GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of

Mauritania

Reporting for the year: **2014**
Support request for the year: **2016**
Date of presentation: **06/12/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report 2014 via the online platformhttps://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on 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 keep its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of the GAVI Alliance funds. If there are any claims of misuse of funds, the Country must preserve these records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR, the Country will inform GAVI about:

activities conducted using GAVI resources in the past year, significant problems that were

faced and how the country has tried to overcome them

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

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

1. Characteristics of the support

Report for the year: **2014**

Support request for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
Preventive Campaign Support	Meningococcal Type A, 10 dose(s) per vial, LYOPHILIZED	Not selected	2014
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2015
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	2015

DTP-HepB-Hib (Pentavalent) vaccine: based on your country's current preferences, the vaccine is available through UNICEF in liquid form in one or ten dose vials and in the liquid/lyophilized form in two-dose vials to be used in a course

of three injections. Other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed.

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2016	2020
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2020
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	2016	2020

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for Approval of	Eligible for 2014 ISS reward
ISS	Yes	next installment: N/C	No
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	Next HSS grant installment Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

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

2. Signatures

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

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

For the Government of Mauritania

Please note that this APR will neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	AHMEDOU OULD HADEMINE OULD JELVOUNE	**Name**	EL MOCTAR OULD DJAY
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	E-mail
Dr. M'BAREK OULD HOUMEID	EPI COORDINATOR	00222 22 24 37 95	mbarekohoumeid@yahoo.fr

Dr. NACEREDINE OULD ZEIDOUNE	IMMUNIZATION FOCAL POINT/WHO	00 222 22844058	ouldzeidounen@who.int
JENNIFER BARAK	HEAD of MCH/UNICEF	00222 2233 0574	jbarak@unicef.org
Dr. CHERIF TAHER OULD MOHAMED MAHMOUD	SC/DPCIS	00222 26 04 06	cheriftaher@yahoo.fr

2.2. ICC Signatures Page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. M'barek ould HOUMEID	EPI COORDINATOR		
Dr Naceredine Ould ZEIDOUNE	Immunization Focal Point/WHO		
Jennifer BARAK	Head of Mother and Child Health, UNICEF		
Abderrahmane Ould Jiddou	DSBN		
Isselmou Ould Mahjoub	DPCIS		
Habiboullah Ould Mamah	Logistician		
Nouhoum Kone	GAVI-AMP Coordinator		

Abdelbarka Ould Abdelrabou	Head of Finance and Administration Department		
Dr. Kane Amadou Racine	WHO		

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

No comments

Observations of the Regional Working Group:

N/A

2.3. HSCC Signatures Page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance's monitoring of the country's results. 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
Ahmed Ould Sid 'Ahmed Ould Dié/ MOH	SG		
Dr. Elmoustapha Ould Elatigh	UNFPA		
Dr. Elhadi Ideidbi	MH/Advisor to the Minister		
Dr. Abderrahmane Ould Jiddou	Director of Basic Healthcare/MOH		
Dr. Amadou A. Sissé	UNICEF		

Sid Ahmed Teguedi	MOH		
Dr. Zombré	WHO/Head of the HSS program		
Isselmou Ould Elmahjoub	MOH/DPCIS		
Dr. Therno Coulibaly	UNO/AIDS		
Dr. Sidi Mohamed Ould Lebatt	Directorate for the Fight against diseases/MOH		
Abdallahi Ould Mohamed Lehbib	Directorate of Public Hygiene/MOH		
Francisco Sancho	AECID		

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

All comments will be treated confidentially. Partner Comments:

N/A

Observations of the Regional Working Group:

N/A

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

Mauritania is not submitting a report on the use of CSO funds (Type A and B) in 2015

3. Table of Contents

This APR reports on activities carried out by Mauritania between January and December 2014 and specifies requests for the period January-December 2016

Sections

4. Baseline data and annual targets

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

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

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	153,818	159,956	157,510	164,386		168,940		173,619		178,429
Total number of infant deaths	11,844	12,317	12,128	12,657		13,008		13,369		13,739
Total number of surviving infants	141,974	147,639	145,382	151,729		155,932		160,250		164,690
Total number of pregnant women	153,818	159,956	157,510	164,386		168,940		173,619		178,429
Number of infants who received (should receive) BCG vaccine	150,742	148,953	155,935	162,742		163,872		170,147		176,645
BCG coverage*[1]*	98%	93%	99%	99%	0%	97%	0%	98%	0%	99%
Number of infants who received (should receive) OPV3 vaccine	119,258	120,044	129,389	135,038		135,660		142,623		149,868
OPV3 coverage*[2]*	84%	81%	89%	89%	0%	87%	0%	89%	0%	91%
Number of infants who received (should receive) DTP1 vaccine*[3]*	129,991	140,904	137,153	143,658		155,931		160,251		164,690
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*	119,258	119,857	129,389	135,038		135,660		142,623		149,868
DTP3 coverage*[2]*	84%	81%	89%	89%	0%	87%	0%	89%	0%	91%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine	5	5	5	5		5		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.05	1.05	1.05	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	129,991	140,904	137,153	143,658		155,931		160,251		164,690
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	119,258	119,857	129,389	135,038		135,660		142,623		149,868
DTP-HepB-Hib coverage *[2]*	84%	81%	89%	89%	0%	87%	0%	89%	0%	91%
Wastage *[5]* rate during the reference year and anticipated thereafter (%)	5	5	25	5		5		5		5

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* factor during the reference year and anticipated thereafter (%)	1.05	1.05	1.33	1.05	1	1.05	1	1.05	1	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine	130,616	135,028	137,153	143,658		155,931		160,251		164,690
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine	119,831	104,486	129,389	135,038		135,660		142,623		149,868
Pneumococcal (PCV13) coverage*[2]*	84%	71%	89%	89%	0%	87%	0%	89%	0%	91%
Wastage *[5]* rate during the reference year and anticipated thereafter (%)	5	5	5	5		5		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirusvaccine	21,666	8,942	137,153	143,658		155,660		160,251		164,690
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine	18,199	71	0	135,038		135,660		142,623		149,868
Rotavirus coverage*[2]*	13%	0%	0%	89%	0%	87%	0%	89%	0%	91%
Wastage *[5]* rate during the reference year and anticipated thereafter (%)	5	5	5	5		5		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) the 1st dose of Measles Vaccine	119,258	110,812	129,389	135,038		135,660		142,623		149,868
Measles coverage *[2]*	84%	75%	89%	89%	0%	87%	0%	89%	0%	91%
Pregnant women immunized with TT+	64,604	66,940	70,879	73,974		76,023		86,810		98,136
TT+ coverage*[7]*	42%	42%	45%	45%	0%	45%	0%	50%	0%	55%

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Vit A supplement to mothers within 6 weeks from giving birth	0	0	0	0		0		0		0
Vit A supplement to infants older than 6 months	0	0	0	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	8%	15%	6%	6%	0%	13%	0%	11%	0%	9%

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births		183,371		188,451
Total number of infant deaths		14,120		14,511
Total number of surviving infants		169,251		173,940
Total number of pregnant women		183,371		188,451
Number of infants who received (should receive) BCG vaccine		181,537		186,566
BCG coverage*[1]*	0%	99%	0%	99%
Number of infants who received (should receive) OPV3 vaccine		157,404		165,243
OPV3 coverage*[2]*	0%	93%	0%	95%
Number of infants who received (should receive) DTP1 vaccine*[3]*		169,252		173,940
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*		157,404		165,243
DTP3 coverage*[2]*	0%	93%	0%	95%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine		169,252		173,940

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine		157,404		165,243
DTP-HepB-Hib coverage *[2]*	0%	93%	0%	95%
Wastage *[5]* rate during the reference year and anticipated thereafter (%)		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter (%)	1	1.05	1	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine		169,252		173,940
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine		157,404		165,243
Pneumococcal (PCV13) coverage*[2]*	0%	93%	0%	95%
Wastage *[5]* rate during the reference year and anticipated thereafter (%)		4		4
Wastage *[5]* factor during the reference year and anticipated thereafter (%)	1	1.04	1	1.04
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirusvaccine		169,252		173,940
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine		157,404		165,243
Rotavirus coverage*[2]*	0%	93%	0%	95%
Wastage *[5]* rate during the reference year and anticipated thereafter (%)		4		4
Wastage *[5]* factor during the reference year and anticipated thereafter (%)	1	1.04	1	1.04
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%
Number of infants who received (should receive) the 1st dose of Measles Vaccine		157,404		165,243
Measles coverage *[2]*	0%	93%	0%	95%
Pregnant women immunized with TT+		110,023		122,493
TT+ coverage*[7]*	0%	60%	0%	65%

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Vit A supplement to mothers within 6 weeks from giving birth		0		0
Vit A supplement to infants older than 6 months	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	7%	0%	5%

[1] Number of infants immunized compared to the number of births

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

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

[4] Please ensure that the DTP3 cells are correctly filled in

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

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

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

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

  A change was made in the live births since a fresh General Population Census was conducted in 2013. With an annual growth rate of 2.77%

  NOTE: The Pentavalent wastage rate at 5% is replaced by 10% because we changed the presentation from a single-dose vial to a 10-dose vial

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

  A change was made in the live births since a fresh General Population Census was there in 2013. With an annual growth rate of 2.77%

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

  Concerning the IPV, no change in the target population compared to the application.

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

  N/A

5.2. Monitoring the implementation of the GAVI gender policy

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

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

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

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

N/A

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

5.2.4. How do the gender-related barriers at the access and at the implementation of immunization services (for example, mothers with no access to the services, the gender of the service provider, 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/)

A main obstacle is that the data collection tools are not adapted to this specificity and the healthcare staff that is not trained or prepared for this eventuality

The data collection tools will have to be revised to reflect the gender which will in turn help us break down the gender-disaggregated data, and train the staff in the use of these tools

5.3. Overall Expenditure and Financing for Immunization

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

Exchange rate used	1 US$ = 300

Only enter the exchange rate; do not enter the name of the local currency

Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US$

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	AMP	N/A	N/A
Traditional vaccines*	199,126	199,126	0	0	0	0	0	0
New and Under-used Vaccines (NVS)**	5,199,136	319,707	4,879,429	0	0	0	0	0
Injection material (AD syringes and others)	65,844	16,524	49,320	0	0	0	0	0
Cold Chain equipment	1,050,428	800,000	78,650	171,778	0	0	0	0
Staff	0	0	0	0	0	0	0	0
Other routine recurrent costs	376,989,862	66,667	376,297,950	404,319	77,419	143,507	0	0
Other equipment costs	250,000	250,000	0	0	0	0	0	0
Campaigns costs	2,253,046	200,000	1,002,250	157,083	893,713	0	0	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunization	386,007,442							
Total Government Health expenditures		1,852,024	382,307,599	733,180	971,132	143,507	0	0

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

5.4. Inter-Agency Coordination Committee (ICC)

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

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

List the principal concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual targets carried outto5.3 Overall Immunization Expenditure and Funding

- Ensure that the Ministry of Health accounts in Copenhagen always have funds for co-financing and for purchasing routine vaccines
- Purchase transport facilities for 56 Moughataas to facilitate advanced and mobile activities
- Continue this momentum for the VC to improve and be maintained
- Introduce all components in the new cMYP that did not exist in the earlier document
- Ensure that the next installments of HSS have a direct impact on the VC
- Ensure that the civil society is taken into account in the next steps
- Ensure that the dispatch date of the document is adhered to

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

List CSO members of the ICC:
VAC NET (national NGO network)

5.5. Priority actions in 2015 to 2016

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

A. Improving coverage of routine immunization

- Monitoring et Supervision of routine immunization
- Better stock management of vaccines and inputs
- Purchase of solar CC (replacing the gas-powered CC)
- Widespread routine immunization at the hospitals

Strengthening the capacity of the immunization workforce (management, communication,

AEFI) Computerization of management date at the regional level (DVD-MT and SMT, etc.)

- Decentralization of vaccine management (Cold chains at the wilayas)
- Distribution of vaccines in accordance with a plan funded by the State or UNICEF.
- Advanced and mobile immunization strategies

Research/Action

B. Additional Immunization Activities

- Elimination of Maternal and Neonatal Tetanus
- Conducting campaigns to fight polio

C. Assessments

- Assessment of campaign against meningitis
- Assessment of campaign against measles
- Assessment PCV13 and Rotavirus vaccines

D. Development of the routine EPI communication plan

- Involvement of the civil society

E. Application for and introduction of new vaccines

- Application for HPV and yellow fever
- Introduction of IPV
- Preparation of APR 2014

F. Development of a new cMYP 2015-2020

5.6. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	Auto-disable syringes	Government
FR Measles	Auto-disable syringes	Government

FR TT	Auto-disable syringes	Government
FR DTP-containing vaccine	Auto-disable syringes	Government and GAVI
IPV	N/A	N/A
Pneumo (PCV-13)	Auto-disable syringes	Government and GAVI
HepB	Auto-disable syringes	Government

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

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

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

The main problem in this context is the availability of incinerators at most of the immunization centers. Otherwise we have to move to burying and burning.

Please explain how sharps have been eliminated in 2014, what were the problems faced, etc.

Center which have incinerators directly incinerate and those that do not, resort to burying and burning.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

	Amount in US$	Amount in local currency
Funds received in 2014 *(A)*	129,020	38,706,000
Remaining funds (carry over) from 2013 *(B)*	0	0
Total funds available in 2014 *(C=A+B)*	129,020	38,706,000
Total expenditure in 2014 *(D)*	39,166	11,750,000
Balance carried over to 2015 *(E=C-D)*	89,854	26,956,000

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 conduction the program.

As soon as the ISS funds are received, a fund utilization plan is prepared by the program's technical committee, validated by the Inter-agency Coordination Committee during one of its meetings, and is sent to GAVI. These funds are in addition to those received for the program from the government and the partners.

These funds were meant for the year 2014 and received in 2015 (January 19), therefore, most of the planned activities could only be executed in 2015

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

The account used in the implementation of activities is a national bank account; if the funds are meant for the regional level, transfers are made directly to their bank accounts which are in fact national-level accounts, the EPI in its capacity of a national-level program maintains bank accounts of all regional directorates. A Head of Financial Service ensures that the activity is carried out in close collaboration with the Finance Directorate of the Ministry of Health. The ICC validates the activities planned under the utilization plan and follows up on the process to its completion.

6.1.3. Please report on the main activities conducted to strengthen immunization using ISS funds in 2014

-Training of midwives in EPI management

-Staff training (RFP) in CC

-Supervision of the data monitoring tool, DQS, in 8 wilayas

-Training of RFP and Moughataas in DVD-MT

-Transport of CC to two wilayas (HEC, HEG) and transit to the installation site

-Purchase of IT equipment for the newly arrived personnel

-Training of staff of the private establishments in EPI management particularly in new vaccines

-Supervision of activities (one round)

6.1.4. Are the GAVI ISS funds included in the budget of the National Health Sector? **No**

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2014 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, CSO Type B programs are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS program carried out during your government's most recent fiscal year, it should also be attached. (Document Number: 8).

6.3. ISS Funding Application

The request for the expected ISS reward is not applicable for 2014 in Mauritania

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**The number of total doses received by December 31, 2014**	**Total doses postponed from previous years and received in 2014**	**Has the country experienced a stock-out at any level in 2014?**
Pneumococcal (PCV13)	491,400	498,600	7,200	No
DTP-HepB-Hib	362,100	316,100	4,600	No
Rotavirus	57,000	57,000	0	No

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

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

  7200 of the remaining PCV-13 doses from 2013 were received in 2014, and on the other hand, 4600 Penta doses ordered for 2014 were received in 2015.

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

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

  Readjustment of vaccine shipments in close collaboration with UNICEF

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

No stockout during the year 2014.

7.2. Introduction of a new vaccine in 2014

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	11/12/2013
Phased introduction	No	

Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	The vaccine against Pneumococcus was introduced in 2013

When do you plan to conduct a Post introduction evaluation (PIE)? **June 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	12/05/2014
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	N/A

When do you plan to conduct a Post introduction evaluation (PIE)? **June 2015**

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	The Penta vaccine was introduced nationwide in 2009.

When do you plan to conduct a Post introduction evaluation(PIE)? **November 2015**

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

N/A

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilence? **Yes**

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

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

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

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 diarrhea? **No**

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

Has your country conducted special studies on:

a. Rotavirus diarrhea? **No**

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

If yes, does the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC) regularly examine the data from national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of the data? **No**

Are you planning to use the data from national sentinel surveillance and special studies to monitor and assess the impact of the introduction and use of vaccines?
No

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

N/A

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

7.3.1. Financial Management Report

	Amount in US$	Amount in local currency
Funds received in 2014 (A)	123,500	37,050,000
Balance of funds carried forward from 2013	13,333	4,000,000
Total Available Funds in 2014 (C=A+B)	136,833	41,050,000
Total expenditure in 2014(D)	123,500	37,050,000
Balance carried over to 2015 (E=C-D)	13,333	4,000,000

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

Please attach a detailed financial statement for the use of ISS funds during the calendar year 2014 (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1.** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Program Report

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

Rotavirus / main activities

Program management

Social mobilization, information, communication advocacy

Strengthening the capacity of the immunization workforce

Production, reproduction and distribution of tools

Human Resources and incentives

Transport for implementation of supervision

Waste management

Monitoring and supervision

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

Rotavirus/ Problems and constraints

- -Inadequate funds for staff training

- Transport; some areas are remote and isolated

- Mobilization of funds for Post-introduction evaluation

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

The main activity to be conducted with the balance carried forward to 2015 is the PCV13 Post-introduction evaluation which will be done in June 2015

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	106,496	27,000
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	20,589	6,000
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	107,214	46,000
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	234,299	
Donor	N/A	
Others	N/A	
	Q.3: Have you procured related injection supplies for the co-financed vaccines? What were the amounts in US$ and in supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	0	0
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	4,647	67,700
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	

Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	July	Government
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	July	Government
Selected vaccine #3: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	July	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies and mobilizing funding for immunization, particularly for co-financing.	
	The country continues to transfer funds for co-financing but with delays; for this purpose we need Technical assistance to develop a financial sustainability strategy as well as to mobilize resources in 2015. Q.3: The table does not help to record AD syringes and safety boxes at the same time. The amount mentioned in the table is for the AD syringes and safety boxes but the quantity is only for the AD syringes.	

***Note:** co-financing is not mandatory for the IPV

Is GAVI's support, in relation to new or under-used vaccines and supply of injections, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. Information on the EVM tool can be found under
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **March 2014**

Please attach the following documents:

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

b) improvement plan after EVM **(Document No. 13)**

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

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

Are there any changes in the Improvement plan, and for what reasons? **Yes**

If Yes, provide more details

Changes were observed because there were activities which were to be conducted in the previous year and were omitted due to lack of funding and due to the workload in 2014 (campaigns and introductions).

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Number of total doses approved in the Decision Letter	**Campaign Start Date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
1,716,500	10/14/2014	858,500 doses received on 08/18/2014 and 858,000 doses received on 08/21/2014 which is a total of 1,716,500 doses

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

Constraints and problems Waste

management

Despite involving the Directorate of Public Hygiene, we faced problems in waste management in some areas mainly due to the absence of incinerators at the HC and HU

The Mbout Moghataa that was not included for GAVI funding was a problem for the Country

Transportation logistics were also very complex

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

N/A

7.6.2. Program Results for type A Meningococcal preventive campaigns

Geographic regions covered	Duration of the campaign	Total number of target population	Achievement, i.e., immunized population	Administrative coverage (%)	Coverage according to the survey (%)	Vaccine wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
8 regions are covered	10 days	1,610,523	1,561,720	97	0	1	27	27

*If no survey is conducted, please provide estimated coverage as per the independent monitors

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

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

There is an increase in the size of the target population compared to the size planned in the approved proposal. This increase of 141,756 people (1,610,523 instead of 1,468,767) partly due to an increase in the population as per the General Census on Population and Housing (GCPH 2013) validated in August 2014 by the Government, and partly due to the omission of the district of M'Bout in the Wilaya of Gorgol in the validated proposal. It is to be noted that this district falls in the high-risk area.

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceeded the target/met the target). If you did not meet or exceed the target, what were the underlying reasons for such an outcome(higher/lower)?

The campaign target was largely met as per the administrative data. Since the target was fixed at 95% and the effective coverage shows 97% of the population targeted during implementation.

What lessons have you learned from the campaign?

We observe an excellent acceptance of the vaccine, whether the people were immunized with a vaccine preserved in the cold chain (CC) or with a vaccine administered in the controlled temperature chain (CTC).

On the other hand, we can also see that despite the change in the target population indicated above, we could conduct the campaign in all target Wilayas without any stock outs, whether in terms of the vaccine or the inputs, due to a well-planned and prepared-for implementation and the joint efforts of all the participants at all levels.

Involvement of all participants from the Ministry of Health (DSBN, DFD, DPCIS, DPL, DPH) through the preparatory commissions were fruitful

The creation of a Pharmacovigilence Commission chaired by the Director of Pharmacy and Laboratories (DPL) was an excellent idea

Preparing for the activity six months in advance was at the root of the success of the activity.

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

Category	Expenditure in Local currency	Expenditure in US$
Implementation of the campaign	122,674,500	408,915
Training	33,634,430	112,115
Social mobilization / communication	30,000,000	100,000
Coordination Management	5,950,000	19,833
Producing documents / Immunization cards	8,455,400	28,185
Cold Chain equipment	23,594,820	78,650
Rehabilitation of cold rooms in old premises	8,000,000	26,667
Independent assessment and WHO monitoring	31,050,000	103,500
Waste management	3,600,000	12,000
Installation of a Cold Room / routine vaccines	6,000,000	20,000
Technical assistance	13,266,000	44,220
Data management	2,000,000	6,667
Pharmacovigilence	12,450,000	41,500
Total	**300,675,150**	**1,002,252**

7.7. Change in vaccine presentation

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

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

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

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

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

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document No. **17**) for the following vaccines:

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

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

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

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

In order to request NVS for vaccination in 2016 do the following:

Confirm below that your request for 2016 vaccine support is as per table7.11 Calculation of requirements

No

If you do not confirm, please explain:

As indicated above, there is an increase in the population according to the General Census on Population and Housing 2013 (GCPH 2013) which also showed an increase in the average growth rate (2.77%). See Table No. 4.

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2009	2010	2011	2012	2013	2014	2015

Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED						12.50%	12.50%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID						4.40%	4.50%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule						3.90%	4.20%
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID						3.40%	3.50%

Vaccine Antigens	Vaccine Type	2016	2017	2018	2019	2020
Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	12.30%	13.30%	13.20%	12.80%	12.40%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	3.00%	4.50%	4.60%	3.10%	3.10%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	4.40%	4.40%	4.40%	4.40%	4.40%
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3.60%	4.40%	4.40%	4.40%	4.40%

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	141,974	145,382	155,932	160,250	164,690
	Number of children yet to receive the first dose of the vaccine	Parameter	#	129,991	137,153	155,931	160,251	164,690
	Number of children yet to receive the third dose	Parameter	#	119,258	129,389	135,660	142,623	149,868
	Immunization coverage with the third dose	Parameter	%	84.00%	89.00%	87.00%	89.00%	91.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.33	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	54,300				
	Stock across second level Dec 31, 2014 (if available)*		#	54,300				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1

	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.30	0.30	0.35	0.40
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		3.50%	3.60%	4.40%	4.40%

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

Vaccine presentation used in the Country is the 10-dose vial as against what was indicated in this form.

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

Co-financing table for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2014	**2015**	**2016**	**2017**	**2018**
Minimum co-financing	0.23	0.26	0.30	0.35	0.40
Recommended co-financing as per			0.30	0.35	0.40
Your co-financing	0.26	0.30	0.30	0.35	0.40

	2019	**2020**
Minimum co-financing	0.46	0.53
Recommended co-financing as per	0.46	0.53
Your co-financing	0.46	0.53

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	316,100	496,000	375,200	513,700	511,700
Number of AD syringes	#	376,700	421,700	392,300	545,500	543,400
Number of reconstitution syringes	#	0	0	0	0	0
Number of safety boxes	#	4,200	4,675	4,150	5,650	5,650
Total value to be co-financed by GAVI	$	669,500	1,021,000	716,000	819,000	816,000

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

		2019	2020
Number of vaccine doses	#	504,400	490,500
Number of AD syringes	#	535,600	520,800
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	5,550	5,400
Total value to be co-financed by GAVI	$	804,000	780,000

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	46,000	85,000	70,000	144,600	171,500
Number of AD syringes	#	0	72,100	73,200	153,500	182,100
Number of reconstitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	800	775	1,600	1,900
Total value of country co-financing*[1]*	$	94,500	174,500	134,000	230,500	273,500

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

		2019	2020
Number of vaccine doses	#	204,700	245,300
Number of AD syringes	#	217,300	260,500
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	2,275	2,700
Total value of country co-financing*[1]*	$	326,500	390,000

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	129,991	137,153		
B 1	**Number of children yet to receive the third dose**	*Table 4*	119,258	137,153		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	374,840	400,512		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.33		
F	**Number of doses required taking wastage into account**	*D x E*		532,681		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*				
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Stock on 1st January**	*Table 7.11.1*	153,800	54,300		
H 3	**Dispatch schedule**	*Approved volume*		581,000		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		581,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				

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

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	15.72%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	155,931	24,510	131,421
B 1	**Number of children yet to receive the third dose**	*Table 4*	135,660	21,324	114,336
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	439,211	69,037	370,174
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	461,172	72,489	388,683
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	14,513	2,282	12,231
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*	30,630	4,815	25,815
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*	195,540	30,736	164,804
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	445,100	69,963	375,137
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	465,404	73,154	392,250
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	4,897	770	4,127
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	799,845	125,723	674,122
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	20,851	3,278	17,573
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	27	5	22

R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	28,795	4,527	24,268
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	849,518	133,530	715,988
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	133,530		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	15.72%		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	21.96%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	160,251	35,192	125,059
B 1	**Number of children yet to receive the third dose**	*Table 4*	142,623	31,321	111,302
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	455,898	100,117	355,781
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	478,693	105,122	373,571
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	179,510	39,421	140,089
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	658,250	144,553	513,697
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	698,949	153,491	545,458
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,241	1,591	5,650
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	974,869	214,084	760,785
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	31,313	6,877	24,436
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0

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

Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	40	9	31
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	42,895	9,420	33,475
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,049,117	230,388	818,729
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	230,388		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	21.96%		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 4)

		Formula	**2018**		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	25.10%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	164,690	41,333	123,357
B 1	**Number of children yet to receive the third dose**	*Table 4*	149,868	37,613	112,255
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	473,171	118,753	354,418
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	496,830	124,691	372,139
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	186,312	46,760	139,552
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	683,150	171,452	511,698
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	725,432	182,064	543,368
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0

M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,515	1,887	5,628
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,011,746	253,921	757,825
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	32,500	8,157	24,343
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	41	11	30
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	44,517	11,173	33,344
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,088,804	273,260	815,544
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	273,260		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	25.10%		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 5)

		Formula	**2019**		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	28.86%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	169,252	48,850	120,402
B 1	**Number of children yet to receive the third dose**	*Table 4*	157,404	45,430	111,974
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	491,051	141,727	349,324
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	515,603	148,813	366,790
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	193,352	55,806	137,546
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			

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

H2	**Stock on 1st January**	*Table 7.11.1*			
H3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	709,000	204,631	504,369
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	752,844	217,286	535,558
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,800	2,252	5,548
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,050,029	303,059	746,970
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	33,728	9,735	23,993
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	43	13	30
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	46,202	13,335	32,867
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,130,002	326,140	803,862
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	326,140		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	28.86%		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	33.34%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	173,940	57,994	115,946
B1	**Number of children yet to receive the third dose**	*Table 4*	165,243	55,095	110,148
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	509,558	169,894	339,664
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D X E*	535,036	178,388	356,648

G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	200,639	66,896	133,743
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	735,700	245,292	490,408
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	781,217	260,468	520,749
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	8,093	2,699	5,394
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,086,629	362,296	724,333
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	34,999	11,670	23,329
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	45	16	29
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	47,812	15,942	31,870
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,169,485	389,921	779,564
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	389,921		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	33.34%		

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

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	974	382	932	250	690
	Number of children yet to receive the first dose of the vaccine	Parameter	#	616	153	931	251	690
	Number of children yet to receive the third dose	Parameter	#	831	389	660	623	868
	Immunization coverage with the third dose	Parameter	%	84.40%	89.00%	87.00%	89.00%	91.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	96,900				
	Stock across second level Dec 31, 2014 (if available)*		#	96,900				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.23	0.26	0.30	0.35
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50%	3.00%	4.50%	4.60%

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

No difference between the stock on December 31, 2014 and that on January 1, 2015

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

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.23	0.26	0.30	0.35
Recommended co-financing as per			0.26	0.30	0.35
Your co-financing	0.20	0.23	0.26	0.30	0.35

	2019	2020
Minimum co-financing	0.40	0.46
Recommended co-financing as per	0.40	0.46
Your co-financing	0.40	0.46

(part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	130,616	137,153		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	391,848	411,459		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		432,032		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	96,900		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		437,400		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				

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

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	7.37%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	155,931	11,497	144,434
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	467,793	34,491	433,302
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	491,183	36,215	454,968
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	14,544	1,073	13,471
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	505,800	37,293	468,507
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	530,571	39,119	491,452
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	5,564	411	5,153
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,708,593	125,974	1,582,619
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	23,770	1,753	22,017
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	31	3	28
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	51,258	3,780	47,478
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,783,652	131,508	1,652,144
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	131,508		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	7.37%		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.52%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	160,251	13,655	146,596
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	480,753	40,963	439,790
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	504,791	43,011	461,780
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	120,351	10,255	110,096
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	626,400	53,373	573,027
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	661,215	56,339	604,876
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	6,891	588	6,303
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	2,082,154	177,410	1,904,744
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	29,623	2,525	27,098
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	38	4	34
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	93,697	7,984	85,713
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	2,205,512	187,920	2,017,592
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	187,920		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	8.52%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	10.09%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	164,690	16,622	148,068
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	494,070	49,865	444,205
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	518,774	52,359	466,415
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	123,684	12,484	111,200
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	642,600	64,856	577,744
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	679,530	68,583	610,947
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,069	714	6,355
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	2,101,302	212,078	1,889,224
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	30,443	3,073	27,370
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	39	4	35
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	96,660	9,756	86,904
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	2,228,444	224,911	2,003,533
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	224,910		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	10.09%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	11.81%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	169,252	19,982	149,270
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	507,756	59,945	447,811
E	**Estimated vaccine wastage factor**	*Table 4*	1.04		
F	**Number of doses required taking wastage into account**	*D x E*	528,067	62,343	465,724
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	125,841	14,857	110,984
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	655,200	77,352	577,848
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	696,957	82,282	614,675
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,208	851	6,357
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	2,122,848	250,620	1,872,228
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	31,224	3,687	27,537
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	40	5	35
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	65,809	7,770	58,039
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	2,219,921	262,080	1,957,841
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	262,080		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.81%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	13.60%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	173,940	23,652	150,288
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	521,820	70,955	450,865
E	**Estimated vaccine wastage factor**	*Table 4*	1.04		
F	**Number of doses required taking wastage into account**	*D x E*	542,693	73,793	468,900
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	130,596	17,758	112,838
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	675,000	91,784	583,216
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	717,658	97,584	620,074
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,426	1,010	6,416
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	2,183,625	296,919	1,886,706
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	32,152	4,372	27,780
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	41	6	35
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	67,693	9,205	58,488
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	2,283,511	310,500	1,973,011
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	310,500		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	13.60%		

Table 7.11.1: Characteristics for Rotavirus, 2 dose schedule

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	974	382	932	250	690
	Number of children yet to receive the first dose of the vaccine	Parameter	#	666	153	660	251	690
	Number of children yet to receive the second dose of the vaccine	Parameter	#	199	0	660	623	868
	Immunization coverage with the second dose	Parameter	%	12.82%	0.00%	87.00%	89.00%	91.00%
	Number of doses per child	Parameter	#	2	2	2	2	2
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	000				
	Stock across second level Dec 31, 2014 (if available)*		#	000				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	Number of AD syringes required	Parameter	#		No	No	No	No
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		No	No	No	No
cc	**Country co-financing per dose**	Parameter	$		0.23	0.26	0.30	0.35
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20%	4.40%	4.40%	4.40%

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

No difference between the stock on December 31, 2014 and that on January 1, 2015.

Co-financing table for Rotavirus, 2 dose schedule

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.23	0.26	0.30	0.35
Recommended co-financing as per			0.26	0.30	0.35
Your co-financing	0.20	0.23	0.26	0.30	0.35

	2019	2020
Minimum co-financing	0.40	0.46
Recommended co-financing as per	0.40	0.46
Your co-financing	0.40	0.46

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	21,666	137,153		
C	**Number of doses per child**	*The immunization schedule*	2	2		
D	**Number of doses required**	*B x C*	43,332	274,306		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		288,022		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	9,000		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		349,500		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / T*				

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	11.04%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	155,660	17,184	138,476
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	311,320	34,367	276,953
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	326,886	36,086	290,800
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	9,554	1,055	8,499
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	337,500	37,257	300,243
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	761,400	84,052	677,348
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	33,502	3,699	29,803
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	794,902	87,750	707,152
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	87,750		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.04%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	12.74%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	160,251	20,412	139,839
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	320,502	40,824	279,678
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	336,528	42,865	293,663
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	80,241	10,221	70,020
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	417,000	53,116	363,884
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	940,752	119,828	820,924
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	41,394	5,273	36,121
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	982,146	125,100	857,046
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	125,100		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	12.74%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	14.86%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	164,690	24,474	140,216
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	329,380	48,947	280,433
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	345,849	51,395	294,454
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	82,456	12,254	70,202
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	429,000	63,751	365,249
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	967,824	143,822	824,002
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	42,585	6,329	36,256
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,010,409	150,150	860,259
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	150,150		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	14.86%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	16.98%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	169,252	28,745	140,507
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	338,504	57,489	281,015
E	**Estimated vaccine wastage factor**	*Table 4*	1.04		
F	**Number of doses required taking wastage into account**	*D x E*	352,045	59,789	292,256
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	83,894	14,248	69,646
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	436,500	74,132	362,368
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	984,744	167,242	817,502
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	43,329	7,359	35,970
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,028,073	174,600	853,473
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	174,600		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	16.98%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-financing**	*V*	19.53%		
B	**Number of children yet to receive the first dose of the vaccine**	*Table 4*	173,940	33,972	139,968
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	347,880	67,944	279,936
E	**Estimated vaccine wastage factor**	*Table 4*	1.04		
F	**Number of doses required taking wastage into account**	*D x E*	361,796	70,662	291,134
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	87,064	17,005	70,059
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	450,000	87,889	362,111
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,015,200	198,276	816,924
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	44,669	8,725	35,944
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,059,869	207,000	852,869
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	207,000		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	19.53%		

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this **section only if your country was approved for and received HSS funds before or during the period January to December 2014.** All countries are expected to report on: a. The progress made in 2014

b. The implementation of HSS from January to April 2015 (interim report)

c. plans for 2016

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

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

In order to better align HSS support reporting to national processes, for countries where the 2014 fiscal year starts in January 2014 and ends in December2014, HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of the country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

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

5. If you are requesting additional funds, please make this clear in section 8.1.2.

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

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

a. Minutes of the HSCC meetings held in 2014

b. Minutes of the HSCC meeting in 2015 that endorsed this report

c. Latest Health Sector Review Report

d. Financial statement for the use of HSS funds in the calendar year 2014

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

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

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

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

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

8. Inaccurate, incomplete or unsubstantiated reports may lead the IRC to either send the APR back to your country for clarification (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 installment of HSS funding.

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

Please provide data sources for all data used in this report

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

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

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b..

8.1.2. Please indicate if you are requesting additional funding **Yes**

If yes, please indicate the amount of funding requested: **396,500** US$

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

Table 8.1.3a $(US)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	0	377,000	386,500	396,500	405,000	416,000
Revised annual budget (*if revised during a review of the previous years' annual reports*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year *(A)*	0	0	377,000	0	0	0
Balance carried over from the previous year *(A)*	0	0	0	377,000	316,800	
Total funds available during the calendar year *(C=A+B)*	0	0	0			238,275
Total expenditure during the calendar year (*D*)	0	0	0	60,199	78,525	57,918
Balance carried forward to the next calendar year *(E=C-D)*	0	0	0	316,800	238,275	53,328
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	377,000	0	0	386,500	783,000

	2015	2016	2017	2018
Original annual budget (as in the *initially approved HSS proposal*)	425,500	0	0	0
Revised annual budget (*if revised during a review of the previous years' annual reports*)	386,500	0	0	0
Total funds received from GAVI during the calendar year *(A)*	386,500	0		
Balance carried over from the previous year *(A)*	51442	0		
Total funds available during the calendar year *(C=A+B)*	437,942	0		
Total expenditure during the calendar year (*D*)	23,630	0		
Balance carried forward to the next calendar year *(E=C-D)*		0		
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	396,500	1,247,000	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	0	106,472,766	111,502,037	119,372,671	122,011,554	125,171,505
Revised annual budget (*if revised during a review of the previous years' annual reports*)	0					
Total funds received from GAVI during the calendar year *(A)*	0					
Balance carried over from the previous year *(A)*						
Total funds available during the calendar year *(C=A+B)*						

Total expenditure during the calendar year (*D*)						
Balance carried forward to the next calendar year *(E=C-D)*						
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	106,472,766	0	0	116,958,000	237,452,580

	2015	**2016**	**2017**	**2018**
Original annual budget (as in the *initially approved HSS proposal*)	132,330,500	0	0	0
Revised annual budget (*if revised during a review of the previous years' annual reports*)	120,201,500			
Total funds received from GAVI during the calendar year *(A)*	119,546,146			
Balance carried over from the previous year *(A)*	15,998,415			
Total funds available during the calendar year *(C=A+B)*	135,544,561			
Total expenditure during the calendar year (*D*)	10,566,660			
Balance carried forward to the next calendar year *(E=C-D)*				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	123,311,500	387,817,000	0	0

Report of Exchange Rate Fluctuation

Please indicate in Table 8.3.c below, the exchange rate used at the opening and closing of each calendar year.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January	261.9	261.99	282.05	288.51	303	303.26
Closing on 31st December	261.99	282	288.4	301.5	303.26	311.8

Detailed expenditure of HSS funds during the calendar year 2014

Please attach a detailed financial statement for the use of HSS funds during the calendar year 2014 (*Terms of reference for this financial statement are attached in the online APR Annexes*).
Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. **(Document Number: 19)**

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

Has an external audit been carried out? No

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

8.2. Progress on HSS activities in the fiscal year 2014

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

Please provide the following information for each planned activity:

- The percentage of the activity completed, where applicable
- A description of the progress made and any problems encountered
- The source of information and data, if relevant

Table 8.2: HSS Activities in the reporting year 2014

Main Activities (insert as many rows as required)	**Activities planned for 2014**	**Percentage of activity completed (annual rate)** (if applicable)	**Source of information/data** (if relevant)
Strengthening skills of the healthcare workforce involved in the delegation of tasks (it is estimated that at least 60% of the activities in the FSP stem from the "delegation of tasks" approach.	Attributing a bonus equivalent to 50% of the PZT (bonus for the area and the technicality) of the IMS to each HHR	100	DPCIS/DAF Notes of the department delegating the tasks to the concerned staff, and payment status.
	Training 9 trainers for 2 weeks at ESP	100	DPCIS/DAF

1.3. Contracting with civil and military retirees to reinforce the provision (and management) of Maternal and Child Healthcare Services in target areas	Making half-yearly contracts for each retiree and transfer compensation for an amount of UM 100,000 per month required for supporting the provision of maternal and child healthcare services in the ZCIs	20	Contracts with the concerned people/DPCIS
Activity 2.1.1: Ensuring that expectant mothers and mothers of children from 0 to 5 years in the target areas get free healthcare	Transferring 30% of the amount meant for free healthcare to the accounts of health structures in target areas	100	DPCIS/DAF
2.3: Ensuring that equipment at the Health Posts is complete	Equipping 7 Health Posts in ZCIs with standard equipment	100	DPCIS/DAF
3.1.5: Monitoring by the MCM at the ZCIs	Carrying out supervision of the ZCIs by the MCM.	100	DSBN/MCM/DPCIS
Training in public procurement	Training 2 people of DAF in procurement procedures for goods and services	100	DAF
Monitoring & Evaluation	Conducting a monitoring and evaluation mission of the Center, for 3/9 Moughataa	30	DPCIS/DSBN/DAF A supervisory mission was conducted in 3/9 Moughataa

8.2.1. For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

Main Activities (insert as many rows as required)	**Explain progress achieved and constraints**
1.3.3: Contracting with civil and military retirees	A contracts commission was constituted, and a Recruitment Notice giving the number of retirees expected was widely published. This action resulted in contracting with 05 retirees out of the required 18. Given that the contracting terms and conditions are not too motivating, an alternative is to use the remainder for this activity to strengthen the management at the level of the moughataa and involve the DRASS in monitoring and execution of the project.
Activity 2.1. Ensuring free healthcare for	The amounts meant for this activity are made available to the concerned structures - A circular signed by the SG of the Ministry of Health determined measures for implementation of this activity. The poor functionality of the management committees delayed the execution of this activity. To surmount this obstacle, the elected local people were engaged in the process. Thus, the Mayor or the Municipal Counselor signs the patient's Certificate of Indigency
2.3: Ensuring that equipment at the Health Posts is complete	.Execution of this activity economized the initial cost to the order of 21 million ouguiyas which will be used to ensure complete equipment at the other health posts.

Monitoring & Evaluation	- Execution of a supervisory mission by the MCM at the ZCIs of the health structures in the concerned moughataas. - execution of a supervisory mission of the Center in 3/9 moughataas. .

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

Some activities from the Action Plan which were implemented with delays or were partially implemented, involved:

1- Contracting with the retirees which was only implemented in the proportion of 5/18 due to:

An inadequate number of candidates responding to the Recruitment Notice. For us, this situation is explained by the inadequate remuneration offered by the program, remoteness and isolation of the location, and difficulties in living conditions in the concerned moughataas.

2- Delays in implementation of ensuring complete equipment at 07 posts were caused by the requirements of the new public procurement law. There was a saving to the order of 21 million in the initial cost provided for this activity and will be used for equipping other health posts in the ZCIs, particularly the new posts created to broaden the health coverage in the moughataas concerned with the program

8.2.3. If the GAVI HSS funds were used to provide incentives to national health human resources, how have the GAVI HSS funds contributed to the implementation of the national Human Resource policy or guidelines?

As part of implementation of the delegation of tasks, incentive bonuses were granted to the medical and paramedical staff executing the delegated tasks in the ZCI structures dedicated to effective implementation of the national strategy on delegation of tasks developed under the program. This new approach contributed to retaining staff in some of the most remote areas of the country. As part of implementing the national strategy on contracting, 05 contracts were signed with retirees to work in 3/9 target moughataas. This step helped improve the availability of human resources in the beneficiary moughataas.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of objective or indicator (Insert as many rows as required)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		

Knowledge of the healthcare staff regarding the delegated tasks	0	Initial application/2011	Average staff score > 80%						> 80%	Supervision reports	Implementation of this activity by the medical and paramedical staff started only at the end of 2014. 105 paramedical staff members execute the delegated tasks in the ZCIs. An evaluation mission has just concluded its supervision in 03 moughataas
Availability rate for essential drugs	N/A	Initial application/2011	100%				71%	95%	95%	Supervision reports	
Percentage of operational BHU offering an MPA and having had supervisory visits	0	Development plans for ZCIs 2011	Institute 27 BHUs and ensure that they are functional				0%	0%	0%		
PENTA3 Coverage (%) in ZCIs	52%		75%					50.7%	72¨%		
% of DWWHLJQDQW districts• % of PENTA3 coverage									44%		
Percentage of healthcare structures implementing delegation of tasks between doctors, paramedical staff, and community healthcare workers	0		100%						81%	Supervision reports	Outcomes for 03 moughataas (Oualatta, Tamcheket, Boumdeid).
Proportion of childbirths assisted by qualified personnel	N/A		79%						9.46%	Annual Progress Report 2014	Source NSHI.
Percentage of functional committees	0%		100%					11%	22%		For the 03 moughataas.

8.4. Program implementation in 2014

8.4.1. Please describe the major achievements in 2014, especially the impact on health service programs, and how the HSS funds have contributed to the immunization program

The major accomplishments in 2014 are:

- Involving 105 paramedic staff in the task delegation strategy.
- Equipping 07 health posts in the ZCIs.
- Launching the strategy on free healthcare for pregnant women and children of 0 to 5 years of age.
- Contracting with 05 retirees.
- Execution of a monitoring mission by the MCM.
- Execution of a supervisory mission by the central level.

In addition to the implementation of project resources, other actions to strengthen immunization were carried out with State resources, particularly the purchase of approximately 200 cold chain equipment, rehabilitation of Health Centers in the ZCIs, and making ambulances available to them.

These activities contributed to improving geographical and financial accessibility for users of the service in these structures.

8.4.2. Please describe any problems encountered and solutions found or proposed to improve future results from HSS funding.

Some obstacles delayed implementation of the 1st installment, including:

- Cumbersome procedures
- Novelty of some activities that required initiation of appropriate procedures
- The non-availability of retired personnel for contracting under the proposed remuneration.

Measures were taken to expedite execution of activities including:

- The institution of a monitoring committee chaired by the Secretary General of Ministry of Health that holds meetings regularly.
- Training and sharing with the MCM in the target areas regarding the activity implementation process.
- Effective coordination among the concerned directorates.

In fact, the implementation of the action plan 2015 will be facilitated by the measures taken and the accumulated experiences. For the last 03 installments, there will be rescheduling over 02 years. This rescheduling must take into account:

- The current immunization requirement of the ZCIs.
- Continuation of activities that have already been launched.
- Reinforcing the involvement of DRASS in the project implementation process (supervision).

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- Ensure closer monitoring.

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

- A monitoring committee chaired by the Secretary General carries out monitoring of the activities, identifies the problems, and suggests solutions. It meets every month.
- The National Health Sector Steering and Coordinating Committee steers the project and concretizes the sector-based approach.
- The DPCIS ensures coordination and the different technical directorates execute program activities according to the powers granted to it.
- The DAF ensures financial tasks and oversees procedures and financial documentation.
- The MCM at the moughataas in the ZCIs ensure implementation and monitoring of healthcare field activities (free healthcare, delegation of tasks, and payment to retirees).

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

Project management is subject to national procedures employed for external funding. The implementation of activities planned under the action plan is initiated by the concerned structure (TOR, Requests). Once authorized by the SG of the Ministry, the DAF departments ensure payment and maintenance of documentation. The monitoring & evaluation program is integrated into the national monitoring system which leads to an annual review involving all funding and partners. This review reports on the performances at all levels (national, regional, and district).

8.4.5. Please specify the participation of the main 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.

Steering the HSS GAVI program is ensured by CONAP which brings together the technical and financial partners and the national and international NGOs. The monitoring committee that must meet every month includes representatives from the WHO and UNICEF.

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

The action plan provides training 09 NGOs in the ZCIs that will be involved in the implementation of activities in the ZCIs. They will be recruited according to a transparent procedure providing for the selection criteria and referring to the NGO database developed and given in the program framework.

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

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

A large part of the HSS GAVI activities are those executed by the target moughataas (free healthcare, delegation of tasks, supervisions, etc.) which requires initiation of the teams of these moughataas in the procedures and methods of implementing these activities. A training and sharing workshop was organized for the Head Doctors of the moughataas in August 2014. A mission of the Center has already supervised 3/9 moughataas (April 2015) for preparing in a better way for implementing the activities under the action plan 2015.

To ensure effective implementation, some measures were taken. These include:

- Instituting a project monitoring committee.

- Training and accountability of the moughataa teams

-Instituting a central team engaging the directorates concerned with the project

- purchase of equipment will henceforth be entrusted to the Central Medicine Purchasing Office (CAMEC) which has flexible and functional procedures.

These measures will help bring about notable improvements at the implementation level..

8.5. HSS Activities planned for 2015

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

Table 8.4: Activities planned for 2015

Main Activities (insert as many rows as required**)**	**Activity planned for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2015** (if applicable)
Activity 1.1: Instituting the practice of delegation of tasks for the paramedical staff, community health workers, and associations. delegation of tasks to	Training the concerned staff (IMS, AA, AN, CHW) in their respective HP	540		3,320	The activities initially scheduled under the second installment (UM 386,500) received in January 2015 will be executed under the current year's action plan. Payment requests of some moughataas are already in process. 19.15 million from the amount of the second installment corresponding to the activities of free healthcare, delegation of tasks, and contracting have already been funded by the first installment following the plan developed in July 2014 with the GAVI mission.	3,320
	Attributing a bonus equivalent to 50% of the PZT (bonus for the area and the technicality) of the IMS to each HHR	48,852	0	24,702	Conducting training not executed under the 1st installment.	24,702

Activity 1.3: Supporting the contracting process in view of the quick implementation of the National Policy	Training 9 local NGOs in contracting activities planned for the ZCIs subsidy required for the implementation of activities particularly related to immunization and MCH	7,200	0			7,200
	Making half-yearly contracts for each retiree and remitting compensation for an amount of UM 100,000 per month required for supporting the provision of maternal and child healthcare services in the ZCIs	21,600	4,900		This activity is deleted partly due to the non-existence of retirees available to work at the proposed remuneration and due to the new measure adopted by the State prohibiting the contracting of retirees.	30,000
	Remitting a monthly conveyance allowance of UM 22,500 for each retiree	6,480	0		The amount corresponding to the fees for the 5 retirees already contracted	7,668
	Organizing mobile outings to provide healthcare services adapted to the isolated communities	0	0		Newly introduced activity after the Aide Memoire of the GAVI mission in May 2015.	0
Activity 2.3: Ensuring that equipment at the Health Posts is complete Activity 2.3: Ensuring that equipment at the Health Posts is complete	Equipping 17 Health Posts in ZCIs with standard equipment	0	19,596		Equipment arranged for with the help of savings from the 1st installment.	80,000

Activity 2.1.1: Ensuring that expectant mothers and mothers of children from 0 to 5 years in the target areas get free healthcare	Replenishing the account of each Moughataa Health Division (CSM) in four annual installments with an amount corresponding to the operational cost generated by actual visitors to the concerned health facilities, limited to an amount equal to 1 contact/year for the entire population targeted by the CSM	129,222	9,005		Activity already in progress with the 1st installment.	220,689
	6. Establishing a half-yearly contract with a qualified HHR to provide seasonal local healthcare services in each ZCI (for a fee amounting to UM 100,000)	21,600	0		Reallocated after the Aide Memoire of the mission in May 2015.	0
	Remitting a monthly conveyance allowance of UM 22,500 for each HHR	6,480	0		Reallocated	0
Activity 2.5: Making essential drugs available to health facilities at the operational level	2.5.1: Equipping Health Facilities in target areas with adequate transportation funds	13,000	0			13,000
Activity 2.6: Standardizing the prescription of essential drugs at the peripheral level	2.6.2: Training doctors, head nurses, and other prescribing staff at the peripheral level (including the staff concerned with the delegation of tasks)	4,155	0			4,155

	Organizing a workshop of 3 per moughataa meant for head nurses and retired nurses who will be in-charge of training the rest of the staff.	12,900	0			12,900
2.7.3. Improving coordination for better program implementation by involving all stakeholders including the DRASS	Organizing workshops that bring together all stakeholders for better program implementation	0	0		This activity is proposed for improving the speed and quality of implementation of activities by sensitizing and involving all stakeholders	14,914
Activity 2.8: Improving procurement procedures and mechanisms for goods and services.	Organizing 3 training missions (1 mission / focus area) in budget execution procedures for the managerial staff, Focus area 1: North (Chinguitty, Aoujeft, Ouadane) Focus area 2: South (Ouad Naga, R'Kiz, Keur-Macene) Focus area 3: East (Tamchekett, Boumdeid, Oualata)	6,585	0			6,585
Activity 3.1: Revitalizing the Basic Healthcare Units (BHU)	3.1.4: Equipment/ procurement	10,800	0			10,800
	3.1.5: Monitoring and evaluation by the MCM at the ZCIs	10,800	0			10,800
	Producing collection tools	1,200	0			1,200
	Preparing and distributing the document analyzing the performance of the BHU system	1,400	0			2,800

Activity 3.2: Revitalizing the health committees	3.3.1: Training the Municipal Councils and the Mayors based on 3.3.1: Training the Municipal Councils and the Mayors based on community volunteers.	7,200	0			7,200
	3.3.2: Creating a Network of Mayors in the target areas to promote immunization and mother and child health in these areas	19,420	0			19,420
Activity 3.2: Revitalizing the health committees	3.2.1: Training the members of the management committees	0	0		This activity was scheduled for the fourth installment and we found it relevant to carry it out this year to involve the community in the activities of free healthcare and delegation of tasks which are implemented for their benefit	8,170
Support costs	Bookkeeping costs	280	35			460
	Preparing quarterly technico-financial reports	2,560	0			2,560
	Preparing Annual Progress Reports	1,120	0			1,120
	Support costs for M & E	37,220	3,817			61,450
		370,614	37,353			551,113

8.6. HSS activities planned for 2016

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

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

Table 8.6: HSS Activities planned for 2016

Main Activities (insert as many rows as required**)**	**Activity planned for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during previous reviews of the Annual Progress Reports)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2016** (if applicant)
Activity 1.1: Instituting the practice of delegation of tasks for the paramedical staff, community health workers, and associations.	Training the concerned staff (IMS, AA, AN, CHW) in their respective remote HP	800		Activities that were planned for the 3rd installment will be executed according to the 3-year plan developed while adhering to the permitted rate of 15%. The difference between the initially approved budget and the current budget is justified first by the execution of a planning activity from the 1st installment and second by the reallocation and introduction of other activities under the 2015-2016 plans after the Aide Memoire of the GAVI mission in May 2015.	800
	Attributing a bonus equivalent to 50% of the PZT (bonus for the area and the technicality) of the IMS to each HHR	53,176			53,176
Activity 1.3: Supporting the contracting process in view of the quick implementation of the National Policy	Preparing a contract for each NGO and remitting the subsidy required for the implementation of activities particularly related to immunization and MCH	32,400			32,400
	Making half-yearly contracts for each retiree and remitting compensation for an amount of UM 100,000 per month required for supporting the provision of maternal and child healthcare services in the ZCIs	21,600		This activity is reallocated partly due to the non-existence of retirees available to work at the proposed remuneration and due to the new measure adopted by the State prohibiting the contracting of retirees.	20,000
	Remitting a monthly conveyance allowance of UM 30,000 for each retiree	6,480		IDEM	3,834

2.1.1: Ensuring that expectant mothers and mothers of children from 0 to 5 years in the target areas get free healthcare	Replenishing the account of each Moughataa Health Division (CSM) in four annual installments with an amount corresponding to the operational cost generated by actual visitors to the concerned health facilities, limited to an amount equal to 1 contact/year for the entire population targeted by the CSM	129,222	0		129,222
Providing healthcare services adapted to the isolated communities	Establishing a half-yearly contract with a qualified HHR to provide seasonal local healthcare services in each ZCI (for a fee amounting to UM 100,000)	21,600		This activity was deleted due to the non-existence of retirees available to work at the proposed remuneration and due to the new measure adopted by the State prohibiting the contracting of retirees	0
	Remitting a monthly conveyance allowance of UM 22,500 for each HHR	6,480		IDEM.	0
	Activity 2.2: Providing healthcare services adapted to the isolated communities	0	14,914	To reach the people isolated from the healthcare services particularly immunization, we found it useful to schedule this activity at the place of contracting with the retirees, to be able to provide healthcare in the isolated areas	14,914
Activity 2.4: Encourage the practice of preventive maintenance at the ZCI level	Transfer an annual maintenance bonus of US$ 2,000 for the ZCIs that have ensured better maintenance of their equipment and infrastructure during the year.	2,000	0		3,000

Activity 2.5: Making essential drugs available to health facilities at the operational level	2.5.1: Equipping Health Facilities in target areas with adequate transportation funds	9,000	0		9,000
Activity 2.7: Improve regional planning for taking into account the actual healthcare needs of the operational level in a better way	Organizing a training workshop of 5 days on RBM for the Health Center team, head nurses, CDSS / moughataa	30,155	0		30,155
2.7.3. Improving coordination for better program implementation by involving all stakeholders including the DRASS	Organizing workshops that bring together all stakeholders for better program implementation	0	14,914	This activity is proposed for improving the speed and quality of implementation of activities by sensitizing and involving all stakeholders	14,914
3.1: Revitalizing the Basic Healthcare Units (BHU)	Monitoring by the MCM at the ZCIs	10,800	0		10,800
	Publishing/Distribution of an analysis document of the Performance of the BHU system	1,400	0		1,400
Activity 3.2: Revitalizing the health committees	3.2.1: Training the members of the management committees	0	8,170		8,170
Partnering for Health in the communes and leadership of the local elected representatives	Funding the Network Action Plan.	6,000	0		
Support costs	Account charges.	280	0		
	Producing and publishing the TR and Calls for public tenders	2,560	0		

	Support costs for M & E	37,220	0		37,220
	Technical Assistance	3,056	0		
	Conducting an annual audit	1,916	0		
	Preparing an Annual Progress Report	1,120	0		1,120
		377,265			

8.7. Revised indicators in case of rescheduling

Countries planning to request rescheduling can do it at any time of the year. Please ask the your country's program managers at the GAVI Secretariat for guidelines on rescheduling or send an email to gavihss@gavi.org

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US$	Duration of support	Type of activities funded
State Budget	257,235	Variable annual support.	- Managing additional activities. - Covering unplanned project expenses.

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

8.9. Report on the HSS grant

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

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

Table 8.9.1: Data Sources

Data sources used in this report	How was the information validated?	Problems experienced, if any
- Health sector balance sheet for 2014. - NSHI data. - EPI data. - Concerned directorates. - Data collection in the field (supervision).	Validated during the annual sector review held from March 31 to April 2, 2015.	

8.9.2. Please describe any difficulties faced 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.

Cumbersome progress report which deserves to be simplified

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

1. The minutes from all the HSCC meetings held in 2015, endorsing this report **(Document Number: 6)**

2. Latest health sector review report **(Document number: 22)**

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

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

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

Mauritania is not submitting a report on GAVI Type A support to CSOs for 2014

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

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

Mauritania is not submitting a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

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

The ICC shows special interest in the purchase of vaccines and co-financing; without the vaccines being available, there will be no immunization

There was discussion on HSS and the interest in having 56 vehicles in the third installment was discussed and retained. Given the importance of advanced and mobile activities, the distance of wilayas and moughataas, and the equality of all these factors result in the fact that the purchase of vehicles is important to improve and stabilize the routine VC.

There was a discussion on the preparation of the 2016-2020 cMYP which takes all these components into account, and a roadmap was developed

Involving the civil society and the community in spreading awareness about routine immunization was discussed.

The role of AMP in supervision

Rescheduling the second and third installments

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

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

I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from the calendar year 2013(opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of December 31, 2014(referred to as the "variance").

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

V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of income & expenditure of ISS

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

An example of income & expenditure statement

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

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

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities conducted during the calendar year 2014, which will include points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. The carry-forward of funds from calendar year 2013(opening balance as of January 1,

2014) b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014(referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements shall be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - Example of income & expenditure of HSS

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

An example of income & expenditure statement

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

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

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

I. All countries that have received CSO - Type B grants during the calendar year 2014, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Report.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities conducted during the calendar year 2014, which will include points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. The carry-forward of funds from calendar year 2013(opening balance as of January 1,

2014) b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014(referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements shall be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - An example statement of CSO income & expenditure

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

An example of income & expenditure statement

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

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

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Signatures Ministre Santé et Minstre des Finances.PDF File desc: **Date/Time:** 05/14/2015 06: 23: 09 **Size:** 1 MB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Signatures Ministre Santé et Ministre des Finances.PDF File desc: **Date/Time:** 05/14/2015 06: 24: 23 **Size:** 1 MB

3	Signatures of the ICC members	2.2	✓	Participant CCIA.PDF File desc: One page; the others are in other documents **Date/Time:** 05/12/2015 07: 50: 29 **Size:** 770 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	PV Reunion P1.PDF File desc: One page; the others are in other documents **Date/Time:** 05/12/2015 08: 49: 08 **Size:** 612 KB
5	Signature of the HSCC members	2.3	✓	signature comité de pilotage CCSS DE GAVI RSS.docx **File desc:** **Date/Time:** 05/14/2015 07: 59: 46 **Size:** 1 MB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	PV de Validation RSA 2014.docx **File desc:** **Date/Time:** 05/14/2015 08: 28: 32 **Size:** 1 MB
7	Financial statement for ISS allocation (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✓	SSV de GAVI.PDF **File desc:** **Date/Time:** 05/14/2015 06: 30: 47 **Size:** 464 KB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✓	SSV de GAVI.PDF File desc: External audit not conducted **Date/Time:** 05/14/2015 06: 36: 26 **Size:** 464 KB
9	Post-introduction Evaluation Report	7.2.1	✗	Note sur les évaluations Post introduction des nouveaux vaccins.PDF **File desc:** Assessments are expected in the course of this month. Delayed due to WHO procedures **Date/Time:** 05/14/2015 06: 33: 41 **Size:** 284 KB
10	Financial statement of allocation for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	SNV 2014 Rotavirus.PDF **File desc:** **Date/Time:** 05/14/2015 06: 37: 19 **Size:** 475 KB
11	External audit report for the allocation for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than USD 250,000	7.3.1	✓	SNV 2014 Rotavirus.PDF File desc: External audit not conducted **Date/Time:** 05/14/2015 06: 38: 58 **Size:** 475 KB
12	EVSM/EVM/VMA report	7.5	✓	Rapport final_GEV Mauritanie_2014_.pdf **File desc:** **Date/Time:** 05/12/2015 08: 53: 39 **Size:** 1 MB

13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Plan_d'amélioration_EVM_Mauritanie_2014.xls **File desc:** **Date/Time:** 05/12/2015 08: 58: 24 **Size:** 221 KB
14	Implementation status of the EVSM/EVM/VMA improvement plan	7.5	✓	Plan_d'amélioration de la GEV_Mauritanie_2014 avec etat de mise oeuvre.xlsx File desc: Implementation status in the last part of the document **Date/Time:** 05/14/2015 06: 42: 54 **Size:** 93 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✓	PPaC_Mauritanie2012-2015.doc File desc: A new cMYP is in the process of being prepared, 2016-2020 **Date/Time:** 05/12/2015 09: 02: 26 **Size:** 1 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✓	PPaC_Mauritanie2012-2015.doc File desc: A new cMYP is in the process of being prepared, 2016-2020 **Date/Time:** 05/14/2015 07: 16: 40 **Size:** 1 MB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✓	Note sur la prolongation du soutien aux vaccins.PDF **File desc:** **Date/Time:** 05/13/2015 07: 28: 07 **Size:** 209 KB
19	Financial statement for the HSS allocation (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	SITUATION FINANCIERE RSS 2014.docx **File desc:** **Date/Time:** 05/14/2015 07: 28: 41 **Size:** 1 MB
20	Financial statement for the HSS allocation for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Situation RSS2015.docx **File desc:** **Date/Time:** 05/14/2015 07: 30: 17 **Size:** 205 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	La premiére tranche est déjà auditée. la deuxiéme n'est pas encore utiliée.docx **File desc:** **Date/Time:** 05/14/2015 08: 39: 29 **Size:** 131 KB

22	Health Sector Review Report - HSS	8.9.3	✓	Bilan 2014 et plan d'action operationnel 2015.docx **File desc:** **Date/Time:** 05/14/2015 07: 55: 15 **Size:** 1 MB

23	Census report - Type A CSO support	9.1.1	✗	Note sur les OSC Type A et B (Rapport).PDF **File desc:** **Date/Time:** 05/13/2015 07: 05: 59 **Size:** 197 KB
24	Financial statement for the allocation of type B CSO support (fiscal year 2014)	9.2.4	✗	OSC Type A et B.PDF **File desc:** **Date/Time:** 05/14/2015 06: 44: 43 **Size:** 208 KB
25	External audit report on Type B CSO support (fiscal year 2014)	9.2.4	✗	Note sur les OSC Type A et B (Rapport).PDF **File desc:** **Date/Time:** 05/14/2015 06: 45: 33 **Size:** 197 KB
26	Bank statements for each program funded in cash or a 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 2014 as on i) January 1, 2014 and ii) as on December 31, 2014 appear	0	✓	Relevé P1.PDF File desc: One page; the others are in other documents **Date/Time:** 05/14/2015 07: 06: 59 **Size:** 1 MB
27	minutes_ of_ icc meeting_vaccin_change_presentation	7.7	✗	Note sur le compte rendu du CCIA changement de forme de vaccin.PDF **File desc:** **Date/Time:** 05/14/2015 06: 47: 27 **Size:** 188 KB
28	Explanation for changes in target population	5.1	✗	projection population cibles RGPH2013_ nouvelle configuration wilaya.xlsx **File desc:** **Date/Time:** 05/14/2015 06: 48: 27 **Size:** 49 KB
	Other documents		✗	Accouchement assissté.xlsx **File desc:** **Date/Time:** 05/14/2015 09: 07: 17 **Size:** 9 KB Lettre de Demande de Reprogrammation RSS.docx File desc: **Date/Time:** 05/15/2015 02: 25: 46 **Size:** 551 KB PV ccomité de pilotge mars 2014.docx **File desc:** **Date/Time:** 05/14/2015 08: 57: 08 **Size:** 4 MB

	Other documents		✕	PV COMITE D PILOTAGE 20 octobre 2014.docx **File desc:** **Date/Time:** 05/14/2015 09: 01: 01 **Size:** 1 MB
				PV COMITE DE PILOTAGE 28 AOUT 2014.docx **File desc:** **Date/Time:** 05/14/2015 09: 00: 01 **Size:** 2 MB
				pv Comité pilotage avril 2014.docx **File desc:** **Date/Time:** 05/14/2015 08: 58: 35 **Size:** 2 MB
				PV reunion CCIA P3.PDF **File desc:** **Date/Time:** 05/14/2015 06: 55: 15 **Size:** 453 KB
				PVreunion CCIA P2.PDF **File desc:** **Date/Time:** 05/14/2015 06: 53: 50 **Size:** 649 KB
				Relevé P2.PDF **File desc:** **Date/Time:** 05/14/2015 07: 09: 46 **Size:** 1 MB
				Relevé P3.PDF **File desc:** **Date/Time:** 05/14/2015 07: 10: 39 **Size:** 965 KB
				Relevé P4.PDF **File desc:** **Date/Time:** 05/14/2015 07: 11: 25 **Size:** 917 KB
				Signatures Comité Technique.PDF **File desc:** **Date/Time:** 05/14/2015 07: 13: 04 **Size:** 1 MB
				Participant CCIA.PDF File desc: Other participants in the ICC meeting **Date/Time:** 15/05/2015 07: 04: 03 **Size:** 770 KB