling stocks.
- UNFPA supports the planning and acquisition of SOUB and SOUC equipment.
- Through its technical services, the Ministry of Health initiates activities, ensures monitoring the implementation and pays the invoices of the expenditure incurred.
- The Civil Society Organizations guide the interventions and execution procedures during the coordination meetings (CTPS: Prefectural Technical Health Committees, PTHC: Regional Technical Health Committees and Meetings of the Health Sector Coordination).

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

The health committees, professional organizations and hospital user committees participated in the decision-making process during the coordination meetings, through the receipt of medicines and equipment.

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

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

Fund management was efficient: equipment, medicines and service delivery acquired through the funds were obtained from the facilities that are certified by the international institutions (Central Purchasing Department at Copenhagen and forwarding agents of these institutions represented locally). No disbursement issues were observed; the procedures will be the same for the coming

years.

9.5. HSS Activities planned for 2014

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

Table 9.4: Activities planned for 2014

| Major Activities (insert as many rows as necessary) | Activities planned for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | 2014 actual expenditure (as at April 2014) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|--|--|---|--|--|--|---------------------------------------|
| Objective 1: Increase the accessibility of basic healthcare from 40% in 2006 to 60% before the end of 2011 in 5 health districts with low vaccine coverage | Objective 1: Increase the accessibility of basic healthcare from 40% in 2006 to 60% before the end of 2011 in 5 health districts with low vaccine coverage | | | Objective 1: Increase the accessibility of basic healthcare from 40% in 2006 to 60% before the end of 2011 in the 5 health districts with low vaccine coverage | | |
| DPS 1.1 Vaccination | DPS 1.1 Vaccination | | | DPS 1.1 Vaccination | | |
| Activity 1.1.1: Provide 50 solar refrigerators to 50 HF | | | 21202 | Activity 1.1.1: Implementation of RED strategy in the health centres of all the districts | | 51,000 |
| Activity 1.1.2: Grant performance bonuses to 150 workers of 50 HF in rural areas | Activity 1.1.2: Grant performance bonuses to 150 workers of 50 HF in rural areas | 72,000 | | Activity 1.1.2: Supervision | | 30915 |
| Activity 1.1.3: Support the private structures of civil society organizations to conduct awareness activities and basic healthcare services | Activity 1.1.3: Support the private structures of civil society organizations to conduct awareness activities and basic healthcare services | 5,000 | | Activity 1.1.3: Equip with furniture, computer hardware and communication tools | | 25,000 |
| Activity 1.1.4: Provide 50 motorcycles to 50 HC | Activity 1.1.4: Provide 25 motorcycles to 25 HC | 82500 | | Activity 1.1.4: Rehabilitation of certain offices | | 22,000 |
| Activity 1.1.5: Ensure the functioning and maintenance of 50 motorcycles | Activity 1.1.5: Ensure the functioning and maintenance of 50 motorcycles | 14000 | | Activity 1.1.5: Purchase of 2 field vehicles for the central level | | 50643 |
| Activity 1.1.6: Support the maintenance of 50 solar refrigerators | Activity 1.1.6: Support the maintenance of 50 solar refrigerators | 10,000 | | Activity 1.1.6: Purchase of a 100 KWA generator | | 28,571 |
| Activity 1.1.7: Support the civil Society Organizations | Activity 1.1.7: Support the civil Society Organizations | 20,000 | | Activity 1.1.7: Fuel for central cold chain to store vaccines for 4 | | 24,686 |

| | | | | | | |
|--|--|--------|--------|---|--|--------|
| in the mutual development of health in the area | in the mutual development of health in the area | | | months (120 days x 144 litres) | | |
| Activity 1.1.8: Organize awareness sessions through micro-programs in 4 rural radio-stations | Activity 1.1.8: Organize awareness sessions through micro-programs in 4 rural radio-stations | 2080 | | Activity 1.1.8: Maintain vehicles (5 trucks, 5 supervision vehicles) and 2 generators | | 6,857 |
| Activity 1.1.9: Support management committees of HC in active search and awareness activities | Activity 1.1.9: Support management committees of HC in active search and awareness activities | 4,500 | | Activity 1.1.9: Fuel for the functioning of supervision vehicle (10 litres per day x 5 vehicles x 120 days) | | 8,571 |
| Activity 1.1.10: Organize 12 community awareness sessions on SMI/PF activities per HC and per year | Activity 1.1.10: Organize 6 community awareness sessions on SMI/PF activities per HC | 6,000 | | Activity 1.1.10: Train PHD/MCM in DVD-MT and analyse the data | | 50,057 |
| | | | | Activity 1.1.11: Office supplies | | 1,700 |
| DPS 1.2: Reproductive Health | DPS 1.2: Reproductive Health | | | | | |
| Activity 1.2.1: Organize 2 training workshops of 25 service providers per session for 10 days in the field of RH | Activity 1.2.1: Organize 1 training workshops of 25 service providers per session for 10 days in the field of RH | 15,750 | | | | |
| Activity 1.2.2: Provide an initial endowment of pregnancy and childbirth monitoring tools to 50 HC of the area | Activity 1.2.2: Provide an initial endowment of pregnancy and childbirth monitoring tools to 50 HC of the area | | | | | |
| Activity 1.2.3: Provide 2 ambulances to 2 HP | | | | | | |
| Activity 1.2.4: Ensure maintenance and operation of 2 ambulances of HPs | Activity 1.2.4: Ensure maintenance and operation of 2 ambulances of HPs | 14,496 | | | | |
| Activity 1.2.5: Provide 20 SOUB equipment to 20 HC | | | 18,443 | | | |
| Activity 1.2.6: Provide 2 SOUC Equipment to 2 HP | | | | | | |
| Activity 1.2.7: Provide Caesarean kits for obstetric emergencies | Activity 1.2.7: Provide Caesarean kits for obstetric emergencies | 84,180 | | | | |

| | | | | | | |
|---|---|--------|---------|---|--|--|
| to 5 HP | to 5 HP | | | | | |
| DPS 1.3: Curative care | DPS 1.3: Curative care | | | | | |
| Activity 1.3.1: Revise and adopt the standardized process diagrams (flowcharts and therapeutic protocols) | Activity 1.3.1: Revise and adopt the standardized process diagrams (flowcharts and therapeutic protocols) | | | | | |
| Activity 1.3.2: Prepare and distribute the standardized process diagrams to 50 HC, 5 DPS, 5 HP and 2 DRS | Activity 1.3.2: Prepare and distribute the standardized process diagrams to 50 HC, 5 DPS, 5 HP and 2 DRS | | | | | |
| Activity 1.3.3: Organize 2 10-day training session in IMCI, Rationalization of healthcare and Management of medicines to 25 health workers per session | Activity 1.3.3: Organize 1 10-day training session in IMCI, Rationalization of healthcare and Management of medicines to 25 health workers per session | 31,500 | | | | |
| Activity 1.3.4: Provide an initial endowment of Medicines and medical supplies to 50 HC | | | 245,940 | | | |
| Activity 1.3.5: Provide hospitals with ME and medical supplies | | | | | | |
| Objective 2: Strengthen management capabilities of 5 health districts, 2 regions and central level by 2011 | Objective 2: Strengthen management capabilities of 5 health districts, 2 regions and central level by 2011 | | | Objective 2: Strengthen management capabilities of 5 health districts, 2 regions and central level by 2011 | | |
| DPS 2.1: Operational research | DPS 2.1: Operational research | | | | | |
| Activity 2.1.1: Conduct a study on the organizational flowchart of public health facilities | | | | | | |
| Activity 2.1.2: Conduct a study on the feasibility of the implementation of mutual health organizations in the area | | | | | | |
| Activity 2.1.3: Evaluate the | Activity 2.1.3: Evaluate the | 14000 | | | | |

| | | | | | | |
|--|--|--------|------|--|--|--------|
| implementation of cMYP 2007 - 2011 and re-plan cMYP 2012 - 2016 | implementation of cMYP 2007 - 2011 and re-plan cMYP 2012 - 2016 | | | | | |
| Activity 2.1.4: Evaluate the implementation of NHDP 2003 - 2012 and re-plan NHDP 2014 -2025 | Activity 2.1.4: Evaluate the implementation of NHDP 2003 - 2012 and re-plan NHDP 2014 -2025 | 18572 | | | | |
| DPS 2.2: Monitoring and evaluation | DPS 2.2: Monitoring and evaluation | | | DPS 2.2: Monitoring and evaluation | | |
| Activity 2.2.1: Organize quarterly supervisions from the central level to the intermediate and peripheral levels | Activity 2.2.1: Organize quarterly supervisions from the central level to the intermediate and peripheral levels | 4,000 | | Conduct the SARA survey | | 60000 |
| Activity 2.2.2: Organize quarterly supervisions from the regional level to HD of the target areas | Activity 2.2.2: Organize quarterly supervisions from the regional level to HD of the target areas | 9,600 | | | | |
| Activity 2.2.3: Organize bi-monthly supervisions from the District level to hospitals and HC of the target areas | Activity 2.2.3: Organize bi-monthly supervisions from the District level to hospitals and HC of the target areas | 18,000 | | | | |
| Activity 2.2.4: Provide management and information system tools | Activity 2.2.4: Provide management and information system tools | 1,400 | | | | |
| Activity 2.2.5: Produce quarterly statistical newsletters | Activity 2.2.5: Produce quarterly statistical newsletters | 8,000 | | | | |
| Activity 2.2.6: Provide 5 supervision vehicles (4x4 Pick-up vehicles) to 5 health districts | | | | | | |
| Activity 2.2.7: Ensure maintenance and operation of 5 supervision vehicles of 5 PHDs | Activity 2.2.7: Ensure maintenance and operation of 5 supervision vehicles of 5 PHDs | 36240 | | | | |
| DPS 2.3: Coordination-Management | DPS 2.3: Coordination-Management | | 9668 | DPS 2.3: Coordination-Management | | |
| Activity 2.3.1: Support organizing HSCC meetings | Activity 2.3.1: Support organizing HSCC meetings | 800 | | Support the preparation of a support request for health system strengthening at GAVI | | 50,000 |

| | | | | | | |
|---|---|---------|---------|--|--|---------|
| Activity 2.3.2: Support the organization of 2 CTRS/year in target areas | Activity 2.3.2: Support the organization of 2 CTRS/year in target areas | 4,000 | | | | |
| Activity 2.3.3: Support the organization of 10 CTPS/year in target areas | Activity 2.3.3: Support the organization of 10 CTPS/year in target areas | 10,000 | | | | |
| Activity 2.3.4: Prepare a manual for implementing mutual health organizations | | | | | | |
| Activity 2.3.5: Organize 2 multi-sectorial dialogue meetings per year at the central level and in target areas | Activity 2.3.5: Organize 2 multi-sectorial dialogue meetings per year at the central level and in target areas | 8,000 | | | | |
| Activity 2.3.6: Support the preparation of prefectural health development plans (PHDP) in target areas | | | | | | |
| Activity 2.3.7: Conduct annual audit of proposal accounts | Activity 2.3.7: Conduct annual audit of proposal accounts | 7,000 | | | | |
| Activity 2.3.8: Organize a 4-day workshop for preparing texts for creation and functioning of a multi-sectorial dialogue framework to different levels | | | | | | |
| Activity 2.3.9: Organize a training session of regional and district heads in district health system management for 10 days | | | | | | |
| | | 501,618 | 295,253 | | | 410,000 |

9.6. HSS Activities planned for 2015

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

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

Table 9.6: HSS Activities planned for 2015

| Major Activities (insert as many rows as necessary) | Activity planned for 2015 | Original budget for 2015 (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 2015 (if relevant) |
|---|---------------------------|---|--------------------------------|--|---------------------------------------|
| | | 0 | | | |

9.7. Revised indicators in case of reprogramming

Countries planning to request a reprogramming can do it at any time of year. Please ask the person in charge of your country at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavialliance.org.

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of funds for HSS in your country

| Donor | Amount in USD | Duration of support | Type of activities funded |
|----------------|---------------|---------------------|---|
| WHO | 250,000 | 2 years | Support to NHIS, planning, research and Human Resources |
| UNFPA | 50,000 | 2 years | Support the formulation of policies and RH strategies |
| UNICEF | 150,000 | 2 years | Health Information System, healthcare services, planning... |
| European Union | 600,000 | 3 years | Discussion on health policy (Preparation of the policy, NHDP, PSDRHS, funding strategy) |
| USAID | | 1 year | Strengthening the NHIS capabilities |

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 substantive issue as to the accuracy or validity of the information (especially financial data and indicator values) and how these issues were addressed and resolved.

Table 9.9: Data Sources

| Data sources used in this report | How the information was validated? | Problems experienced, if any |
|--|--|--|
| Hospital management yearbook | Supervision of the collection and recovery workshop | Poor availability of resources for a large distribution |
| Statistical Yearbook | Supervision | Poor promptness in data collection |
| Biennium WHO – Guinea 2012 -2013 | | |
| Budget of the Ministry of Health | | |
| DHS - MICS 2012 | Training surveyors, supervision of surveys, data control | Non-adherence of the regularity in publishing DHS - MICS |
| UNFPA Cooperation plan - Guinea | | |
| UNICEF Cooperation plan - Guinea | | |
| European Union Cooperation plan - Guinea | | |

| | | |
|--|-------------|--|
| USAID Cooperation plan - Guinea | | |
| GAVI-HSS Proposal 2009 | | |
| Monitoring reports of the health facilities | Supervision | Limited resources for copying booklets |
| Financial Management registers for GAVI grants | | |

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

The period selected for submission of APR is the budget year N+1 of the proposal: standardization of planning cycles has been compromised.

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

Please attach:

1. The minutes from all the HSCC meetings held in 2014, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

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

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

Guinea, **has not received GAVI support for the Type A CSOs**

Guinea, has not presented report on GAVI support to the Type A CSOs in 2013

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

Guinea, **has not received GAVI support for the Type B CSOs**

Guinea, has not presented report on GAVI support to the Type B CSOs in 2013

11. Comments from ICC/HSCC Chairs

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

ICC recommends that the EPI coordination should continue to implement recommendations from the external EPI review conducted in November 2011 by monitoring activities contained in the improvement plans of health districts and regions. It also recommends extension and monitoring of the implementation of revised cMYP

ICC invites EPI to put in more efforts to fulfil the eligibility criteria to introduce the new vaccine against pneumococci.

ICC invites WHO and UNICEF to intervene with the GAVI Alliance Secretariat for a more flexible criterion (reduce eligibility criterion to 60% instead of 70% to avoid penalizing the target population).

ICC invites the Government to be up-to-date with the payment of co-financing for new vaccines.

ICC recommends to the Ministry of Health and its Partners to seriously think about introducing the reforms necessary for improving data quality.

HSCC recommends expediting the revision of the health policy, preparation of NHDP.

It suggested completing our membership with IHP+ in May 2012 by negotiating and signing a national COMPTACT. The priorities of NHDP 2003-2012 should be continued for this interim phase before preparing the new NHDP.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

The ICC acknowledges and thanks the National EPI coordination to obtain the GAVI support in the immunization campaign against meningococcal meningitis in 18 risk prefectures of Guinea.

ICC thanked the GAVI ALLIANCE for the strong support it continues to provide for the survival of children and mothers of Guinea.

12. Annexes

12.1. Annex 1: ISS instructions

INSTRUCTIONS:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

V. Financial statements need not be 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 financial year 2013. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

12.2. Annex 2 - Example income & expenditure ISS

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

An example of income & expenditure statement

| Summary Table of income & expenditure – GAVI-ISS | | |
|---|----------------------|----------------|
| | Local Currency (CFA) | Value in USD* |
| Closing balance for 2012 (as of 31 December 2012) | 25,392,830 | 53,000 |
| Summary of income received in 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interests | 7,665,760 | 16,000 |
| Other incomes (charges) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure in 2013 | 30,592,132 | 63,852 |
| Closing Balance on 31 December 2013 (Balance carried over to 2014) | 60,139,325 | 125,523 |

* Enter the exchange rate at the opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

| Detailed Analysis of Expenses by economic classification** – GAVI ISS | | | | | | |
|---|-------------------|----------------|------------------------|------------------------|-------------------|-----------------|
| | Budget in CFA | Budget in US\$ | Actual Expenses in CFA | Actual Expenses in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Payment of daily allowances | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-Salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance and general expenses | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenses | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

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

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

An example of income & expenditure statement

| Summary Table of income & expenditure – GAVI-HSS | | |
|---|----------------------|----------------|
| | Local Currency (CFA) | Value in USD* |
| Closing balance for 2012 (as of 31 December 2012) | 25,392,830 | 53,000 |
| Summary of income received in 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interests | 7,665,760 | 16,000 |
| Other incomes (charges) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure in 2013 | 30,592,132 | 63,852 |
| Closing Balance on 31 December 2013 (Balance carried over to 2014) | 60,139,325 | 125,523 |

* Enter the exchange rate at the opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

| Detailed Analysis of Expenses by economic classification ** - GAVI-ISS | | | | | | |
|--|-------------------|----------------|------------------------|------------------------|-------------------|-----------------|
| | Budget in CFA | Budget in US\$ | Actual Expenses in CFA | Actual Expenses in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Payment of daily allowances | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-Salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance and general expenses | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenses | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

- I. All countries that have received CSO - Type B grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the 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 activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.
 - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved type B CSO support, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification of your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for the CSO-Type B funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

12.6. Annex 6 - Example income & expenditure CSO

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

An example of income & expenditure statement

| Summary Table of income & expenditure – GAVI-CSO | | |
|---|----------------------|----------------|
| | Local Currency (CFA) | Value in USD* |
| Closing balance for 2012 (as of 31 December 2012) | 25,392,830 | 53,000 |
| Summary of income received in 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interests | 7,665,760 | 16,000 |
| Other incomes (charges) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure in 2013 | 30,592,132 | 63,852 |
| Closing Balance on 31 December 2013 (Balance carried over to 2014) | 60,139,325 | 125,523 |

* Enter the exchange rate at the opening on 01.01.2013, the exchange rate at close on 31.12.2013 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

| Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs | | | | | | |
|---|-------------------|----------------|------------------------|------------------------|-------------------|-----------------|
| | Budget in CFA | Budget in US\$ | Actual Expenses in CFA | Actual Expenses in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Payment of daily allowances | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-Salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance and general expenses | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenses | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|-----------|--|
| 1 | Signature of the Health Minister (or delegated authority) | 2.1 | ✓ | SIGNATURES_MINISTRES.docx File desc: Date/Time: 13/05/2014 09:06:11 Size: 2 MB |
| 2 | Signature of the Finance Minister (or delegated authority) | 2.1 | ✓ | DEMANDE_SIGNATURE_MEF.docx File desc: Date/Time: 13/05/2014 09:08:03 Size: 908 KB |
| 3 | Signatures of the ICC members | 2.2 | ✓ | MEMBRES_CCIA.docx File desc: ,, Date/Time: 13/05/2014 09:11:08 Size: 3 MB |
| 4 | Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013. | 5.7 | ✓ | PV_REUNION_CCSS_CCIA_2014.docx File desc: Date/Time: 13/05/2014 09:14:30 Size: 3 MB |
| 5 | Signature of the HSCC members | 2.3 | ✓ | MEMBRES_CCSS_GUINEE.docx File desc: Date/Time: 13/05/2014 09:17:45 Size: 2 MB |
| 6 | Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013 | 9.9.3 | ✓ | PV_REUNION_CCSS_CCIA_2014.docx File desc: Date/Time: 13/05/2014 09:21:18 Size: 3 MB |
| 7 | Financial statements for the ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health | 6.2.1. | ✓ | ETAT_FINANCIER_201_PEV.docx File desc: Date/Time: 13/05/2014 09:23:18 Size: 695 KB |
| 8 | External audit report on the allocation of ISS funds (fiscal year 2013) | 6.2.3 | ✓ | Rapport d'audit Guinée.docx File desc: Date/Time: 13/05/2014 05:11:45 Size: 10 KB |

| | | | | |
|----|--|--------|---|--|
| 9 | Post-introduction Evaluation Report | 7.2.2. | ✓ | Rapport post introduction.doc File desc: Date/Time: 13/05/2014 05:15:35 Size: 26 KB |
| 10 | Financial statements of grants for introducing a new vaccine (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health | 7.3.1 | ✓ | Rapport post introduction.doc File desc: Date/Time: 13/05/2014 05:18:19 Size: 26 KB |
| 11 | External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000 | 7.3.1 | ✓ | Rapport post introduction.doc File desc: Date/Time: 13/05/2014 05:21:01 Size: 26 KB |
| 12 | EVSM/VMA/EVM report | 7.5 | ✓ | GEV_REVISE 2010.doc File desc: Date/Time: 13/05/2014 05:25:47 Size: 7 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | GEV_REVISE 2010.doc File desc: Date/Time: 13/05/2014 05:30:19 Size: 7 MB |
| 14 | Status of the implementation of the EVSM/VMA/EVM improvement plan | 7.5 | ✓ | Rapport sur la mise en oeuvre du plan d'amélioration du GEV 2011.doc File desc: Date/Time: 13/05/2014 05:32:15 Size: 45 KB |
| 16 | The cMYP is valid if the country requests for extension of support | 7.8 | ✗ | PPAC GUINEE version finale 2014.doc File desc: Date/Time: 13/05/2014 05:34:30 Size: 1 MB |
| 17 | Costing tool for the cMYP is valid if the country requests for extension of support. | 7.8 | ✗ | OUTILS ANALYSE DES COUTS ET FINANCEMENT GUINEE.xls File desc: Date/Time: 13/05/2014 05:37:38 Size: 3 MB |

| | | | | |
|----|--|--------|---|--|
| 18 | Minutes of the ICC meeting approving the extension of support to vaccines, if applicable | 7.8 | X | Prolongation du soutien.doc File desc: Date/Time: 13/05/2014 05:41:14 Size: 26 KB |
| 19 | Financial statements for the HSS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. | 9.1.3 | ✓ | RECAPITULATIF FINANCEIR 2013 RSS GAVI GUINEE.docx File desc: Date/Time: 13/05/2014 09:25:44 Size: 1 MB |
| 20 | Financial statements for the HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. | 9.1.3 | ✓ | SUIVI EXECUTION BUDGET 2013 RSS GAVI GUINEE.docx File desc: Date/Time: 13/05/2014 09:30:35 Size: 4 MB |
| 21 | External audit report on the allocation of HSS funds (fiscal year 2013) | 9.1.3 | ✓ | Rapport d'audit Guinée.docx File desc: Date/Time: 13/05/2014 09:02:36 Size: 10 KB |
| 22 | Review report of the health sector-HSS | 9.9.3 | ✓ | Rapport d'examen secteur santé.doc File desc: ,,,,,, Date/Time: 13/05/2014 09:32:53 Size: 26 KB |
| 23 | Listing Report - Type A - CSO support | 10.1.1 | X | OSC.doc File desc: Date/Time: 13/05/2014 05:46:52 Size: 26 KB |
| 24 | Financial statement for the allocation of type B CSO support (fiscal year 2013) | 10.2.4 | X | OSC.doc File desc: Date/Time: 13/05/2014 05:48:04 Size: 26 KB |
| 25 | External audit report on Type B CSO support (fiscal year 2013) | 10.2.4 | X | OSC.doc File desc: Date/Time: 13/05/2014 05:49:25 Size: 26 KB |
| 26 | Bank statements for each program funded in cash or a | 0 | ✓ | RELEVES BANCAIRES PEV_VF.doc File desc: ,,,,,, Date/Time: 13/05/2014 09:41:00 |

| | | | | |
|--|--|-----|---|--|
| | cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2013 i) January 1, 2013 and ii) closing balance as on December 31, 2013, appear. | | | Size: 1 MB |
| 27 | Minutes of the ICC meeting on change of vaccine presentation | 7.7 | X | Changement présentation vaccin.doc File desc: Date/Time: 13/05/2014 09:00:29 Size: 26 KB |
| | Other documents | | X | Autres fichiers attachés.doc File desc: Date/Time: 13/05/2014 08:58:28 Size: 26 KB |
| RELEVES BANCAIRES RSS GNF GUINEE.docx File desc: Date/Time: 13/05/2014 09:45:11 Size: 2 MB | | | | |
| RELEVES BANCAIRES RSS USD GUINEE.docx File desc: Date/Time: 13/05/2014 09:49:44 Size: 7 MB | | | | |