GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Niger

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **14/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
NVS Demo	HPV quadrivalent, 1 dose(s) par vial, LIQUID		2014

DTP-HepB-Hib (Pentavalent) vaccine: Depending on the current preferences of your country, the vaccine is available through UNICEF as a liquid in vials of one or ten doses and in liquid/lyophilised form in 2-dose vials, to be used with a schedule of three injections. Other presentations have also been preselected by WHO and the complete list can be consulted on the WHO website, but the availability of each product must be specifically confirmed.

1.2. Programme extension

No NVS eligible for extension this year.

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	Next tranche: N/A	Yes
HSS	Yes	Next tranche of ISS grant: No	N/A
VIG	Yes	N/A	N/A

VIG: GAVI Vaccine Introduction Grant; COS: GAVI Campaign Operational Support.

1.4. Previous Monitoring IRC Report

The IRC Annual Progress Report (APR) for the year 2012 is available here. It is also available in French here

2. Signatures

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

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

For the Government of Niger

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	MANO AGHALI	**Name**	GILLES BAILLET
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone number	Email address
Dr RABI MAITOURNAM	Director of Immunisations (DI)	(227) 96 99 58 78	mairabi@yahoo.fr
IDE HINSA	DATA MANAGER EPI	(227) 97 50 70 12 / 90 39 95 62	hinsaide@yahoo.fr
ADAMOU AMADOU	Head of programming department DEP	(227)96 88 23 10	adamou.nig@gmail.com
Dr ABDOULAYE YAM	WHO EPI focal point	(227) 91 91 34 57	yamab@who.int
Dr Ranaou Abaché	HSS focal point/DEP-MSP	(+227)96 25 63 78	aranaoudf@yahoo.fr
MAGAGI GAGARA	WHO HSS focal point	(227) 20 75 20 39 / 96 96 54 14	gagaram@who.int
Dr CHITOU ABDOU M	UNICEF EPI focal point	(227) 20727126 / 96 35 32 32	mchitou@unicef.org
Dr MAOUDE HAMISSOU	UNICEF HSS focal point	(227) 20727126 / 97 06 76 71	hmaoude@unicef.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organisation	Signature	Date:

PANA ASSIMAWE Representative	WHO		
GUIDO CORNALE Representative	UNICEF		
ALI BONDIERE	RED CROSS		
GASTON KABA	ROTARY INTERNATIONAL		
Representative	HKI		
Representative	PLAN NIGER		
Representative	WORLD VISION		
IDE DJERMAKOYE	ROASSN		
Representative	SAVE THE CHILDREN		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent

manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organisation	Signature	Date
Dr RANAOU Abache	MSP/DEP		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Niger is not submitting a report on the use of CSO funds (Type A and B) in 2014

3. Table of contents

This APR reports on Niger's activities between January - December 2013 and specifies the requests for the period of January - December 2015

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	987,521	982,242	1,020,109	1,020,109	1,053,773	1,053,773
Total infant deaths	79,989	79,561	82,629	82,629	85,356	85,356
Total surviving infants	907532	902,681	937,480	937,480	968,417	968,417
Total pregnant women	987,521	982,242	1,020,109	1,020,109	1,053,773	1,053,773
Number of infants vaccinated (to be vaccinated) with BCG	918,394	577,866	958,903	958,903	1,001,084	1,001,084
BCG coverage	93 %	59 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	834,929	721,132	881,231	881,231	919,996	919,996
OPV3 coverage	92 %	80 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	907,532	880,840	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with DTP3	834,929	833,587	881,231	881,231	919,996	919,996
DTP3 coverage	92 %	92 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	907,532	880,840	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	907,532	833,587	937,480	937,480	919,996	919,996
DTP-HepB-Hib coverage	100 %	92 %	100 %	100 %	95 %	95 %
Wastage [1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage rate [1] in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever vaccine	816,779	796,690	862,482	862,482	919,996	919,996
Yellow Fever coverage	90 %	88 %	92 %	92 %	95 %	95 %
Wastage [1] rate in base-year and planned	20	19	20	20	20	20

thereafter (%)						
Wastage rate [1] in base-year and planned thereafter (%)	1.25	1.23	1.25	1.25	1.25	1.25
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	40 %	40 %	40 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	907,532	0	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	907,532	0	937,480	937,480	919,996	919,996
Pneumococcal (PCV13) coverage	100 %	0 %	100 %	100 %	95 %	95 %
Wastage [1] rate in base-year and planned thereafter (%)	0	0	5	0	0	0
Wastage rate [1] in base-year and planned thereafter (%)	1	1	1.05	1	1	1
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus vaccine		0	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus vaccine		0	937,480	937,480	677,892	677,892
Rotavirus coverage	0 %	0 %	100 %	100 %	70 %	70 %
Wastage [1] rate in base-year and planned thereafter (%)		0	0	0	0	0
Wastage rate [1] in base-year and planned thereafter (%)		1	1	1	1	1
Maximum wastage rate for the Rotavirus vaccine 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles vaccine	816,779	832,989	862,482	862,482	919,996	919,996
Measles coverage	90 %	92 %	92 %	92 %	95 %	95 %
Pregnant women vaccinated with TT+	908,519	875,730	958,902	958,902	1,001,084	1,001,084
TT+ coverage	92 %	89 %	94 %	94 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	723,877	449,437	747,206	747,206	771,336	771,336
Annual DTP Dropout rate [(DTP1 – DTP3) / DTP1] x 100	8 %	5 %	6 %	6 %	5 %	5 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  No changes made

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

  The Ministry of Public Health, in conjunction with its partners, has decided to revise upwards the denominators used in the strict framework of routine EPI for the following reasons:

  - The number of children under the age of 1 immunised during National Immunisation Days is consistently higher than the EPI target, and the quality of the NIDs is good

  - The discrepancy in results from several coverage surveys carried out and the administrative coverage rates: a consistent discrepancy of 22% has been observed between these surveys and the administrative coverage.

  - The consistency between the results of these surveys and the coverage rate that would be observed using NID populations as target populations.

  - Performance in certain districts have reached and even exceeded NID targets.

  Based on these observations, the target population estimated using the most recent population census conducted in 2001 would appear to be under-estimated and the population immunised during the NIDs is closer to the actual number.

  As a result, and for practical reasons, it is proposed that the EPI target populations (0-11 months) henceforth be based on the average number of infants immunised during the polio NIDs in March and April 2006. This measure came into force starting in 2007 and projections are made each year by taking into account the growth rate for each district.

  We are awaiting the official publication of the results of the latest General Census of Population and Housing (RGPH), carried out in late 2012, in order to conform to the new EPI target populations.

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

  N/A

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

  The 2011-2015 cMYP foresees a 5% wastage rate for liquid vaccines and 20% for lyophilised vaccines. The change noted for the Penta wastage rate is related to the vaccine presentation, which has gone from one dose per vial to 10 doses. Using the new EPI data management software (DVD-MT) has not allowed for an estimate, at the national level, of the actual wastage rates by antigen. A formula error in the estimation of doses used (Report of cumulative doses used) is responsible. Despite the existence of the proposed correction, only a few districts have applied it.

5.2. Immunisation achievements in 2013

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

In 2013, Niger experienced stock-outs of some antigens lasting from 2 to 5 months, especially BCG, OPV, Yellow Fever and TT. This situation led to a decrease in EPI indicator results compared to 2012 and to the fact that the targets were not reached for most of the antigens.

Thus:

- Administrative coverage in **BCG** fell from 99% in 2012 to 59% in 2013, or a decrease of 40 points, for a target of 93%. This decrease affected 90% of the districts (38 of 42).

- **Penta 1:** coverage in 2013 was 98% for a target of 100%.

- **Penta 3**: 92 % coverage recorded in 2013, or a decrease of 4 points compared to 2013. Despite this slight decrease, however, the target of 92% was reached. It can be noted that 90% (38 of 42) of the health districts have a Penta 3 coverage rate at or greater than 80%, of which 13 (or 31%) have a coverage rate of less than 90%. 9% of the districts (Arlit, Bilma, Maradi C. and Niamey 5) recorded a coverage rate of less than 80%.

- **OPV 3**: 80% coverage was recorded for a target of 92%. A decrease of 15 points was recorded compared to the 2012 coverage rate. 20 districts (or 48%) have a coverage rate of less than 80% including 1 district (Maradi Commune) with a coverage rate of less than 50% (49%). Only 7 districts were able to reach the target of 92% set in 2013, including 2 districts (Doutchi and Gaya) of the 13 bordering Nigeria.

- Coverage in **measles** is 92% versus 88% for **Yellow Fever,** a difference of 4 points between the two antigens. The target of 90% set for these two antigens is reached for measles with a score 2 points higher than the target, but not reached for Yellow Fever.

- **TT2+**: An increase of 8 points was recorded in 2013 as compared to 2012: 89% and 81%, respectively. However, the coverage target (92%) was not reached.

- **Vitamin A** supplements in infants aged 6 – 11 months dropped from 58% in 2012 to 50% in 2013, or a decrease of 8% for a target of 80%.

As regards **classification**, the country is classified as **Category 1**.

32 districts, or 76%, fall under **Category 1**

4 districts (Mainé, Tchinta, Ouallam and Matameye), or 10%, are classified as **Category 2**

5 districts (Bilma, Maradi, Tessaoua, Konni and Niamey3), or 12%, are in **Category 3**

1 district (Arlit) is classified as **Category 4.**

Classification of the districts according to their performance in coverage and vaccine wastage could not be determined. An error in the DVD-MT 2013 database did not enable correct estimation of the wastage rate by antigen in a significant number of districts.

For the main activities carried out, they can be summarised as the organisation of outings to remote areas by the health centres, supervision of immunisation centres, educating the population on the benefits of immunisation and data quality audits (DQS).

Obstacles encountered include :

- irregularity of funding for activities in remote areas, activities that make it possible to reach populations that are normally hard to reach

- red tape (public procurement)

To overcome this last obstacle, sustained lobbying towards the Government and its partners made it possible to change from a public procurement procedure to a direct commitment for the acquisition of vaccines and consumables.

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

The reasons for the under-performance in BCG, OPV and Yellow Fever coverage are linked to stock-outs in antigens recorded throughout the year.

- For Vitamin A: Supply to the health centres is still not happening. Results obtained currently are due to using recovery stocks and leftovers from mass distribution campaigns in micro nutriments.

Other reasons are:

- Insufficient funding of strategies (fixed, advanced and mobile)
- The organisation of 7 passages of mass Polio campaigns, which interfere with routine activities
- The existence of difficult-to-reach areas (instability, geographic accessibility, etc.)
- The mobility of the population (transhumance)
- The country's low health coverage at less than 50% (47.8% in 2013).

5.3. Monitoring the Implementation of the GAVI Gender Policy

5.3.1. In the past 5 years, were the sex-disaggregated data on DTP3 coverage (from administrative sources and/or surveys) available in your country? **Yes, available**

If yes, please provide the most recent data and indicate the year of data collection.

Data Source	Timeframe of the data	DTP3 Coverage estimate	
		Boys	Girls
National Demographic Health Survey (NDHS)	2012	67.7%	65.1%

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

There are no gender-related barriers to access to routine immunisation in Niger. According to the survey, the difference is not statistically significant.

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

5.3.4. How have potential gender-related barriers to immunisation-service access and implementation (for example, mothers not having access to services, the sex of the service providers, etc.) been addressed by the programs? For more information on gender-related barriers, please consult the GAVI file entitled "Gender and Immunisation" at this address: http://www.gavialliance.org/fr/librairie/)

See paragraph 5.3.2.

5.4. Data assessments

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

The differences observed between administrative data and data from other sources stem from non-observance of the 0-11-month target and the immunisation calendar and from immunisation agents not respecting the interval between doses, which results in a high percentage of invalid doses. According to the results of the last immunisation coverage survey (CAR-EPI 2013), the percentage of invalid doses is very high for all antigens, being above 37%. Survey results are also influenced by parents not keeping the immunisation cards.

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

5.4.2. Have any assessments of administrative data systems been conducted since 2012? **Yes**

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

Monitoring of data quality (DQS) in 2013 in some district health centres.

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

Monthly meeting to validate and harmonise immunisation and surveillance data

- Verification of data quality during coordination meeting and semi-annual and annual reviews.

- Training of workers at the district and regional levels in late 2012 on the new computerised management tools for immunisation data (DVD-MT and SMT)

- Training of District Management Teams and regional health directors on the “Reaching Every District” (RED) approach and data quality audit (DQS).

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

Evaluation of the Health Information System (SNIS) based on the results of the evaluation and the reform of the Health Information System (revision of SNIS materials carried out in 2012 and 2013, training of workers, installation and use of new computerised EPI management databases (DVD-MT and SMT)).

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 500	Enter the exchange rate only; do not enter the currency name.

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

Expenditures by Category	**Expenditure Year 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**State**	**UNICEF**	**WHO**
Traditional Vaccines*	6,362,012	3,148,500	0	32,506	0	3,148,500	32,506	0
New and underused Vaccines**	1,248,152	551,500	0	72,576	0	551,500	72,576	0
Injection supplies (both AD syringes and syringes other than ADs)	35,972	0	0	17,986	0	0	17,986	0
Cold chain equipment	776,278	0	0	388,139	0	0	388,139	0
Staff	938,933	938,933	0	0	0	0	0	0
Other routine recurrent costs	471,866	0	0	185,933	50,000	185,933	0	50,000
Other capital costs	0	0	0	0	0	0	0	0
Campaign costs	0	0	0	0	0	0	0	0
NGO AND BILATERAL COOPERATION		0	0	0	0	0	0	0
Total Expenditures for Immunisation	9,833,213							
Total Government Health		4,638,933	0	697,140	50,000	3,885,933	511,207	50,000

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

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

Existence of a budget line for the purchase of traditional vaccines

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Monitoring of the financial audit carried out in 2011 was conducted in 2012 by a GAVI mission.	Yes

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes (document n°4) from the ICC meeting in 2014 during which this report was endorsed.

List the key concerns or recommendations, if any, made by the ICC on sections List the key concerns or recommendations, if any, made by the ICC on sections 5.1. Updated Baseline and Annual Targets to 5.5 Overall Expenditures and Financing for Immunisation

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

If Yes, which ones?

List CSO member organisations:
Niger Red Cross, ROTARY INTERNATIONAL, HKI (Helen Keller International)
Network of NGOs and Associations in the healthcare sector (ROASSN), SAVE THE CHILDREN,
WORLD VISION, DOCTORS WITHOUT BORDERS

5.8. Priority actions in 2014 to 2015

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

TARGETS

1) Strengthen capacities in vaccine storage and management

2) Strengthen management capacities of immunisation workers

3) Implement the EPI roadmap resulting from the immunisation conference (états généraux)

4) Increase immunisation coverage

5) Improve data quality

ACTIVITIES

Expand the 8 RED components in all 42 districts

Significantly reduce the number of non-immunised children

Supervise immunisation activities in the regions, districts and immunisation centres

Introduce the new vaccines (Pneumo 13, Rotavirus and HPV) into routine EPI

Conduct demonstration project for the introduction of the HPV vaccine in 2 of the country's health districts

Introduce the second dose of Measles vaccine into routine EPI

Provide health centres with materials for data collection

Develop specific communication and immunisation strategies for nomadic populations

Implement the EPI vaccine management and logistics plan (EVM)

Monitor the implementation of the roadmap resulting from the immunisation conference (états généraux)

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources in 2013
BCG	AD syringes / Dilution syringes	Govt/UNICEF
Measles	AD syringes / Dilution syringes	Govt/UNICEF
TT	AD syringes	Govt/UNICEF
DTP-containing vaccine	AD syringes	Govt/GAVI

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

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

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

N/A

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

Sharps waste is collected in safety boxes in immunisation centres before being incinerated or buried. Problems encountered during this process are related to there not being enough incinerators to cover all of the health centres, resulting in some waste being transported to the district level to be incinerated.

6. Immunization services support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount in local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	430,512	215,256,000
Total funds available in 2013 *(C=A+B)*	430,512	215,256,000
Total Expenditures in 2013 *(D)*	0	0
Carry over to 2014 *(E=C-D)*	430,512	215,256,000

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 programme use.

These funds were blocked from use in 2013 and reprogrammed for 2014.

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

Type of account: commercial account

Procedures: bank transfers

Submission of plans to the CNS for approval

Justification of funds

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

N/A, since funds not disbursed.

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

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (Document N° 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? **Yes**

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

6.3. Request for ISS reward

Request for ISS reward achievement in 2013 is applicable for Niger

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 immunisation programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in Table 7.1 below

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

	[A]	[B]		
Vaccine Type	**Total doses for 2013 in the decision letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience a stock-out at any level in 2013?**
DTP-HepB-Hib	2,065,500	1,500,000	0	No
Pneumococcal (PCV13)	1,702,800	0	0	N/A
Rotavirus		0	0	N/A
Yellow Fever	688,200	879,700	0	No

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

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

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

Niger postponed the introduction of the pneumococcus and rotavirus vaccines until 2014

- What measures have you taken to improve the vaccine management, for example adjust the shipping plan for the vaccines? (in the country and with the Division for the UNICEF supplies)

GAVI would also appreciate feedback from the countries on the feasibility and interest of selecting and being sent multiple presentations of the pentavalent vaccine (single-dose and 10-dose vials) in order to optimize wastage rates, coverage and cost.

New estimates of annual needs, taking into account new targets based on the new tools (cMYP and the logistics tool)

- Monitoring of the vaccine order

- Resupply of vaccines depending on need

- Monitoring vaccine use at all levels

- Strengthening storage capacities at the national level, the regions of Tillabéri, Diffa, Dosso, Maradi and Agadez and in certain districts.

- Worker training on computerised vaccine management

If **Yes** for any vaccine in **Table 7.1**, please indicate the duration, the reason and the impact of the stock-out, including if the stock-out occurred at the national, regional, district or lower (health centre) level.

N/A

7.2. Introduction of a New Vaccine in 2013

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

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	14/01/2001
Were the time and scale of introduction as planned in the proposal? If No, why?	Yes	Already in the EPI

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	01/07/2014
Nationwide introduction	Yes	01/07/2014
Were the time and scale of introduction as planned in the proposal? If No, why?	No	Introduction postponed until 2014

Rotavirus vaccine, 1 dose(s) per vial, ORAL		
Phased introduction	Yes	01/07/2014
Nationwide introduction	Yes	01/07/2014
Were the time and scale of introduction as planned in the proposal? If No, why?	No	Introduction postponed until 2014

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/09/2008
Were the time and scale of introduction as planned in the proposal? If No, why?	Yes	

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

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

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance system? **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**

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

Does the country have an information strategy on risks with a preparation plan to meet vaccine-related crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. diarrhoea caused by rotavirus? **Yes**

b. bacterial meningitis or pneumococcus or meningococcus in children? **Yes**

Has your country conducted special studies on:

a. diarrhoea caused by rotavirus? **Yes**

b. bacterial meningitis or pneumococcus or meningococcus in children? **Yes**

If Yes, does the national consulting technical group on immunization (GTCV) or the Interagency Coordinating Committee (ICC) regularly examine sentinel surveillance data and special studies to come up with recommendations on the data produced and on ways to further improve data quality? **No**

Are you planning to use these sentinel surveillance data and/or special studies to monitor and assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of the surveillance/special studies and the contributions of the GTCV/ICC:

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount in local currency
Funds received during 2013 (A)	1,790,500	895,250,000
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	1,790,500	895,250,000
Total Expenditures in 2013 (D)	1,790,500	895,250,000
Carry over to 2014 (E=C-D)	0	0

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10, 11). Terms of reference for this financial statement are available 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 the Ministry of Health.

7.3.2. Programmatic Reporting

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

N/A

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

N/A

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

- Introduction of HPV

Introduction of Pneumococcus and Rotavirus vaccine

The remaining balance will be used to introduce new vaccines in 2014(cf 7.3.1)

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	414,500	193,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus vaccine, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	138,000	141,900
	Q.2: What were the amounts of funding for co-financing in reporting year 2013 from the following sources?	
Government	552,500	
Donor	N/A	
Other	N/A	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus vaccine, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	December	Government of Niger
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	December	Government of Niger
Awarded Vaccine #3: Rotavirus vaccine, 1 dose(s) per vial, ORAL	December	Government of Niger
Awarded Vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	December	Government of Niger
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing.	
	- Evaluation of cMYP/Creation of a new cMYP - Evaluation of EVM plan/carry out a new EVM	

	- GAVI focal point

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

N/A

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine management (EVSM/EVM/VMA)

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

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment ends with an improvement plan containing activities and a calendar. Any progress achieved in implementing this plan must be included in the APR. The EVM assessment is valid for a period of three years.

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

Please attach:

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

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

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

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

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The change lies in better control of wastage rates and improvements to storage and cold-chain conditions

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Niger is not presenting a report on NVS within the framework of a prevention campaign

7.7. Change of vaccine presentation

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

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

Niger is not eligible for renewal of multi-year support in 2013.

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

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

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

If you do not confirm, please explain

N/A

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Product cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transport costs

Vaccine Antigens	Vaccine Types	No Threshold	200,000$		250,000$	
			<=	>	<=	>
Yellow Fever	YF	7.80 %				
Meningococcal	MENINACONJUGATE	10.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Measles	MEASLES	14.00 %				
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV2	3.50 %				
HPV quadrivalent	HPV2	3.50 %				
Measles-Rubella	MR	13.20 %				

Vaccine Antigens	Vaccine Types	500,000$		2,000,000$	
		<=	>	<=	>
Yellow Fever	YF				
Meningococcal	MENINACONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles	MEASLES				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV2				
HPV quadrivalent	HPV2				
Measles-Rubella	MR				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	907,532	937,480	968,417	2,813,429
	Number of children to be vaccinated with the first dose	Table 4	#	907,532	937,480	968,417	2,813,429
	Number of children to be vaccinated with the third dose	Table 4	#	907,532	937,480	919,996	2,765,008

	Immunisation coverage with the third dose	Table 4	%	100.00 %	100.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,194,580			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,194,580			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**		$		0.20	0.20	
ca	**AD syringe price per unit**		$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**		$		0	0	
cs	**Safety box price per unit**		$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**		%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**		%		0.00 %	0.00 %	

* Vaccine stocks as of 31 December 2012: the country is kindly requested to indicate closing stock totals on 31 December of the reporting year.

** The country is kindly requested to indicate opening stock on 1 January 2013; if there is a difference in the totals of 31 December 2013 and 1 January 2014, please give the reasons for this in the box below.

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

Not defined

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	2,696,700	1,588,000

Number of AD syringes	#	3,132,600	1,776,800
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	34,475	19,550
Total value to be co-financed	$	5,664,500	3,373,500

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

		2014	2015
Number of vaccine doses	#	291,900	169,600
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	$	598,000	351,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	907,532	937,480	91,542	845,938
B1	Number of children to be vaccinated with the third dose	*Table 4*	907,532	937,480	91,542	845,938
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,722,596	2,812,440	274,626	2,537,814
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		2,953,062	288,357	2,664,705
G	Vaccines buffer stock	*((D - D of previous year) x 0,375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0,375)*		35,377	3,455	31,922
H	Stock to be deducted	*H1 - F of previous year x 0,375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Stock on 1 January	*Table 7.11.1*	0	2,194,580		
H3	Shipment plan	*UNICEF shipment report*		3,097,300		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,988,500	291,818	2,696,682
J	Number of doses per vial	*Vaccine parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		3,132,599	0	3,132,599
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		34,459	0	34,459
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		5,752,863	561,749	5,191,114
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		140,967	0	140,967
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		173	0	173
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*		368,184	35,952	332,232
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		6,262,187	597,700	5,664,487
U	Total country co-financing	*I * country co-financing per dose (cc)*		597,700		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.76 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	968,417	93,399	875,018
B1	Number of children to be vaccinated with the third dose	*Table 4*	919,996	88,729	831,267
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,836,978	273,611	2,563,367
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	2,978,827	287,291	2,691,536
G	Vaccines buffer stock	*((D - D of previous year) x 0,375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0,375)*	9,662	932	8,730
H	Stock to be deducted	*H1 - F of previous year x 0,375*	1,231,420	118,764	1,112,656
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	2,338,818	225,566	2,113,252
H2	Stock on 1 January	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,757,500	169,501	1,587,999
J	Number of doses per vial	*I x * vaccine price per dose (g)*	10		
K	Number of AD syringes (+ 10% wastage) needed	*K * AD syringe price per unit (ca)*	1,776,743	0	1,776,743
L	Reconstitution syringes (+ 10% wastage) needed	*L * reconstitution price per unit (cr)*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	19,545	0	19,545
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	3,425,368	330,358	3,095,010
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	79,954	0	79,954
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	98	0	98
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*	219,224	21,143	198,081
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	3,724,644	351,500	3,373,144
U	Total country co-financing	*I * country co-financing per dose (cc)*	351,500		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

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

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	907,532	937,480	968,417	2,813,429
	Number of children to be vaccinated with the first dose	Table 4	#	907,532	937,480	968,417	2,813,429
	Number of children to be vaccinated with the third dose	Table 4	#	907,532	937,480	919,996	2,765,008
	Immunisation coverage with the third dose	Table 4	%	100.00 %	100.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stocks as of 31 December 2012: the country is kindly requested to indicate closing stock totals on 31 December of the reporting year.

** The country is kindly requested to indicate opening stock on 1 January 2014; if there is a difference in the totals of 31 December 2013 and 1 January 2014, please give the reasons for this in the box below.

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	2,843,900	2,764,700
Number of AD syringes	#	3,157,100	3,221,300
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	34,750	35,450
Total value to be co-financed	$	10,364,500	10,021,000

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

		2014	2015
Number of vaccine doses	#	167,600	164,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	$	602,500	586,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.56 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	907,532	937,480	52,163	885,317
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	2,722,596	2,812,440	156,488	2,655,952
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.05		
F	Number of doses needed including wastage	*D X E*		2,953,062	164,312	2,788,750
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		57,617	3,206	54,411
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		3,011,400	167,558	2,843,842
J	Number of doses per vial	*Vaccine parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		3,157,063	0	3,157,063
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		34,728	0	34,728
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		10,211,658	568,189	9,643,469
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		142,068	0	142,068
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		174	0	174
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*		612,700	34,092	578,608
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		10,966,600	602,280	10,364,320
U	Total country co-financing	*I * country co-financing per dose (cc)*		602,280		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.56 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	5.60 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	968,417	54,220	914,197
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	2,905,251	162,659	2,742,592
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	2,905,251	162,659	2,742,592
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	23,203	1,300	21,903
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*	0	0	0
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,928,600	163,967	2,764,633
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	3,221,300	0	3,221,300
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	35,435	0	35,435
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	9,869,382	552,567	9,316,815
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	144,959	0	144,959
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	178	0	178
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*	592,163	33,154	559,009
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	10,606,682	585,721	10,020,961
U	Total country co-financing	*I * country co-financing per dose (cc)*	585,720		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.60 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	907,532	937,480	968,417	2,813,429
	Number of children to be vaccinated with the first dose	Table 4	#	0	937,480	968,417	1,905,897
	Number of children to be vaccinated with the third dose	Table 4	#		937,480	677,892	1,615,372
	Immunisation coverage with the third dose	Table 4	%	0.00 %	100.00 %	70.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stocks as of 31 December 2012: the country is kindly requested to indicate closing stock totals on 31 December of the reporting year.

** The country is kindly requested to indicate opening stock on 1 January 2014; if there is a difference in the totals of 31 December 2013 and 1 January 2014, please give the reasons for this in the box below.

Co-financing table for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	2,170,200	1,807,300
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed	$	5,836,000	4,845,000

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

		2014	2015
Number of vaccine doses	#	174,400	145,800
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	$	469,000	391,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	7.44 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	937,480	69,726	867,754
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	0	1,874,960	139,452	1,735,508
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.00		
F	Number of doses needed including wastage	*D X E*		1,874,960	139,452	1,735,508
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		468,740	34,863	433,877
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,344,500	174,374	2,170,126
J	Number of doses per vial	*Vaccine parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0	0	0
N	Total vaccine doses needed	*I x * vaccine price per dose (g)*		6,004,265	446,572	5,557,693
O	Number of doses per vial	*K * AD syringe price per unit (ca)*		0	0	0
P	Number of AD syringes (+ 10% wastage) needed	*L * reconstitution price per unit (cr)*		0	0	0
Q	Reconstitution syringes (+ 10% wastage) needed	*M * safety box price per unit (cs)*		0	0	0
R	Total of safety boxes (+ 10% of extra need) needed	*N * freight cost as of % of vaccines value (fv)*		300,214	22,329	277,885
S	Total vaccine doses needed	*(O+P+Q) x * freight cost as % of devices value (fd)*		0	0	0
T	Total financing needed	*(N+O+P+Q+R+S)*		6,304,479	468,900	5,835,579
U	Total country co-financing	*I * country co-financing per dose (cc)*		468,900		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		7.44 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	7.46 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	968,417	72,253	896,164
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,936,834	144,505	1,792,329
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	1,936,834	144,505	1,792,329
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	15,469	1,155	14,314
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*	0	0	0
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,953,000	145,711	1,807,289
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	4,986,009	372,000	4,614,009
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*	249,301	18,601	230,700
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	5,235,310	390,600	4,844,710
U	Total country co-financing	*I * country co-financing per dose (cc)*	390,600		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.46 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	907,532	937,480	968,417	2,813,429
	Number of children to be vaccinated with the first dose	Table 4	#	816,779	862,482	919,996	2,599,257
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.25	1.25	1.25	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	501,150			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	501,150			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

* Vaccine stocks as of 31 December 2012: the country is kindly requested to indicate closing stock totals on 31 December of the reporting year.

** The country is kindly requested to indicate opening stock on 1 January 2014; if there is a difference in the totals of 31 December 2013 and 1 January 2014, please give the reasons for this in the box below.

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	491,100	767,000
Number of AD syringes	#	413,200	777,000
Number of re-constitution syringes	#	65,100	103,100
Number of safety boxes	#	5,275	9,700
Total value to be co-financed	$	600,000	886,500

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

2014	2015

Number of vaccine doses	#	100,300	169,500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	$	118,500	187,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	16.96 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	816,779	862,482	146,266	716,216
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	816,779	862,482	146,266	716,216
E	Estimated vaccine wastage factor	*Table 4*	1.25	1.25		
F	Number of doses needed including wastage	*D X E*		1,078,103	182,833	895,270
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		14,283	2,423	11,860
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		591,300	100,277	491,023
J	Number of doses per vial	*Vaccine parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		413,177	0	413,177
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		65,044	0	65,044
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		5,261	0	5,261
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		646,883	109,704	537,179
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		18,593	0	18,593
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		261	0	261
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		27	0	27
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*		50,457	8,557	41,900
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*		1,889	0	1,889
T	Total fund needed	*(N+O+P+Q+R+S)*		718,110	118,260	599,850
U	Total country co-financing	*I * country co-financing per dose (cc)*		118,260		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		16.96 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	18.10 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	919,996	166,523	753,473
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	919,996	166,523	753,473
E	Estimated vaccine wastage factor	*Table 4*	1.25		
F	Number of doses needed including wastage	*D X E*	1,149,995	208,154	941,841
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	17,974	3,254	14,720
H	Stock to be deducted	*H2 of previous year – 0.25 x F of previous year*	231,624	41,925	189,699
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	936,400	169,492	766,908
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	776,980	0	776,980
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	103,005	0	103,005
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	9,680	0	9,680
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	959,810	173,729	786,081
O	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	34,965	0	34,965
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	413	0	413
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	49	0	49
R	Freight cost for vaccines needed	*N * freight cost as of % of vaccines value (fv)*	74,866	13,552	61,314
S	Freight cost for devices needed	*(O+P+Q) x * freight cost as % of devices value (fd)*	3,543	0	3,543
T	Total fund needed	*(N+O+P+Q+R+S)*	1,073,646	187,280	886,366
U	Total country co-financing	*I * country co-financing per dose (cc)*	187,280		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	18.10 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2013

   b. HSS implementation during January - April 2014 (interim reporting)

   c. Plans for 2015

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

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

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

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

4. If you are proposing changes to targets, approved activities and budget (reprogramming), please ask for guidelines on reprogramming from your country's director or the GAVI Secretariat, or send an email to the following address: gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please so indicate in section 9.1.2.

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

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

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

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

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

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

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

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

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

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

For countries who have received the final payment of all GAVI funds approved as part of the HSS grant and who are not requesting any further funding: Has the implementation of the HSS grant been completed? **No**

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

As of December 2013, the sum of **994,049,985** FCFA had been spent.

The remaining sum of **1,060,866,918** will be used in 2014.

Please attach all studies and assessments related to or funded by the GAVI HSS grant.

If available, disaggregated data for the key statistics indicators showing differences by geographic location (region / province) and urban / rural should be included, particularly for indicators of immunization coverage. This is especially important if GAVI HSS funds are used to target specific populations and/or geographic areas in the country.

If CSOs have been involved in the implementation of the HSS grant, please attach a list of those CSOs involved, the financing received by the CSOs from the GAVI HSS grant and any activities carried out by them. If CSO involvement was planned in the initial proposal approved by GAVI, but no funding was given to CSOs, please give the reasons for this.

N/A

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

Please specify the source of all data used in this report

Please attach the latest report on national results/M&E framework for the health sector (with the most recent actual data reported for the country).

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

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **9,539,644** US$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **N/A**

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

Table 9.1.3a $(US)

	2008	2009	2010	2011	2012	2013
Original annual budgets (per the originally approved HSS proposal)	0	0	0	0	3,985,799	3,985,799
Revised annual budgets (if revised by previous						3,985,799

Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (*A*)					3,985,799	
Remaining funds (carry over) from previous year (B)						3,985,7999
Total Funds available during the calendar year (*C=A+B*)					3,985,799	3,985,799
Total expenditure during the calendar year (*D*)						1,980,100
Balance carried forward to next calendar year (*E=C-D*)					3,985,799	2,005,679
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	3,985,799	40,025,000

	2014	2015	2016	2017
Original annual budgets (per the originally approved HSS proposal)	9,539,644	7,630,000	7,630,000	7,630,000
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	9,539,644	7,630,000	7,630,000	7,630,000

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (per the originally approved HSS proposal)	0	0	0	0	1,992,899,500	
Revised annual budgets (if revised by previous Annual Progress Reviews)						1,992,899,500
Total funds received from GAVI during the calendar year (*A*)						0
Remaining funds (carry over) from previous year (B)						1,992,899,500
Total Funds available during the calendar year (*C=A+B*)						1,992,899,500
Total expenditure during the calendar year (*D*)						990,050,000
Balance carried forward to next calendar year (*E=C-D*)						1,002,839,500
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	1,992,899,500	2,001,250,000

	2014	2015	2016	2017
Original annual budgets (per the originally approved HSS proposal)	4,769,522,000	3,815,000,000	3,815,000,000	3,815,000,000
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	4,769,522,000	3,815,000,000	3,815,000,000	3,815,000,000

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	500	500	500	500	500	500
Closing on 31 December	500	500	500	500	500	500

Detailed expenditure of HSS funds during the 2013 calendar year

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

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

Financial management of HSS funds

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

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

For this purpose annual action plans are drawn up and submitted to the National Technical Health Committee (CTNS) and then validated by the National Health Committee (CNS). Once the annual action plans are approved, they are carried out by the various structures of the Ministry of Health, in accordance with the HDP execution manual and the administrative and financial procedures manual of the Common Fund. The action plans are evaluated during the first semester and at the end of the year. These evaluations are sanctioned by a programme execution report and an aide mémoire. Both documents are signed by the two parties, by the Secretary General for the MoPH and the leader of the TFP.

Management is done through the mechanism of management for the Common Fund supporting the implementation of the HDP, which is based on a management procedures manual and a letter of agreement adopted in collaboration with the TFP who participate in its funding.

Fiduciary management is done through a primary account (national level) and fifty secondary accounts (regional and district) opened in commercial banks. The secondary accounts are fed from the primary account based on quarterly projections contained in the annual action plans. All financial movements require two signatures at all levels. At the national level, the signatories are the Secretary General and the Director of financial resources and equipment at the MoPH; at the regional level, the signatories are the regional director and the administrative and financial department head; at the district level, the signatories are the chief physician and the manager. Each signatory has a deputy. The common fund has accounting management software (TOMPRO.) at the national and regional levels. At these two levels, funds management is carried out by accountants. In the districts, this management is carried out by managers who have cash-books and bank books. Payments are made either by cheque or by transfer order.

The special account of the Common Fund is fed with funds coming solely from financing sources of the following TFP: AFD, AECID, UNICEF and GAVI. An account in CFA francs has been opened in a commercial bank for each Regional Public Health Department, Health District, maternity hospital of reference and Regional Hospital Centre, which are management centres. These accounts are supplied quarterly by the Special Account. The amount to be supplied is determined according to the amount corresponding to quarterly activities in the annual action plan attributable to the Common Fund – HDP, and the structures' performances in financial and technical management.

The role of the ICC is to provide technical validation.

Funds are submitted for internal and external inspection. External inspection is done annually and carried out by independent firms. Internal checks at the national level are done beforehand by a management inspector and afterwards by the internal inspector. In the regions and Districts, this inspection is completed by the regional accountant. At the regional level, the post-inspection is reinforced at the end of each semester by the internal inspector from the national level. A financial monitoring report (RSF) is drawn up each semester by the department of financial resources and equipment and the Common Fund. It should be noted that the results of the external audit are shared with all of the healthcare participants through a restitution workshop.

Within the same framework, at the coordination level of the Common Fund (FC), there is an internal inspector, a management inspector, a specialist in public procurement, a head accountant and a management adviser.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: Report on HSS activities in 2013 reporting year

Major Activities (insert as	Planned Activity for 2013	Percentage of Activity	Source of information/data

many rows as necessary)		completed (annual) (where applicable)	(if relevant)
Objective 1: Increase the proportion of the population with access to the MPA from 44.57 percent to 50 percent by the end of 2010	Provide 14 health districts with equipped vehicles (including GPS) to conduct integrated mobile activities	50	Common Fund financial monitoring report, second semester 2013
	Equip 156 CSI with motorcycles to conduct excursions to outlying areas	50	Common Fund financial monitoring report, second semester 2013
	Organize an integrated outing 7 days a month by District in the 14 districts throughout the year to reach hard-to-access villages	0	Common Fund financial monitoring report, second semester 2013
	Equip the CSI of the 14 health districts with cold chain equipment to better preserve antigens	50	Common Fund financial monitoring report, second semester 2013
	Give incentive bonuses for the performance of health services in the districts and CSI	0	Common Fund financial monitoring report, second semester 2013
	Hold health information sessions through community media	0	Common Fund financial monitoring report, second semester 2013
	Enlist community support before integrated mobile activities in areas not covered by fixed services	0	Common Fund financial monitoring report, second semester 2013
	Conduct regular integrated supervisions at all levels of the system	0	Common Fund financial monitoring report, second semester 2013
Objective 2: Have 70% of the healthcare facilities transmit comprehensive quality data within the deadlines set by 2014			
	Put in place in 98 CSI a fleet system for referrals and cross-referrals to hospitals	0	Common Fund financial monitoring report, second semester 2013
	Maintain the existing SSB radios at the 14 health districts	0	Common Fund financial monitoring report, second semester 2013
	Conduct an evaluation of the quality of the EPI data (DQS)	0	Common Fund financial monitoring report, second semester 2013
Objective 3: Support the implementation of the 2011-2015 HDP and related reforms			Common Fund financial monitoring report, second semester 2013
	Have a consultant carry out an external audit of the 2011-2015 HDP, including the restitution workshop	0	Common Fund financial monitoring report, second semester 2013
	Carry out a mid-course internal audit of the 2011-2015 HDP (support for regions, workshop at central and national level)	100	Common Fund financial monitoring report, second semester 2013
	Draw up the aide-mémoire of the annual joint review (2013) in Niamey	100	Common Fund financial monitoring report, second semester 2013
	Organise a national workshop for restitution of the results of the mid-course assessment of the 2011-2015 HDP	0	Common Fund financial monitoring report, second semester 2013

	Carry out a satisfaction study with beneficiaries as part of the 2011-2015 mid-term HDP assessment	25	Common Fund financial monitoring report, second semester 2013
	Support implementation activities for the PBF in the 14 health districts supported by GAVI in order to improve immunisation coverage	0	Common Fund financial monitoring report, second semester 2013
	Ensure reproduction of data collection tools among integrated mobile teams in the 14 health districts	0	Common Fund financial monitoring report, second semester 2013
	Support monitoring of the integrated mobile teams at the national and regional level	0	Common Fund financial monitoring report, second semester 2013
	Have a consultant carry out a performance review of the integrated mobile teams in the 14 Health Districts	0	Common Fund financial monitoring report, second semester 2013
	Organise a national workshop in Niamey for the restitution of the results of the performance reviews of the mobile teams in the 14 Health Districts	0	Common Fund financial monitoring report, second semester 2013
	Equip the DEP with a 4x4 supervision vehicle to ensure supervision of the mobile immunisation teams	0	Common Fund financial monitoring report, second semester 2013
	Purchase 2 supervision vehicles for the Immunisation Department	0	Common Fund financial monitoring report, second semester 2013
Objective 4: Support the preparation and adoption of a new comprehensive multi-year immunisation plan by the end of 2010	Support the carrying out of the 2011-2015 cMYP	0	Common Fund financial monitoring report, second semester 2013

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Objective 1: Increase the proportion of the population with access to the MPA from 44.57 percent to 50 percent by the end of 2010	
Provide 14 health districts with equipped vehicles	Order placed, awaiting delivery Red tape involving public-procurement procedures
Equip 156 CSI with motorcycles to conduct excursions to outlying areas	Order placed, awaiting delivery Red tape involving public-procurement procedures
Organize an integrated outing 7 days a month by District in the 14 districts throughout the year to reach hard-to-access villages	Not carried out Poor understanding on the part of some centres as to how to send requests to the Common Fund
Equip the CSI of the 14 health districts with cold chain equipment to better preserve antigens	Order placed, awaiting delivery Red tape involving public-procurement procedures
Give incentive bonuses for the performance of health services in the districts and CSI	The absence of a lead institution for the PBF project in Niger led GAVI to not fund this part.
Hold health information sessions through community media	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one
Enlist community support before integrated mobile	The results of the inspection of GAVI activities slowed down the

activities in areas not covered by fixed services	completion of some activities, including this one
Conduct regular integrated supervisions at all levels of the system	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one
Objective 2: Have 70% of the healthcare facilities transmit comprehensive quality data within the deadlines set by 2014	
Maintain the existing SSB radios at the 14 health districts	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one
Conduct an evaluation of the quality of the EPI data (DQS)	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one
Have a consultant carry out an external audit of the 2011-2015 HDP, including the restitution workshop	In progress Red tape involving public-procurement procedures
Carry out a mid-course internal audit of the 2011-2015 HDP (support for regions, workshop at central and national level)	Carried out with financing from the Common Fund following the freeze of GAVI funds
Organise a joint mission on the ground as part of the mid-term audit of the 2011-2015 HDP	Postponed until July 2014
Draw up the aide-mémoire of the annual joint review (2013) in Niamey	Carried out with financing from Institutional Project Support following the freeze of GAVI funds
Objective: 3 Support the implementation of the 2011-2015 HDP and related reforms	
Organise a national workshop for restitution of the results of the mid-course assessment of the 2011-2015 HDP	Postponed until July 2014 Red tape involving public-procurement procedures
Carry out a satisfaction study with beneficiaries as part of the 2011-2015 mid-term HDP assessment	In progress Red tape involving public-procurement procedures
Support implementation activities for the PBF in the 14 health districts supported by GAVI in order to improve immunisation coverage	The absence of a lead institution for the PBF project in Niger led GAVI to not fund this part
Ensure reproduction of data collection tools among integrated mobile teams in the 14 health districts	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one
Support monitoring of the integrated mobile teams at the national and regional level	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one
Have a consultant carry out a performance review of the integrated mobile teams in the 14 Health Districts	Since mobile activities were not carried out, they could not be evaluated
Organise a national workshop in Niamey for the restitution of the results of the performance reviews of the mobile teams in the 14 Health Districts	Postponed until July 2014 Red tape involving public-procurement procedures
Equip the DEP with a 4x4 supervision vehicle to ensure supervision of the mobile immunisation teams	Cancelled
Purchase 2 supervision vehicles for the Immunisation Department	Postponed until 2014 pending better justification of need by the DI
Support the preparation and adoption of a new comprehensive multi-year immunisation plan by the end of 2010	
Support the carrying out of the 2011-2015 cMYP	The results of the inspection of GAVI activities slowed down the completion of some activities, including this one

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

Certain activities were not conducted because of:

- Late adoption of the PAA

- unpredictability of the envelope of some of the partners (understanding of the envelope of some partners)

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

N/A

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2013 target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline value source/date			2009	2010	2011	2012	2013		
National coverage for DTP-HepB-Hib3 (%)	89%	2008 EPI Annual Activity Report 2012 administrative data	95%	96%							
Number / % of districts reaching ≥ 80 % coverage for DTP-HepB-Hib3	37/42 (88%)	2008 EPI Annual Activity Report Administrative data	100%	98%							
Mortality rate in children under 5y (per 1000)	198/1000	EDSN/MICS3 2006 EDSN/MICS3 2012	108/1000	127/1000							
Actual national coverage rate for DTP-HepB-Hib3 (objective N°1)	Baseline survey to be done	EPI survey report, WHO or GAVI	90%	SO							
Data verification factor or data concordance index (%) (Objective N°2)	DQS to be carried out in December 2010	Monthly reports from Health Ctrs and time cards of immunisation teams	80%	ND							
Percentage of population with access to MPA	44.6% of centres with access to MPA	2008 CTNS reports	50%	Not available because it is not in the M&E guide of the 2011-2015 HDP							
% of districts submitting on-time completed reports of good quality within the deadline, at the national level	An evaluation of the health information system (SNIS) is planned for June 2009	Health Information System Statistical directory 2012	70%	Promptness 52% Completeness 84%							
Percentage of districts who carry out 10 integrated mobile outings per year	ND		80%	No longer filled in							
Percentage (%) of health centres with means of communication (GSM or BLU)	46.7%	Evaluation report on the operationality of the districts	80%	No longer filled in							
Availability of 2011-2015 HDP	1	Adopted in January 2011	1	Document available							

Availability of 2011-2015 cMYP	1	Revised in March 2013	1	Document available							

9.4. Programme implementation in 2013

9.4.1. Please describe major achievements for 2013, particularly results of health services programs, and how HSS funds were used to help the immunization program.

In 2013, GAVI- HSS funds were not used as indicated above.

However, thanks to the Government's contribution and that of other TFP, the following activities were carried out:

- excursions to outlying areas, advanced and mobile immunisation strategy,

- expansion of the MPA of the Health Posts,

- construction of new maternity centres

- transformation of Health Posts into Integrated Health Centres and construction of new IHC

- strengthening personnel capacities,

All of the above contributed to strengthening the immunisation programme.

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

Problems encountered include:

- slowness in processing files and releasing funds

- the delay in approval of the public procurement plan and in receiving the notification of non-objection by the TFP,

- Delay in signing the cooperation framework agreement

In order to minimise these effects, the following measures were taken:

- Increased meetings between the Ministry of Public Health and the TFP of the Common Fund;

- Improvement of the communication between the MoPH and GAVI on the one hand and among the MoPH departments on the other hand;

- revision of certain Common Fund procedures

- recruitment of a GAVI focal point

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

The M&E bodies are the health committees and the technical health committees at all levels of the health system.

At the District level: The District health committees meet every three months to evaluate the implementation of all of the health activities.

At the regional level: (DRSP): the regional health committees and technical health committees meet every six months to assess the progress of the implementation of health interventions.

At the national level: The national health committee and technical health committee meet once a year.

In addition to the committee meetings listed above, organisational meetings are held at the district, regional and national levels to assess the availability and quality of data.

In addition to the bodies outlined in the HDP, there is the Interagency Coordinating Committee (ICC) that examines questions specifically related to immunisation and the monthly meeting of the advisory panel composed of the MoPH and the technical and

financial partners from the health sector.

The mechanisms:

M&E is based on immunisation indicators produced from data collected from healthcare facilities by various people responsible for data collection. The data collected are used to produce monthly reports. The monthly reports produced by the Integrated Health Centres are compiled into quarterly reports that are then sent to the health district level. These reports are dealt with and analysed by those in charge of epidemiological surveillance, then reviewed at district coordination meetings before being sent to the regional level.

At the regional level, the department of programming and health information does an initial check before sending them to the Statistics Department within the specified timeframe. After verification, the Statistics Department compiles the data into statistical directories, which are distributed to all levels.

Along with statistical directories, there are other HSS M&E tools, such as the programme execution reports (REP), the financial monitoring report and the immunisation coverage survey reports. The programme execution reports (REP) and the financial monitoring reports and the financial monitoring report (RSF) are produced every six months by the Department of Studies and Programming and the Department of Financial Resources and Material of the Ministry of Public Health, respectively.

Coordination of Monitoring and Evaluation for the HSS programme is carried out by the Department of Studies and Programming.

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

The HSS M&E indicators come from the M&E plan of the 2011 -2015 HDP. These indicators can be verified through various reports: Statistical directory, REP and RSF.

All health interventions are subject to a joint review by the Ministry of Health and the technical and financial partners, at all levels of the system; moreover, monitoring is carried out through different surveys, notably, surveys on programme coverage.

9.4.5. Please clarify 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 implementation function.

In addition to the bodies outlined in the HDP, there is the Interagency Coordinating Committee (ICC) that examines questions specifically related to immunisation and the monthly meeting of the advisory panel composed of the MoPH and the technical and financial partners from the health sector, who work collaboratively on the subject of immunisation in general, in the spirit of the HSS. See statement of the National Health Committee (CNS) of the HDP and list of ICC members (cf 2.2.1: list of ICC members).

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

Civil society organisations (associations and trade unions) participate in certain health activities in general and immunisation activities in particular (planning, supervision, campaigns, meetings to evaluate campaigns).

The CSOs have not received HSS funding as of yet.

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

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

It was decided that management of GAVI HSS funds would be, starting in 2013, through the common fund supporting the implementation of the HDP.

- In 2013, no disbursement was made of SSV and HSS funds; however, mechanisms for managing funds exist through opening accounts in a commercial bank for each Regional Public Health Department, Health District, maternity hospital

of reference and Regional Hospital Centre, which are management centres. These accounts are supplied on a quarterly basis by the Special Account.

These funds are regularly monitored through internal and external audits.

Two Financial Monitoring Reports (Rapports de Suivi Financiers - RSF) are produced each year.

Monitoring missions on the ground are carried out regularly.

- obstacles to releasing funds came up: Delay in signing the cooperation framework agreement (request for reimbursement by GAVI of funds that were presumably mismanaged); slowness in processing files and releasing funds; the delay in approval of the public procurement plan and in receiving the notification of non-objection by the TFP; the results of the inspection of GAVI Funds (waves of arrests of health personnel) slowed down the implementation of activities financed by GAVI

- corrective measures included: holding regular meetings with the TFP from the Common Fund, education of personnel and training personnel on the administrative, financial and accounting procedures of the common fund.

9.5. Planned HSS activities for 2014

Please use **Table 9.**4 to provide information about activity progress in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.4: Planned activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Target 1: Increase the proportion of the population with access to the MPA from 44.57 percent to 50 percent by the end of 2010	Provide 14 health districts with equipped vehicles (including GPS) to conduct integrated mobile activities	823,026	0	None, in progress		
	Equip 156 CSI with motorcycles to conduct excursions to outlying areas	823,026	0	None, in progress		
	Organize an integrated outing 7 days a month by District in the 14 districts throughout the year to reach hard-to-access villages	49,074	0	None, in progress		
	Equip the CSI of the 14 health districts with cold chain equipment to better preserve antigens	581,771	0	None, in progress		

	Give incentive bonuses for the performance of health services in the districts and CSI	122,807	0	Action discontinued due to ineligibility		
	Hold health information sessions through community media	66,316	0	None, in progress		
	Conduct regular integrated supervisions at all levels of the system	69,612	0	None, in progress		
Objective 2: Have 70% of the healthcare facilities transmit comprehensive quality data within the deadlines set by 2014	Put in place in 98 CSI a fleet system for referrals and cross-referrals to hospitals	17,851	0	None, in progress		
	Maintain the existing SSB radios at the 14 health districts	5,526	0	None, in progress		
	Conduct an evaluation of the quality of the EPI data (DQS)	95,603	0	None, in progress		
Objective 3: Support the implementation of the 2011-2015 HDP and related reforms	Have a consultant carry out an external audit of the 2011-2015 HDP, including the restitution workshop	54,825	0	None, in progress		
	Carry out a mid-course internal audit of the 2011-2015 HDP (support for regions, workshop at central and national level)	54,825	0	None, activity conducted with the Common Fund		
	Organise a joint mission on the ground as part of the mid-term audit of the 2011-2015 HDP	15,986	0	Discontinued		
	Draw up the aide-mémoire of the annual joint review (2013) in Niamey	7,895	0	None, in progress		
	Organise a national workshop for restitution of the results of the mid-course assessment of the 2011-2015 HDP	54,825	0	None, activity postponed until 2014		
	Carry out a satisfaction study with beneficiaries as part of the 2011-2015 mid-term	131,579	0	None, in progress		

	HDP assessment					
	Support implementation activities for the PBF in the 14 health districts supported by GAVI in order to improve immunisation coverage	109,649	0	None, in progress		
	Ensure reproduction of data collection tools among integrated mobile teams in the 14 health districts	6,300	0	None, in progress		
	Support monitoring of the integrated mobile teams at the national and regional level	30,000	0	None, in progress		
	Have a consultant carry out a performance review of the integrated mobile teams in the 14 Health Districts	40,000	0	None, in progress		
	Organise a national workshop in Niamey for the restitution of the results of the performance reviews of the mobile teams in the 14 Health Districts	30,000	0			
	Equip the DEP with a 4x4 supervision vehicle to ensure supervision of the mobile immunisation teams	54,825	0			
Objective: 4 Support the preparation and adoption of a new comprehensive multi-year immunisation plan (2011-2015) by the end of 2010	Purchase 2 supervision vehicles for the Immunisation Department	109,649	0			
	Support the carrying out of the 2011-2015 cMYP	103,070	0			
		3,458,040	0			0

9.6. Planned HSS activities for 2015

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

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

Table 9.6: Planned HSS activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Increase accessibility to health services, including good-quality immunisation, in particular in 21 priority health districts		4,310,951			
Increase the demand for health care, including immunisation, at the national level		1,967,865			
Improve quality and usage of health information and M&E for better strategic planning in the sector		974,748			
Strengthen the Government contribution to funding health actions, including immunisation		28,350			
Strengthen the existing management mechanism for effective and efficient implementation of the Programme		343,030			
		7,624,944			

9.7. Revised indicators in case of reprogramming

Countries expecting to request reprogramming may do so at any time of the year. Please ask for guidelines on reprogramming from your country's director or the GAVI Secretariat, or send an email to the following address: gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount US$	Duration of support	Type of activities funded

CTB	1,456,497	1 yr	All areas of the 2011-2015 HDP
Common Fund	8,490,498	1 yr	All areas of the 2011-2015 HDP
Government	84,055,802	1 yr	All areas of the 2011-2015 HDP
Households	4,678,140	1 yr	All areas of the 2011-2015 HDP
WHO	6,232,833	1 yr	All areas of the 2011-2015 HDP
UNFPA	1,802,020	1 yr	Axis 2
UNICEF	12,926,557	1 yr	Axis 2

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

9.9. Reporting on the HSS grant

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

- - How information was validated at country level prior to its submission to the GAVI Alliance.

- - Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Aide Mémoire review 2013	National Health Committee meeting	Timely availability of data
Financial monitoring report	Meeting including the TFP: Common Fund and the Ministry of Public Health	Timely availability of data
Report of external audit	Restitution workshop for results of the external audit	Timely availability of data
GAVI HSS 2014 -2018 submission	ICC	Effectiveness of members at meetings

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

- lack of precision and clarity in the wording of some chapters

- redundancy of certain paragraphs

- difficulties in filling in the form on-line

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

Please attach:

1. The minutes from all the HSCC meetings held in 2014 during which this report was endorsed **Document number: 6)**
2. The latest Health Sector Review report **(Document number: 22)**

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

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

Niger **did NOT receive CSO Type A support from GAVI**

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

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

Niger **did NOT receive CSO Type B support from GAVI**

Niger is not submitting a report on GAVI Type B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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

12. ATTACHMENTS

12.1. Annex 1 - Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.2. Annex 2 - Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure:

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

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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

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

12.3. Annex 3 - Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification - GAVI HSS**						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries.	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 - Terms of reference CSO

INSTRUCTIONS:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.6. Annex 6 - Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure - GAVI CSO		
	Local currency (CFA)	**Value in USD***
Balance brought forward from 2012 (balance as of *31 December 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as at 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements..

Detailed analysis of expenditure by economic classification - GAVI CSO**						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries.	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document number	Document	Section	Mandatory	
1	MoH Signature (or delegated authority)	2.1	✓	Scan.pdf **File desc:** , **Date/time:** 14/05/2014 02:50:18 **Size:** 1 MB
2	MoF Signature (or delegated authority)	2.1	✓	Scan.pdf **File desc:** , **Date/time:** 14/05/2014 02:55:35 **Size:** 1 MB
3	ICC members' signature	2.2	✓	SIGNATURE ccia (25).jpg **File desc:** ,, ,, ,, ,, **Date/time:** 14/05/2014 02:41:56 **Size:** 633 KB
4	Minutes of 2014 ICC meeting endorsing 2013 APR	5.7	✓	compte rendu CCIA.pdf **File desc:** , **Date/time:** 14/05/2014 03:07:08 **Size:** 3 MB
5	Signature of members of HSCC	2.3	✓	EVAL POST INTRODUCTION.docx **File desc:** **Date/time:** 14/05/2014 10:30:28 **Size:** 10 KB
6	Minutes of HSCC meeting in 2014 endorsing 2013 APR	9.9.3	✓	Arrêté Comité National de Santé du PDS.pdf **File desc:** **Date/time:** 14/05/2014 10:38:13 **Size:** 1 MB
7	Financial statement for ISS grant (fiscal year 2013) signed by the Head Accountant or the permanent Secretary of the MoH	6.2.1	✓	fonds SSV 2013.jpg **File desc:** **Date/time:** 14/05/2014 10:41:46 **Size:** 324 KB
8	External Audit Report (fiscal year 2013) for ISS grant	6.2.3	✓	fonds SSV 2013.jpg **File desc:** **Date/time:** 14/05/2014 10:47:12 **Size:** 324 KB

9	Post Introduction Evaluation report	7.2.2	✓	EVAL POST INTRODUCTION.docx **File desc:** **Date/time:** 14/05/2014 10:50:04 **Size:** 10 KB
10	Financial statement for NVS introduction grant (fiscal year 2013) signed by the Head Accountant or the permanent Secretary of the MoH	7.3.1	✓	nouveaux vaccins INTRODUCTION.docx **File desc:** NA **Date/time:** 14/05/2014 10:53:10 **Size:** 10 KB
11	External Audit Report for NVS introduction grant (fiscal year 2013), if total expenditure for 2012 exceeds US$ 250,000	7.3.1	✓	nouveaux vaccins INTRODUCTION.docx **File desc:** NA **Date/time:** 14/05/2014 10:55:35 **Size:** 10 KB
12	EVSM/VMA/EVM report	7.5	✓	GEV.xlsx **File desc:** ,,,,, **Date/time:** 14/05/2014 01:28:14 **Size:** 17 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Rapport Evaluation GEV_NIGER.docx **File desc:** **Date/heure:** 14/05/2014 01:38:42 **Size:** 2 MB
14	EVSM/VMA/EVM improvement implementation status	7.5	✓	niveau de mise en oeuvre de la GEV 2011 (2).xls **File desc:** ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, **Date/time:** 14/05/2014 01:41:20 **Size:** 17 KB
16	Valid cMYP if the country is requesting extension of support	7.8	✗	PPAC_Niger_2011- 2015 Révisé 2013.doc **File desc:** **Date/time:** 14/05/2014 11:01:05 **Size:** 1 MB

17	Valid cMYP costing tool if the country is requesting extension of support	7.8	✗	Outil PPAC Niger 2011-2015 VF Corrigée 26-04-2 **File desc:** **Date/time:** 14/05/2014 11:13:09 **Size:** 3 MB
18	Minutes ICC meeting endorsing extension of vaccine support, if applicable	7.8	✗	Non Applicable.docx **File desc:** ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, **Date/time:** 14/05/2014 01:55:36 **Size:** 9 KB
19	Financial statement for HSS grant (fiscal year 2013) signed by the Head Accountant or the permanent Secretary of the MoH	9.1.3	✓	fonds 2013 RSS(20).jpg **File desc:** **Date/time:** 14/05/2014 11:16:28 **Size:** 341 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Head Accountant or the permanent Secretary of the MoH	9.1.3	✓	Rapport financier RSS -GAVI.pdf **File desc:** ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, **Date/time:** 14/05/2014 01:45:25 **Size:** 269 KB

21	External Audit Report (fiscal year 2013) for HSS grant	9.1.3	✓	fonds 2013 RSS(20).jpg **File desc:** ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, **Date/time:** 14/05/2014 01:48:46 **Size:** 341 KB
22	HSS Health Sector review report	9.9.3	✓	AIDE MEMOIRE 2013 version finale .docx **File desc:** ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, **Date/time:** 14/05/2014 01:52:22 **Size:** 595 KB
23	Census report – support for CSO type A	10.1.1	✗	Non Applicable.docx **File desc:** ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,

				,,, ,,, ,,, ,,, **Date/heure:** 14/05/2014 01:58:29 **Size:** 9 KB
24	Financial Statement for CSO Type B grant (fiscal year 2013)	10.2.4	✗	Non Applicable.docx **File desc:** non applicable **Date/heure:** 14/05/2014 02:01:22 **Size:** 9 KB
25	External Audit Report (Fiscal Year 2013) for CSO Type B	10.2.4	✗	Non Applicable.docx **File desc:** non applicable **Date/heure:** 14/05/2014 02:03:17 **Size:** 9 KB
26	Bank statements for each program in cash or overall bank statements for all programs in cash if the funds are held in the same bank account, showing the opening balance and the closing balance for 2012 on i) 1 January 2012 and ii) 31 December 2012.	0	✓	relevé bancaire.docx **File desc:** ,,, ,,, ,,, ,,, **Date/heure:** 14/05/2014 02:38:07 **Size:** 10 KB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7	✗	Non Applicable.docx **File desc:** **Date/heure:** 14/05/2014 02:07:45 **Size:** 9 KB
	Other documents		✗	ANNEXE IV. ENGAGEMENTS SUR LES MARCH **File desc:** **Date/time:** 14/05/2014 02:19:28 **Size:** 75 KB
				ANNEXE IV. GAVI AU 30.06.2013.xls **File desc:** **Date/time:** 14/05/2014 02:15:53 **Size:** 25 KB
				RSF_1EME_SEMESTRE_2013 DEFINITIF.doc **File desc:** **Date/time:** 14/05/2014 02:13:40 **Size:** 1 MB
				ANNEXE IV. GAVI AU 31.12.2013.xls **File desc:** ,,, ,,,

				,, **Date/time:** 14/05/2014 02:31:19 **Size:** 25 KB
				ANNEXE IV. PANIER COMMUN AU 31.12.2013.x **File desc:** ,, ,, ,, ,, **Date/time:** 14/05/2014 02:33:09 **Size:** 74 KB
				ANNEXE V. ENGAGEMENTS SUR LES MARCHI **File desc:** ,, ,, ,, ,, **Date/time:** 14/05/2014 02:34:54 **Size:** 89 KB
				RSF_2EME_SEMESTRE 2013 _DEF_New1.doc **File desc:** ,, ,, ,, ,, **Date/time:** 14/05/2014 02:28:20 **Size:** 1 MB