GAVI Alliance

Annual Progress Report 2013

submitted by

the Government of

Burundi

Reporting year: **2013**

Requesting for support for the year: **2015**

Submitted on: **15/05/2014**

Deadline for submission: 16/05/2014

Please submit the 2013 annual progress report via the online platformhttps://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/ CANCELLATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any 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 this support application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all the responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other 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, time will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the UNCITRAL Arbitration Rules in force. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The arbitration will be conducted in Geneva, Switzerland. The arbitration languages will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, 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 programs described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programs described in this application.

By preparing this APR the Country will inform GAVI about:

accomplishments using GAVI resources in the past year

important problems 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. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Measles second dose, 10 dose (s) per vial, LYOPHILIZED	Measles second dose, 10 dose (s) per vial, LYOPHILIZED	2015
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	2014
New Vaccines Support (routine immunization)	Rotavirus, 2 schedule -doses	Rotavirus, 2 schedule -doses	2015

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

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccines Support (routine immunization)	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	2015	2015

1.3. ISS, HSS, CSO support

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

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

1.4. Previous IRC Report

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

2. Signatures

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

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

For the government of Burundi

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

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority):	
Name	Hon. Dr. Sabine NTAKARUTIMANA	**Name**	Hon. Tabu Abdallah MANIRAKIZA
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	E-mail
Dr. Josélyne NSANZERUGEZE	EPI Director	+257 22246432	mamanhygor@yahoo.fr
Mrs. Annonciate KANYANA	EPI data Manager	257 77969515	kannonciate@yahoo.fr
Dr. Firmin NZOSABA	Services Head	+257 79975118	fnzosaba@yahoo.fr
Ir Clarisse BUKEYENEZA	EPI Logistics in-charge	+257 78 817658	bukclarisse@yahoo.fr
Mr. Sosthène HICUBURUNDI	National coordinator for KARADIRIDIMBA Project/HSS-GAVI	+257 79690000	hicusos@gmail.com
Espérance SHIRAHISHIZE	EPI Accountant	+257 79599330	espshi@yahoo.fr
Mr. Désiré NDUWIMANA	EPI Administrative and Financial Director	+ 257 79946729	ndiwadesire@yahoo.fr
Dr. Rose Marie Magnifique NDUWIMANA	EPI Focal Point at WHO	+257 79735106	nduwimanar@who.int
Dr. Dorothée NTAKIRUTIMANA	EPI Focal Point at UNICEF	+257 78860945	unicef.org
Dr. Etienne NIYONZIMA	Deputy National Director of GAVI/HSS KARADIRIDIMBA project	+257 79949680	niyonzimaetienne@yahoo.fr
Dr. Martin BAYISINGIZE	Monitoring Evaluation expert of GAVI/HSS KARADIRIDIMBA project	+257 71663603	bayimartin@yahoo.fr
Dr. Isaac MATENE	ASSISTANT COORDINATOR EPI	+257 79983334	misaacza66@gmail.com
Mr. Diallo BARUMBANZE NDABIBONYE	Administrative assistant of the GAVI/HSS KARADIRIDIMBA project	+257 79171100	diallondabi@yahoo.fr

2.2. ICC Signatures Page

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

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

HSCC signatures and one for ICC signatures

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. NTAKARUTIMANA Sabine	Minister of Public Health and Fight against AIDS		
Mr. Guy Boreux	Lead Partner of the technical and financial Partners for health		
Dr. NIVYINDIKA Léocadie	Inspector General of Public Health and Fight against AIDS		
Dr. NSANZERUGEZE Joselyne/Director of the Expanded Program on Immunization	EPI/MPHP		
Dr. GASHUBIJE Longin	MPHP, Directorate of planning, monitoring and Evaluation		
Dr. Dionis NIZIGIYIMANA	Permanent Secretary/MPHP		
Sosthène HICUBURUNDI	Coordonnateur National KARADIRIDIMBA/ HSS-GAVI		
LUC GEYSELS	BTC/IHPHS		
MUGISHO Etienne	BTC/IHPHS		
Ruth Pesian	MPHP/AT		

Dr. koudine TUOMISTO	WHO		
Amadou BOUKARI	WFP		
NTIRAMPEBA Martin	ALUMA/BURUNDI		
Mr. Diallo BARUMBANZE NDABIBONYE	KARADIRIDIMBA PROJECT/HSS-GAVI		
Dr. Etienne NIYONZIMA	Assistant Coordinator KARADIRIDIMBA HSS/GAVI		
Dr. NDUWIMAMAN Rose Marie Magnifique	Focal point for EPI/WHO		
Dr. NZIMENYA Herménégilde	Director of the Integrated National Program for Fight against Malaria		
Dr. Isaac MATENE	Assistant Director of the Expanded Program on Immunization		
Dr. NZEYIMANA Charlotte	DODS/MPHP		
NTAHINZANIYE Fabien	RHD/MPHP		
FURUKAWA Kae	JICA Project		
BASOLO Nicole	Embassy of Netherlands		
Dr. LEONARD Sophie	UNICEF		

Dr. NDUWARUGIRA jean Bosco	HPRC		
Dr. NDAYIRUKIYE jean Pierre	BAFU		
DR. NIJIMBERE Josiane	Assistant Technical Director of NRHP		
HAKIZIMANA Donavine	NIPH		
Dr. KAMWENUBUSA Godefroid	PNILMCNT Director		
Dr. NDIHOKUBWAYO Hilaire	IHPB/FHI360		
KABURA Junie	SP/CNCA		
Dr. NIYONZIMA Ferdinand	CARITAS BURUNDI		
Dr. NICIMPAYE Angelbert	Embassy of Belgium		
Dr. NDAYONGEJE Pascal	BCAI		
SHUGOGO Richard	WB		
OMAR Ouattara	ATF/AM		
Dr. NKURUNZIZA Donatien	DDC/Switzerland		

Dr. Martin BAYISINGIZE	KARADIRIDIMBA HSS/GAVI		
Mr. Donatien BIGIRIMANA	WHO		
Dr. NIMPAGARITSE Damien	SEP/NCFA		
NDIKUMANA Désiré	General Director of Resources/MPHP		
Dr. MANIRAMBONA Adeline	PNILT		
Seconde GAHIMBARE	SP/BCAI		
Dr. Léonidas MISAGO	DPHHS/MPHP		
Dr. Firmin NZOSABA	EPI/FSPLS		
Ir Clarisse BUKEYENEZA	EPI/MPHP		
Dr Stanislas NTAHOBARI	USAID/PEPFHR		
Colonel NTUNGUMBURANE Félix	RBP+		
MBONIMPA Gérard	IMC		
SHABANI Kelly	IMC		

NTAGWIRUMUGARA Marie Christine	IMC/RESPOND Project		
NDUWINANA Désiré	EPI Administrative and Financial Director		
Annonciate KANYANA	EPI/MPHP		
Pharmacist BAMENYEKANYE Em.	DPML/MSPLS		
NTAFATIRO Fortunat	PRONIANUT		
BIZIMANA Fabrice	ABP		
BUKURU Pamphile	IEC/MPHP		
HAMMER Wolthard	GIZ		
NAHAYO Jean Claude	AVLT		
Dr. KWIZERA Evariste	NIPFM/PEC		
Dr NSENGIYUMVA Georges	PAPSBO/AMAGARA MEZA		

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

All comments will be treated confidentially

Comments from partners:

The Partners recommended recognizing the efforts made by the government to be an integral part of overall immunization expenses.
It is the staff salary at all levels and not the salary of the staff dedicated to immunization

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
HDPF	At Burundi, only the HDPF addresses EPI questions		

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

All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

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

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

3. Table of Contents

This APR reports on activities carried out by Burundi between January - December 2013and specifies requests for the period January - December2015

Sections

4. Baseline and annual targets

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

Number	Achievements in line with WHO/UNICEF joint report		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	426,173	426,173	436,402	436,402	446,875	446,875
Total infants' deaths	90,675	90,675	92,851	92,851	95,080	95,080
Total number of surviving infants	335498	335,498	343,551	343,551	351,795	351,795
Total pregnant women	453,376	453,376	464,257	464,257	475,399	475,399
Number of infants who have received (yet to receive) BCG vaccine	426,173	355,847	436,402	436,402	446,875	446,875
BCG coverage	100 %	83%	100 %	100 %	100 %	100 %
Number of infants who received (yet to receive) OPV3 vaccine	335,498	330,303	343,550	343,550	351,795	351,795
OPV3 coverage	100 %	98 %	100 %	100 %	100 %	100 %
Number of infants who have received (yet to receive) DTP1 vaccine	335,498	352,209	343,550	343,550	351,795	351,795
Number of infants who received (yet to receive) DTP3 vaccine	335,498	331,733	343,550	343,550	351,795	351,795
DTP3 coverage	100 %	99 %	100 %	100 %	100 %	100 %
Wastage[1] rate during the reference year and anticipated thereafter (%) for DTP vaccine	5	2	5	5	5	5
Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine	1.05	1.02	1.05	1.05	1.05	1.05
Number of infants who received (yet to receive) 1 dose(s) of DTP-HepB-Hib vaccine	332,143	352,209	336,679	343,550	351,795	351,795
Number of infants who received (yet to receive) 3 dose(s) of DTP-HepB-Hib vaccine	332,143	331,733	336,679	343,550	351,795	351,795
DTP-HepB+Hib coverage	99 %	99 %	98 %	100 %	100 %	100 %
Wastage [1] rate in base-year and planned thereafter (%) [2]	5	2	5	5	5	5
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.02	1.05	1.05	1.05	1.05
Maximum loss rate for DTP-HepB-Hib vaccine, 10 dose (s) per vial, LIQUID	25 %	0%	25 %	25 %	25 %	25 %
Number of infants who received (yet to receive) 1 dose(s) of Pneumococcal (PCV13) vaccine	328,788	349,278	343,550	343,550		351,795

Number of infants who received (yet to receive) 3 dose(s) of Pneumococcal (PCV13) vaccine	328,788	328,601	343,550	343,550		351,795
Pneumococcal (PCV13) coverage	98 %	98 %	100 %	100 %	0%	100 %
Wastage [1] rate in base-year and planned thereafter (%)	5	4	2	2		2
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.04	1.02	1.02	1	1.02
Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose (s) per vial, LIQUID	5%	5%	5%	5%	5%	5%
Number of infants who received (yet to receive) 1 dose(s) of Rotavirus vaccine	25,162	47,541	343,550	343,550	351,795	351,795
Number of infants who received (yet to receive) 2 dose(s) of Rotavirus vaccine	25,162	0	343,550	343,550	351,795	351,795
Rotavirus coverage	7%	0%	100 %	100 %	100 %	100 %
Wastage [1] rate in base-year and planned thereafter (%)	5	1	1	1	1	1
Wastage [1] factor in base-year and planned thereafter (%)	1.05	1.01	1.01	1.01	1.01	1.01
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	5%	5%	5%	5%	5%	5%
Number of infants who received (yet to receive) 1st dose(s) of measles vaccine	268,398	338,847	285,983	285,983	351,795	351,795
Number of infants who received (yet to receive) 2nd dose(s) of measles vaccine	321,897	164,777	329,622	329,622	337,533	337,533
Measles coverage	96%	49 %	96%	96%	96%	96%
Wastage [1] rate in base-year and planned thereafter (%) [0]	0	25	15	10	10	10
Wastage [1] factor in base-year and planned thereafter (%)	1	1.33	1.18	1.11	1.11	1.11
Maximum wastage rate for second dose of measles vaccine, 10-dose(s) per vial, LYOPHILIZED	40.00 %	40.00 %	40.00 %	40.00 %	50.00%	40.00 %
Pregnant women immunized with TT+	408,038	433,585	464,257	464,257	475,399	475,399
TT+ coverage	90%	96%	100 %	100 %	100 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	464,257	464,257	475,399	475,399
Vit A supplement to infants after 6 months	0	356,751	1,490,265	1,490,265	1,526,031	1,526,031
Annual DTP Drop-out rate [(DTP1–DTP3)/DTP1] x100	0%	6%	0%	0%	0%	0%

** 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 feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimize wastage, coverage and cost.

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Please 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) of immunization activities for 2013.** The figures for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in CMYP.

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

- Justification for any changes in **births**:

  Nothing to report

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

  Nothing to report

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

  Nothing to report

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

  The wastage rate for Pentavalent reduced from 6% in 2012 to 2% in 2013 after implementing the recommendations of effective vaccine management and distributing instructions on efficient vaccine management and cold chain in districts and health centers

5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of immunization program 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:

The immunization results are generally satisfactory. But a few irregularities were reported

The immunization coverage for BCG did not achieve 90% at the national level (it is 84%).

The immunization coverage for all the antigens did not achieve 90% for all districts (around ten districts did not achieve it)

The immunization coverage for TT2+ exceeded 90% at the national level but did not achieve 50% for all health districts (3 districts did not achieve it, namely: Kayanza, Kibuye and Gahombo).

The specific dropout rate for Pentavalent is lower than 10% at the national level but it is higher than 10% for 4 health districts, namely: Giteranyi, Gihofi, Cibitoke and Northern Area
The detection rate of suspected measles cases did not achieve the target of 2/100,000 children under the age of 15 in all of the districts: it was 0.4

Other activities carried out:

Ensure EPI logistics for proper storage of vaccines, materials and proper supply.

Achieve functional cold chain coverage of at least 95% of community health centers by 2013;

Achieve an AFP detection rate of at least 2/100,000 children under the age of 15 in all

of the health districts;

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

The fixed objective on immunization coverage for BCG was not achieved due to an over estimation of the denominator: live births are estimated at 4.7% of the total population while the children between 0-11 months are estimated at 3.7%.

The indicator on Measles surveillance was not achieved due to the reluctance of service providers to bring samples as they know that the travel expenses will not be reimbursed.

5.3. Monitoring the implementation of GAVI gender policy

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

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

Data Source	Year of reference for estimation	DTP3 coverage estimation	
		Boys	Girls

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

Not applicable

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 immunization reporting? **Yes**

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

In Burundi there was no difference between girls and boys in the access to vaccination services

5.4. Data assessments

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

The immunization coverage data are different due to a wrong estimation of the denominator. For the official data, we use the data from General Census of Population and Housing in 2008; this projected population is sometimes different from the actual population. Tracking and input errors also explain the difference between the administrative data and official national estimates.
An immunization coverage survey was conducted in 2012 and the report is attached to this report.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

APR

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

Revision of data collection tools mainly the vaccination register, daily logbook and the outline of the monthly activity report used in the health centers
Implementation of a “GESIS” data software at all levels of the health pyramid is a great asset since 2011. All the data managers and chief medical officers of the health districts are trained on the software.

With the funding based on performances, there is a provincial data verification and validation committee which verifies the data before sending it to the central level.

Training 3 teams per health district on the data quality auto-evaluation verification tool “RDQA” in 9 health provinces.

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.

RDQA training will continue in the remaining 8 provinces and supportive supervisions with this tool will begin in 2014.

Continue the bi-annual data Review: two-day workshops organized at the location of the Health Province Medical Directors, Health District Doctors and data mangers of the district health offices to analyze the data.

5.5. Overall Expenditure and Financing for Immunization

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

Exchange rate used	1 US$ = 1555.09	Enter just the exchange rate and not the name of local currency

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

Expenditures by Category	Year of Expenditure 2013	Sources of Finance						
		Country	GAVI	UNICEF	WHO	WORLD VISION	GAVI/HSS/KARADIRIDIMBA	PNIMTNC
Traditional vaccines*	792,342	0	0	792,342	0	0	0	0
New and Under-used Vaccines (NVS)**	5,904,094	451,862	5,452,232	0	0	0	0	0
Injection material (AD syringes and others)	3,077,267	0	3,077,267	0	0	0	0	0
Cold Chain equipment	57,651	0	0	57,651	0	0	0	0
Staff	106,257	106,257	0	0	0	0	0	0

Other routine recurrent costs	3,793,768	58,030	1,163,246	2,529,820	42,672	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,587,927	0	672,884	502,681	57,997	88,167	186,350	79,848
0		0	0	0	0	0	0	0
Total Expenditures for Immunization	15,319,306							
Total Government Health expenditures		616,149	10,365,629	3,882,494	100,669	88,167	186,350	79,848

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

5.5.1. If no government funds are allocated to traditional vaccines, please explain why and provide plans for expected sources of funding for 2014 and 2015

APR

5.6 Financial Management

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

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

Action plan from Aide-Mémoire	Implementation?

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

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

An audit was conducted from June to November 2013 and the final audit report was submitted on February 20, 2014.

5.7 Inter-Agency Coordination Committee (ICC)

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

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

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Baseline data and current annual objectives to Overall Expenditure and Financing for Immunization

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

If yes, which ones?

List CSO members of ICC:
CARITAS BURUNDI
CPCBU
BAFU

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI program for 2014 to2 015?

Main objectives of EPI

1. Implement the RED approach in 95% of 15 DHCs not achieving 90% VC in DTP3.

2. Train 95% of MDP, MCD, ECD on EPI (MLM) management

3. Contribute to integrated campaigns (SSME June and December, NID, AIW)

4. Prepare the anti-HPV vaccine demonstration project in compliance with the introduction plan

5. Supply all the Health Facilities involved in vaccination with adequate quantities of good quality vaccines and supplies

6. Reduce the wastage rate for vaccines and inputs to 5%

7. Ensure proper functioning of 90% of CC equipment at all levels

8. Strengthen knowledge of the population in terms of immunization schedule and immunization activities and monitoring

9. Strengthen monitoring of EPI target diseases (Measles, AFP, MNT)

Improve quality of routine data in 80% of DHCs
Maintain immunization coverage for DTP3 at more than 90% in the 30 best performing districts

Priority activities of EPI 2014_2015

1) Organize Post introduction evaluation of MV2 vaccine
2) Organize Post introduction evaluation of Rotavirus vaccine
3) Organize the 4th and 5th African Immunization Week
4) Organize supportive supervisions
5) Organize MLM course at Intermediate and Operational levels
5)Drafting a file for introducing injectable anti-polio vaccine to be submitted to GAVI
6) Introduction of the 4th dose of DTP in routine immunization
7) Restart the active monitoring of EPI target diseases
8) Conduct HPV demonstration project
9) Start using solar refrigerators
10) Participation in weeks dedicated maternal and child health

11) Strengthening routine immunization

12) Organizing routine EPI data review workshops for monitoring and vaccine management

13) Drafting cMYP. The activity of drafting cMYP in line with GVAP will begin in the second half of 2014.

The cMYP 2011-2015 is attached to this report which does not consider the extension of PCV13 support; cMYP will be revised in the second half.

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013

FR BCG	Auto-disable syringes (AD syringes) of 0.5 ml	UNICEF
Measles	Auto-disable syringes (AD syringes) of 0.5 ml	UNICEF+GAVI
FR TT	Auto-disable syringes (AD syringes) of 0.5 ml	UNICEF
FR DTP-containing vaccine	Auto-disable syringes (AD syringes) of 0.5 ml	GAVI + Government

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)

Nothing to report

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

The sharps are collected in safety boxes which are then burnt in incinerators located at the health facilities.

Obstacles encountered in the implementation:

- The incinerators which does not fulfill the standards in certain Health Centers
- The health care personnel were not trained on the injection management policy

The plan is still not distributed in all the health structures

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount in USD	Amount in local currency
Funds received in 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	1,105,946	1,719,845,854
Total Available Funds in 2013 (C=A+B)	1,105,946	1,719,845,854
Total expenditures in 2013*(D)*	804,876	1,251,658,120
Balance carried over to 2014 *(E=C-D)*	301,070	468,187,734

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

It is based on the aide memoire signed between the government (via the Minister of Public Health and Fight against AIDS and the Finance Minister) and GAVI Alliance
For any withdrawal the management sends an authorization request for withdrawal of funds to the Minister of Public Health and Fight against AIDS (MPHFA) After its approval the EPI accountant prepares the check which is signed by the Permanent Secretary and the EPI Director or by the Director General of resources if the Permanent Secretary is unavailable and by the EPI Assistant Director if the EPI Director is unavailable.
The activity for which the EPI Director requests withdrawal authorizations should appear in the Annual EPI Action plan.
Difficulties encountered: lengthy public procurement procedures.

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

The EPI accounts are at:
1) Bank of the Republic of Burundi (government account) and
2) Credit Bank of Bujumbura (commercial account) for the transit of funds from local partners for EPI

Budget approval processes: EPI prepares the PAA which is analyzed by the Thematic Finance Group and submitted to HDPF for approval.

Any money which goes through the intermediary and peripheral level is given either by a check or by bank transfers.

The role of HDPF:

Approval of fund utilization plan which is based on the annual EPI and strategic action plan

Validation of various reports

Validation of submission documents (introduction of new vaccines)

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

Bi-annual data review

Supportive Supervision

Organizing the African Week of Immunization

Provide handling charges for vaccines and vaccination materials

Maintain the cold chain at all levels of the health system

Equip health facilities with petrol and spare parts for refrigerators

Training the central level trainers in MLM

Communication activities: Manufacturing hoardings for immunization

- Production of songs on immunization

Contribute to the organization of two rounds of maternal and child health weeks

Preparation of the Strategic Plan for the elimination of Measles

Preparation of the file to be submitted to HPV

Construction of a shed to house the cold chamber provided by UNICEF

Training on administrative and Financial Management of the program

Strengthening capabilities of managers, accountants and cashiers on the accounting software

Preparation of the EPI procedures manual

6.1.4. Indicate whether ISS funds have been included in national health sector plans and budgets. **No**

6.2. Detailed expenditure of ISS funds during the calendar year

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

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

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

6.3. Request for ISS reward

The request for expected ISS reward is not applicable for 2013 in Burundi

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

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

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

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

	[A]	[B]		
Vaccine Type	**Total doses for 2013 in DL**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Has the country experienced a stock out at any level in 2013?**
DTP-HepB-Hib	965,500	965,500	0	No
Measles	296,900	296,900	0	No
Pneumococcal (PCV13)	1,069,200	1,069,200	0	Yes
Rotavirus	67,500	67,500	0	No

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

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

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

  Nothing to report

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

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

  Evaluation of the implementation of recommendations from EVM 2011 during the external EPI review 2013
  Supportive supervision on Vaccine management

  Use of medicine management software “CHANEL” in all health districts
  Monitoring wastage rate in all health centers

  The single-dose Pentavalent vials reduced most of the wastage rate but Burundi does not have enough storage capacity at all levels to store these single-dose Pentavalent vials as the already introduced vaccines (PCV-13 and Rotarix) are all single-dose vials.

  Also, the cost of single-dose vials is higher than the multi-dose ones

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

Shortage of pneumococcal vaccine stock was for a very short period (2 weeks), this did not have repercussions at the operational level

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.

Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	It was introduced in September 2011

Rotavirus, 1 dose (s) per vial, ORAL		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	Yes	16/12/2013
The time and scale of introduction was as planned in the proposal? If No, Why?	Yes	

Measles second dose, 10 dose (s) per vial, LYOPHILIZED		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	The introduction was planned for 2012 but executed in 2013 due to the strike by the health workers.

DTP-HepB-Hib, 10 dose (s) per vial, LIQUID		
PHASED INTRODUCTION	No	
Nationwide introduction [YES / NO]	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	THE VACCINE WAS INTRODUCED BEFORE 2013

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))

Summary
Recommendations to the central level.

Status of implementing the recommendations. Equip cold chambers with continuous temperature recorders; will be executed this year. Monitor vaccine management; completed. Avoid shortages of EPI input stock; completed. Train the intermediate level on EPI management; trainers already trained and teams at the internal level will be trained this year. Prepare a document on injection safety; still not distributed at the operational level.

Recommendations to the intermediate level

Organize trainings for health personnel on EPI management: Trainers already trained and teams at the intermediate level will be trained this year. Strengthen supervision of health facilities and prepare written feedback on facilities visited with a copy to the central level: Completed. Educate and train staff on AEFI monitoring and the management of these cases. Equip all immunization posts with management tools for AEFI monitoring and insist on the reporting of such cases.

Recommendations to the operational level

All health facilities and district health offices should plan the introduction by complying with the EPI planning: Completed. Equip all Health Centers with training and awareness tools (fact sheets, brochures, hoardings, public education posters): Completed. Use freezing indicators when transporting vaccines: Yet to be completed. The Health centers should organize monitoring of vaccine management and take measures in case of any issues: Completed. Teach vaccinators/vaccine management in-charges at HCs about the best way to store different vaccines in the refrigerator and packing the frozen batteries: Completed. The service providers should strengthen their interpersonal communication with mothers during immunization sessions (EPS/IEC): Completed

7.2.3. Post Immunization Adverse Events (PIAE)

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

Is there a national PIAE 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**

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

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **No**
b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country conducted special studies on:

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

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

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

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

APR

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

7.3.1. Financial Management Reporting

	Amount in USD	Amount in local currency
Funds received in 2013 (A)	340,985	520,631,822
Balance of funds carried forward from 2012	314,473	480,150,199
Total Available Funds in 2013 (C=A+B)	655,458	1,000,782,021
Total expenditures in 2013(D)	379,135	589,554,533
Balance carried over to 2014 (E=C-D)	276,323	411,227,488

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

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

7.3.2. Programmatic Reporting

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

Receipt of new vaccine at the national level and their implementation in health districts
Preparation of training modules
Training of service providers at all levels
Mobilization of politico-administrative leaders and conducting public awareness sessions
Media synergy
Using Cold chain in all health districts
Official launch and post introduction supervision

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

The introduction of MV2 vaccine was planned for December 2012 but postponed to 2013 due to the strike by health-care personnel at national level
Post introduction evaluation of MV2 has not yet taken place

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

- **Equip EPI with spare parts for CC maintenance**
- **Joint supervision (EPV_DSNIS) on data quality**
- **Review of reported data on the vaccine coverage**
- **Post introduction evaluation of MV**
- **Post-introduction evaluation of VAROTA**

7.4. Report on country co-financing in 2013

Table 7.4: 5 questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?

Co-Financed Payments	Total Amount in US$	Total Amount in Doses
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	0	0
Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL	193,500	90,500
Vaccine selected # 3: Measles second dose, 10 dose (s) per vial, LYOPHILIZED	13,500	6 000
Vaccine selected # 4: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	214,000	59,400
	Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources?	
Government		
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	0	0
Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL	0	0
Vaccine selected # 3: Measles second dose, 10 dose (s) per vial, LYOPHILIZED	0	0
Vaccine selected # 4: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	May	Government
Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL	May	Government
Vaccine selected # 3: Measles second dose, 10 dose (s) per vial, LYOPHILIZED	May	Government
Vaccine selected # 4: DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	May	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	

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 Policyhttp://www.gavialliance.org/about/governance/program-policies/co-financing/

Nothing to report

Is GAVI's new or under-used vaccines and injection supply support reported in national health sector budget? **No**

7.5 Vaccine Management (EVSM/EVM/VMA)

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

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

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

Please attach the following documents:

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

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

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

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

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

If yes, provide details

There are changes in the EVM improvement plan in line with the recommendations from the EPI external review. This review aimed at evaluating the implementation of EVM recommendations. The latest improvement plan is attached to this report.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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

7.7. Change of vaccine presentation

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

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

If2014is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country will apply for an extension of the co-funding agreement with GAVI for a support to vaccines commencing from2015 and for the duration of a new comprehensive multi-year plan (cMYP).

Please enter the year of completion of the current cMYP: 2015

The country hereby request for an extension of GAVI support for

***Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**

Vaccines: for the years2015 to 2015. At the same time, it is committed to co-finance the purchase of

***Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**

The vaccine in compliance with the minimum co-financing levels of GAVI as they are presented in section 7.11 Calculation of requirements.

The extension of multi-year

***Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**

Support to vaccine is in compliance with the new cMYP for the year 2015 to 2015 to which the current annual progress report is attached (Document No. **16**). The new financial analysis tool is also attached (Document No. **17**).

ICC endorsed this request for extension of support of

***Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID**

Vaccine during the ICC meeting whose minutes is attached to this annual progress report. (Document No. **18**)

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

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

Confirm here below that your request for2015 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain:

Nothing to report

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight cost

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

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

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	335,498	343,551	351,795	1,030,844
	Number of children to be vaccinated with the first dose	Table 4	#	332,143	336,679	351,795	1,020,617
	Number of children to be vaccinated with the third dose	Table 4	#	332,143	336,679	351,795	1,020,617
	Immunization coverage with	Table 4	%	99.00%	98.00 %	100.00%	

	the third dose						
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	498,000			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	498,000			
	Number of doses per vial	Parameter:	#		10	10	
	AD syringes required	Parameter:	#		Yes	Yes	
	Reconstitution syringes required	Parameter:	#		No	No	
	Safety boxes required	Parameter:	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40%	6.40%	
fd	**Freight cost as % of material value**	Parameter:	%		0.00%	0.00%	

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

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

Nothing to report

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 are 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	#	962,000	1,010,200

Number of AD syringes	#	1,117,000	1,171,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	12,300	12,900
Total value to be co-financed by GAVI	$	2,021,000	2,148,000

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

		2014	2015
Number of vaccine doses	#	104,100	107,900
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing[1]	$	213,500	224,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00%	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	332,143	336,679	32,876	303,803
B1	Number of children to be vaccinated with the third dose	*Table 4*	332,143	336,679	32,876	303,803
C	Number of doses per child	*The immunization schedule*	3	3		
D	Number of doses required	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	996,429	1,010,037	98,627	911,410
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses required including wastage	*D X E*		1,060,539	103,559	956,980
G	Buffer stock of vaccines	*((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)*		5,359	524	4,835
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 1st January	*Table 7.11.1*	0	498,000		
H3	Shipment plan	*UNICEF shipment report*		998,100		
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,066,000	104,092	961,908
J	Number of doses per vial	*Vaccine parameter*		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*		1,116,936	0	1,116,936
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*		0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*		12,287	0	12,287
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*		2,052,050	200,376	1,851,674
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*		50,263	0	50,263
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*		0	0	0
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*		62	0	62
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*		131,332	12,825	118,507
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*		0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*		2,233,707	213,201	2,020,506
U	Total country co-financing	*I x Country co-financing per dose (cc)*		213,200		
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 would be updated when the shipment plan will become available.

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	*V*	9.64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	351,795	33,929	317,866
B1	Number of children to be vaccinated with the third dose	*Table 4*	351,795	33,929	317,866
C	Number of doses per child	*The immunization schedule*	3		
D	Number of doses required	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,055,385	101,786	953,599
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses required including wastage	*D X E*	1,108,155	106,876	1,001,279
G	Buffer stock of vaccines	*((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)*	17,856	1,723	16,133
H	Stock to be deducted	*H1 - F of previous year x 0.375*	8,100	782	7,318
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	413,918	39,920	373,998
H2	Stock on 1st January	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,118,000	107,825	1,010,175
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*	1,171,656	0	1,171,656
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	12,889	0	12,889
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*	2,178,982	210,151	1,968,831
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*	52,725	0	52,725
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*	65	0	65
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*	139,455	13,450	126,005
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	2,371,227	223,600	2,147,627
U	Total country co-financing	*I x Country co-financing per dose (cc)*	223,600		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

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

Table 7.11.1: Characteristics for Measles second dose, 10 dose (s) per vial, LYOPHILIZED

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	335,498	343,551	351,795	1,030,844
	Number of children to be vaccinated with the first dose	Table 4	#	268,398	285,983	351,795	906,176
	Number of children to be vaccinated with the second dose	Table 4	#	321,897	329,622	337,533	989,052
	Immunization coverage with the second dose	Table 4	%	95.95%	95.95%	95.95%	
	Number of doses per child	Parameter:	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.18	1.11	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	435,300			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	435,300			
	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	$		0.00	0.00	
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	%		14.00%	14.00%	
fd	**Freight cost as % of material value**	Parameter:	%		10.00%	10.00%	

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

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

Nothing to report

Co-financing table for Measles second dose, 10 dose (s) per vial, LYOPHILIZED

Co-financing group	Low

	2013	2014	2015
Minimum co-financing			0.00
Recommended co-financing as per APR 2012			0.00
Your co-financing	0.00		

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

		2014	2015
Number of vaccine doses	#	- 80,500	56,100
Number of AD syringes	#	- 145,200	19,100
Number of re-constitution syringes	#	- 8,800	6,200
Number of safety boxes	#	- 1,675	300
Total value to be co-financed by GAVI	$	- 29,500	18,000

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

		2014	2015
Number of vaccine doses	#	0	0
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing[1]	$	0	0

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose (s) per vial, LYOPHILIZED (section 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00%	0.00%		
B	Number of children to be vaccinated with the first dose	*Table 4*	268,398	285,983	0	285,983
C	Number of doses per child	*The immunization schedule*	1	1		
D	Number of doses required	*B x C*	268,398	285,983	0	285,983
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.18		
F	Number of doses required including wastage	*D X E*		337,460	0	337,460
G	Buffer stock of vaccines	*((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)*		17,266	0	17,266
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Stock on 1st January	*Table 7.11.1*	0			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*		- 80,500	0	- 80,500
J	Number of doses per vial	*Vaccine parameter*		10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*		- 145,256	0	- 145,256
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*		- 8,855	0	- 8,855
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*		- 1,695	0	- 1,695
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*		- 19,722	0	- 19,722
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*		- 6,536	0	- 6,536
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*		- 35	0	- 35
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*		- 8	0	- 8
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*		- 2,761	0	- 2,761
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*		- 657	0	- 657
T	Total funds required	*(N+O+P+Q+R+S)*		- 29,719	0	- 29,719
U	Total country co-financing	*I x Country co-financing per dose (cc)*		0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		0.00%		

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose (s) per vial, LYOPHILIZED (section 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the first dose	*Table 4*	351,795	0	351,795
C	Number of doses per child	*The immunization schedule*	1		
D	Number of doses required	*B x C*	351,795	0	351,795
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses required including wastage	*D X E*	390,493	0	390,493
G	Buffer stock of vaccines	*((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)*	16,453	0	16,453
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	350,935	0	350,935
H2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*	56,100	0	56,100
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*	19,045	0	19,045
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	6,172	0	6,172
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	278	0	278
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*	14,530	0	14,530
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*	858	0	858
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	25	0	25
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*	2	0	2
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*	2,035	0	2,035
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	89	0	89
T	Total funds required	*(N+O+P+Q+R+S)*	17,539	0	17,539
U	Total country co-financing	*I x Country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00%		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	335,498	343,551	351,795	1,030,844
	Number of children to be vaccinated with the first dose	Table 4	#	328,788	343,550	351,795	1,024,133
	Number of children to be vaccinated with the third dose	Table 4	#	328,788	343,550	351,795	1,024,133
	Immunization coverage with the third dose	Table 4	%	98.00 %	100.00%	100.00%	
	Number of doses per child	Parameter:	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.02	1.02	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	193,350			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	193,350			
	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 material value**	Parameter:	%		0.00%	0.00%	

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

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

Nothing to report

Co-funding 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
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	#	821,100	1,023,000
Number of AD syringes	#	933,300	1,167,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	10,275	12,850
Total value to be co-financed by GAVI	$	2,993,500	3,707,000

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

		2014	2015
Number of vaccine doses	#	48,400	60,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing[1]	$	174,000	217 000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00%	5.56 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	328,788	343,550	19,116	324,434
C	Number of doses per child	*The immunization schedule*	3	3		
D	Number of doses required	*B x C*	986,364	1,030,650	57,347	973,303
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.02		
F	Number of doses required including wastage	*D X E*		1,051,263	58,494	992,769
G	Buffer stock of vaccines	*((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)*		11,072	617	10,455
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Stock on 1st January	*Table 7.11.1*	0			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*		869,400	48,375	821,025
J	Number of doses per vial	*Vaccine parameter*		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*		933,210	0	933,210
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*		0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*		10,266	0	10,266
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*		2,948,136	164,038	2,784,098
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*		41,995	0	41,995
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*		0	0	0
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*		52	0	52
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*		176,889	9,843	167,046
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*		0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*		3,167,072	173,880	2,993,192
U	Total country co-financing	*I x Country co-financing per dose (cc)*		173,880		
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(section 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	*V*	5,60 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	351,795	19,697	332,098
C	Number of doses per child	*The immunization schedule*	3		
D	Number of doses required	*B x C*	1,055,385	59,089	996,296
E	Estimated vaccine wastage factor	*Table 4*	1.02		
F	Number of doses required including wastage	*D X E*	1,076,493	60,271	1,016,222
G	Buffer stock of vaccines	*((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)*	6,308	354	5,954
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,083,600	60,669	1,022,931
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*	1,167,863	0	1,167,863
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(K + L) / 100 x 1.10*	12,847	0	12,847
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*	3,651,732	204,453	3,447,279
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*	52,554	0	52,554
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*	65	0	65
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*	219,104	12,268	206,836
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	3,923,455	216,720	3,706,735
U	Total country co-financing	*I x Country co-financing per dose (cc)*	216,720		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5,60 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	335,498	343,551	351,795	1,030,844
	Number of children to be vaccinated with the first dose	Table 4	#	25,162	343,550	351,795	720,507
	Number of children to be vaccinated with the second dose	Table 4	#	25,162	343,550	351,795	720,507
	Immunization coverage with the second dose	Table 4	%	7.50 %	100.00%	100.00%	
	Number of doses per child	Parameter:	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.01	1.01	
	Vaccine stock as at December 31, 2013 *(see explanatory note)		#	350,050			
	Vaccine stock as of January 1, 2014 *(see explanatory note)		#	350,050			
	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 material value**	Parameter:	%		0.00%	0.00%	

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

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

Nothing to report

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	0.20

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

		2014	2015
Number of vaccine doses	#	468,000	498,400
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 GAVI	$	1,258,500	1,336,000

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

		2014	2015
Number of vaccine doses	#	37,600	40,200
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing[1]	$	101,500	108,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00%	7.44 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	25,162	343,550	25,552	317,998
C	Number of doses per child	*The immunization schedule*	2	2		
D	Number of doses required	*B x C*	50,325	687,100	51,104	635,996
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.01		
F	Number of doses required including wastage	*D X E*		693,971	51,615	642,356
G	Buffer stock of vaccines	*((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)*		160,283	11,922	148,361
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Stock on 1st January	*Table 7.11.1*	0			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*		505,500	37,597	467,903
J	Number of doses per vial	*Vaccine parameter*		1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*		0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*		0	0	0
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*		0	0	0
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*		1,294,586	96,286	1,198,300
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*		0	0	0
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*		0	0	0
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*		0	0	0
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*		64,730	4,815	59,915
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*		0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*		1,359,316	101,100	1,258,216
U	Total country co-financing	*I x Country co-financing per dose (cc)*		101,100		
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 (section 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	*V*	7.46 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	351,795	26,247	325,548
C	Number of doses per child	*The immunization schedule*	2		
D	Number of doses required	*B x C*	703,590	52,494	651,096
E	Estimated vaccine wastage factor	*Table 4*	1.01		
F	Number of doses required including wastage	*D X E*	710,626	53,019	657,607
G	Buffer stock of vaccines	*((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)*	4,164	311	3,853
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	176,557	13,173	163,384
H2	Stock on 1st January	*Table 7.11.1*			
I	Total vaccine doses required	*Round up((F + G - H) / vaccine package size) x vaccine package size*	538,500	40,177	498,323
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of Auto-disable syringes (AD syringes) required (+10% wastage)	*(D + G – H) x 1.10*	0	0	0
L	Number of Reconstitution syringes required (+10% wastage)	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes required (10% extra)	*(I / 100) x 1.10*	0	0	0
N	Cost of the required vaccines	*1* price of vaccine per dose(g)*	1,374,791	102,572	1,272,219
O	Cost of AD syringes required	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of required reconstitution syringes	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of the required safety boxes	*M X unit price of safety boxes (cs)*	0	0	0
R	Freight cost of required vaccines	*N x Freight cost as % of vaccines value (fv)*	68,740	5,129	63,611
S	Freight cost of required material	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	Total funds required	*(N+O+P+Q+R+S)*	1,443,531	107,700	1,335,831
U	Total country co-financing	*I x Country co-financing per dose (cc)*	107,700		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.46 %		

8. Injection Safety Support (INS)

This type of support is no longer available

9. Health System Strengthening Support (HSS)

Please use this APR section (9. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

Instructions for reporting on HSS funds received

1. **Please complete this section only if your country was approved for and received HSS funds before or during January to December 2013.** All countries are expected to report on:
   a. The progress achieved in2013
   b. HSS implementation during January – April 2014 (interim reporting)
   c. Plans for2015
   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on startup activities.

2. In order to better align HSS support reporting to country processes, for countries of which the2013 fiscal year starts in January 2013 and ends in December2013, 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 September2014.

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

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

5. If you are requesting additional funds, please make this clear in section 9.1.2.

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

7. Please attach all required supporting documents. These include:
   a. Minutes of the HSCC meetings held in 2013
   b. Minutes of the HSCC meeting in 2014that endorses the submission of this report
   c. Latest Health Sector Review Report
   d. Financial statement for the use of HSS funds in the 2013 calendar year
   e. External audit report of HSS funds during the most recent fiscal year (if available).

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further installments of HSS funding:
   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
   b. Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
   c. Outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country

for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next installment of HSS funds.

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

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

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

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS program and both in 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: US$ **1,732,086**

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

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

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

Table 9.1.3a $(US)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)						8,813,308
Revised annual budget (*if revised during a review of the previous years' annual reports*)						
Total funds received from GAVI during the calendar year (A)						8,813,293
Remaining funds (carry over) from previous year (*A*)						0
Total Funds available during the calendar year (C=A+B)						8,813,293
Total expenditure during the calendar year (*D*)						6,927,087
Balance carried forward to the next calendar year (E=C-D)						1,886,206
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	8,813,308

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	2,165,108	1,921,586		
Revised annual budget (*if revised during a review of the previous years' annual reports*)	1,732,086	1,537,268		
Total funds received from GAVI during the calendar year (A)	0	0		
Remaining funds (carry over) from previous year (*A*)	1,886,206	0		
Total Funds available during the calendar year (C=A+B)	1,886,206	0		
Total expenditure during the calendar year (*D*)	0	0		
Balance carried forward to the next calendar year (E=C-D)	0	0		
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	1,732,086	1,537,268	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)						1,350,421,850
Revised annual budget (*if revised during a review of the previous years' annual reports*)						
Total funds received from GAVI during the calendar year (A)						1,350,419,552
Remaining funds (carry over) from previous year (*A*)						0
Total Funds available during the calendar year (C=A+B)						1,350,419,552
Total expenditure during the calendar year (*D*)						1,061,404,994
Balance carried forward to the next calendar year (E=C-D)						2,890,145,578
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	1,350,421,850

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budget (*if revised during a review of the previous years' annual reports*)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (*A*)	2,890,145,578			
Total Funds available during the calendar year (C=A+B)	2,890,145,578			
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	2,653,994	2,355,484	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1st January	1,024.82013	1,024.82013	1,213	1,213	1,234.25425	1,466
Closing on 31st December	1,024.82013	1,213	1,213	1,234.25425	1,466	1,532.2531

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 Tables14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

Explanation in relation to Table 9.1.3a $(US):

Closing Balance on 31 December 2013 is US$ 1,886,206. During the same year (2013) the sale of tender documents generated a sum of US$ 2,627 increasing the balance from US$ 1,886,206 to US$ 1,888,833

Explanation in relation to Table 9.1.3b $(BIF):

Closing Balance on 2013 December is BIF 2,890,145,578. During the same year (2013) the sale of tender documents generated a sum of BIF 4,025,000 increasing the balance from BIF 2,890,145,578 to BIF 2,894,170,578

The transfer expected for 2014 is US$ 1,732,086 The rate that will be applicable is still not known as there is a fluctuation in the exchange rates; hence, the amount in BIF is not mentioned for 2014.

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

There is an Aide-Memoire which is jointly signed by the Government of Burundi (represented by the Minister of Finance and Minister of Public Health and Fight against AIDS) and GAVI Alliance (represented by its CEO) on November 10, 2010. This document defines the conditions and procedures of financial management of all current and future GAVI grants to the Government of Republic of Burundi, including: Immunization Services Support (ISS), Health System Strengthening (HSS), support to Civil Society Organizations (CSO) and all future grants to launch the New Vaccine Support (NVS)

All financial management procedures applied in the management of GAVI HSS funds are inspired by the above mentioned and current Aide-memoire.

All the funds are subject to the General Rules for Management of Public Budgets and integrated into the national budget of the Government of Burundi within a "Trust budget" (section 3 of the General Rules for Management of Public Budgets). All the funds are then subject to the same rules and procedures as all the funds are managed by the Public Treasury, by using the exceptions provided in the provisions of the "Trust budget".

The HSS budgets are prepared on an annual and quarterly basis. The annual and budgeted action plans are provided to HDPF for approval. The budgeted action plan is sent to all HDPF members for approval.

The HSS funds are made after a written authorization from the Minister for Public Health and Fight against AIDS, with a joint signature by the Coordinator of GAVI-HSS funds and the Chief of Staff of the Minister of Public Health and Fight against AIDS, whose tasks are currently performed by the Permanent Secretary.

A complete financial report, covering the entire year of the program (currently called the calendar year), as well as any additional period that MPHFA decided to include, is submitted to GAVI, as well as an Annual Progress Report (APR) from the Government of Burundi for the annual program. This financial report is approved by HDPF, but requires a certification by an external audit firm.

With regard to the control and internal audit, as stipulated in the above mentioned Aide-mémoire, the expenses related to the GAVI-HSS project funds are subject to the control by the public finance management body (State Inspectorate General). The GAVI HSS project is subject to annual external audits performed by an independent audit firm, the audit reports are submitted to GAVI within 6 months after the end of the period.

Supplies are delivered in accordance to the Public Procurement Act of the Government of Burundi (adopted on 2 February 2002).

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Activity planned for 2013**	**Percentage of Activity completed** (annual) (where applicable)	**Source of information/data** (if relevant)
Activity: 1.1	Make 6000 copies and distribute booklets to the community health worker s in the area of project intervention (i.e. 1 booklet each for 6000 CHWs)	100	Acknowledgement
Activity: 1.2	Train 4588 CHWs in using the new community health manual	30	Training report
Activity: 1.3	Make multiple copies and distribute 735 DAGADAGA booklets on C-IMCI program for Community Based Organizations (i.e. 1 booklet for each of the Community Based Organizations)	0	
Activity: 1.4	Organize support missions for the management teams in 6 health districts bringing together the 2 districts of Bujumbura Rural and Bururi supported by GAVI HSS, taking 4 people per district each time, for analysis and micro-level planning each year under the "reach every district" strategy by EPI and its partners	0	
Activity: 1.5	Contribute to funding more than 30% of operational costs for Local Immunization Days against polio of 2013	0	
Activity: 1.6	Contribute to funding more than 24% of operational costs for Mother and Child Health Week of 2013	100	Activity reports
Activity: 1.7	Contribute to funding expenses incurred in organizing the World Immunization Week (WIW) of 2013	100	Activity reports
Activity: 1.8	Create communication tools	50	Progress report

	and social mobilization tools (radio micro programs, educative films, image boxes, pamphlets, etc.) to improve demand and utilization of immunization services		
Activity: 1.9	Purchase equipment (computers for editing, camera, recorders, microphones, etc.) to create communication tools to improve demand and utilization of immunization services	70	Progress report
Activity: 1.10	Purchase and renew communication equipment consumables (cassettes, CD, DVD, disks) every year to improve demand and utilization of immunization services	70	Progress report
Activity: 1.12	Pay commuting expenses of 4588 community health workers (i.e. one worker for each of the 4588 sub hills) for social mobilization towards the “reach every district” strategy	100	Activity reports
Activity: 1.11	Organize half-yearly one-day sensitization campaigns for social mobilization towards the “reach every district” strategy (i.e. one session of 100 participants per semester September 2013 onwards)	0	
Activity: 1.13	Contribute to organizing the launch of the new rotavirus vaccine	100	Activity reports
Activity: 1.14	Every quarter, contractualize 272 Local Associations in areas of responsibility of the health centers of 6 provinces supported by GAVI, for conducting community surveys to verify the satisfaction level of immunization services in the year 2013	100	Activity reports
Activity: 1.15	Purchase 50 photovoltaic refrigerators for church and private health institutions, in the third quarter of the year 2013	0	
Activity: 1.16	Every quarter, contractualize 272 Local Associations in areas of responsibility of the health centers of 6 provinces supported by GAVI, for conducting community surveys to verify the satisfaction level of immunization services in the year 2013	100	Activity reports
Activity: 1.17	Train and/or retrain 90 managers (i.e. 2 participants from each of the 45 health districts) in management of medicines, vaccines and laboratory consumables, in 3 sessions of 30 participants each (one session lasting 5 days)	42	Activity reports
Activity: 1.18	Train in 6 sessions of 5 days	0	

	with 30 participants each: 45 District Chief Medical Officers and 135 multi-functional District Supervisors in the “reach every district” / “reach every child” approach in 2013 (2 sessions in the 4th quarter in 5 days for each session)		
Activity: 1.19	In 2013, in one 5-day session, train 10 trainers of the National Rapid Intervention Team (National RIT) in new tools for communicable diseases surveillance (ISDR)	0	
Activity: 1.20	Train 45 trainers in DHCs and 17 PHBs over 5 days, in new tools for communicable diseases surveillance (ISDR), in 2 sessions of 31 people each in the 3rd and 4th quarters of 2013	53	Training report
Activity: 1.21	By way of a 5-day workshop at the district level, train the HC office bearers in communicable diseases surveillance (a workshop of 5 days in Q4 of 2013 with 17 participants in each of the 22 districts)	0	
Activity: 1.22	Continue immunization activities in advanced areas for children and women of the EPI target group	100	Activity reports
Objective 2: Contractualize peripheral health structures and CBOs in order to improve the performance of immunization services in districts with a low vaccine coverage rate			
Activity: 2.1	Quarterly contribute to continuing the contracts of 6 supervisory CBO agencies for community-level immunization interventions in 6 provinces supported by GAVI for the year 2013	100	Activity reports
Activity: 2.2	Contractualize 272 community based organizations in areas of responsibility of the health centers for community packs consisting of services (distribution), references (dropout recovery, orientation), and integrated sensitization (family planning, immunization, malaria, tuberculosis and HIV) for the year 2013	100	Activity reports
Activity: 2.3	Contribute to procuring quality services for 272 HCs through service indicators for "fully immunized children" and "pregnant women immunized against tetanus", for the year 2013, 2nd quarter onwards	100	Activity reports
Activity: 2.4	Contribute to paying bonus to 272 health centers of 19 DHOs supported by GAVI for improving the quality of	100	Activity reports

	immunization services in the year 2013, 2nd quarter onwards		
Activity: 2.5	Fund 10 CSOs that contribute to immunization and strengthening of the health system to improve vaccine coverage	100	Activity reports
Objective 3: Ensure access to vaccines and an efficient management of the supply chain and logistics, product safety, and safety of medical equipment			
Activity :3.1	Purchase 4588 work tool-kits consisting of: mobile phone, megaphone, cycle, umbrella, number (to wear on the back), ankle boots, waterproof jackets, briefcase (i.e. one kit for each CHW) in 2013	70	Progress report
Activity: 3.2	Purchase 3 generators of 10 KVA in 2013 to support decentralization of vaccine management in the HDs in 2013	70	Progress report
Activity: 3.3	Pay for an annual insurance policy against fire in EPI warehouses	0	
Activity: 3.4	Purchase 25 double-cabin small trucks in 2013 for supply, supervision and supplementary immunization activities in health centers by District Health Offices in the provinces of Gitega (4 DHOs), Bururi (3 DHOs), Kayanza (3 DHOs), Mwaro (2 DHOs), Buja rural (3 DHOs) and Kirundo (4 DHOs) and 6 PHBs	100	Acknowledgement
Activity: 3.5	Ensure quarterly maintenance of the 25 double-cabin mini trucks from the 4th quarter of 2013	0	
Activity: 3.6	Purchase 1 double-cabin mini trucks for EPI for supervision of immunization activities and monitoring the surveillance of illnesses targeted under EPI	100	Acknowledgement
Activity: 3.7	Make quarterly payments 1st quarter onwards for the insurance policy of the 25 double-cabin mini trucks from the 2nd quarter of 2013 and 16 vehicles purchased during the 1st phase	100	Insurance policies
Activity: 3.8	Conduct studies in 2013 on EPI stock replenishment and restoration of EPI offices that will also have a GAVI-HSS management unit	100	Study report
Objective 4: Strengthen the Health Information System and the monitoring and evaluation system for community interventions			
Activity: 4.1	Recruit a national consultant for harmonizing tools for data	0	

	collection at the community level during a period of one month		
Activity: 4.2	Organize a workshop of three days for 19 participants to create tools for HIS-related data from communities and civil status records.	0	
Activity: 4.3	Contribute more than 50% of the total cost of conducting a BAP survey on the performance of EPI	0	
Activity: 4.4	Organize a 2-day national-level workshop for 50 participants for validating the data collection tools at the community level	0	
Activity: 4.5	Every year, make multiple copies and distribute 735 revised data collection tools of health centers	40	Progress report
Objective 5: Ensure program management			
Activity: 5.1	Ensure payment of bonuses to GAVI-HSS management unit and salaries of experts to be recruited in administration and management, monitoring and evaluation, and public procurement	100	Activity reports
Activity: 5.2	Ensure functioning of the GAVI-HSS management unit	100	Activity reports
Activity: 5.3	Organize quarterly missions to monitor implementation of interventions in the 6 provinces supported by GAVI	100	Activity reports
Activity: 5.4	Purchase 4 vehicles for the KARADIRIDIMBA GAVI-HSS project management unit	100	Acknowledgement
Activity: 5.5	Make quarterly payments from the 2nd quarter of 2013, for the insurance policy of the 4 newly purchased vehicles of the Management Unit, and from the 1st quarter onwards for the 3 vehicles purchased during the 1st phase	100	Insurance policies
Activity: 5.6	Purchase 9 IT kits to complete the current IT park of the GAVI-HSS management unit	100	Acknowledgement
Activity: 5.7	Purchase 6 laptops for the GAVI-HSS management unit	100	Acknowledgement
Activity: 5.8	Purchase 2 photocopy machines for the GAVI-HSS management unit	100	Acknowledgement
Activity: 5.9	Equip the offices of the GAVI-HSS management unit	0	
Activity: 5.10	Commission payment to BRB	100	Financial report
Activity: 5.11	Organize and participate in meetings with partners of MPHFA within the country and abroad (DHC, PHB, vertical programs, etc.)	50	Activity reports

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and constraints**
Objective 1: Improving the skills of the healthcare workforce	
Publish and distribute 4588 health worker booklets	
Train 4588 CHWs in using the new community health manual	Two of the six provinces are covered by GAVI Financing. Other Partners who work in the GA zone participated in financing the others. The other two Provinces need to be trained.
Two of the six provinces are covered by GAVI Financing.	The activity was not carried out due to lengthy procurement procedures.
Organize support activities for management teams	Activity was not executed due to overlap with other activities.
Participate in financing operational costs	JLV was not organized during 2013.
Produce communication and mobilization tools	Processes already started. They are in progress
Procure equipment (computers,	Procurement process being finalized The equipment are yet to be delivered
Procure and renew supplies by year	Procurement process being finalized The equipment are yet to be delivered
Organize awareness campaigns twice a year	Activity was not executed due to overlap with other activities.
Pay travel expenses to 4588 health workers	
Contribute to organizing the launch of the new rotavirus vaccine	
Sign contracts with 272 Local Associations every quarter	
Procure 50 solar refrigerators for	There was a difficulty in quickly identifying the type of solar refrigerator suitable for Burundian climate.
Sign contracts with 272 Local Associations every quarter	
Train and/or re-train 90 managers	The training was targeted only for 38 managers for drugs, vaccines and lab supplies of the intervention zone.
Train in 6 sessions of 5 days with 30 participants each	Activity was not executed due to overlap with other activities.
Train 10 trainers from the National Team in 2013	The activity was conducted by a financing from another partner
Train 45 trainers from HO and 17 BPS for 5 days	The training was targeted only for 19 BDS and 6 BPS trainers of the intervention zone.
Train at the district level by conducting a workshop	It is a cascade training. The trainers from the peripheral level were trained The HC heads will be trained in 2014.
Continue immunization activities in advanced areas for children and women of the EPI target group	
Objective 2: Contractualize the health facilities	
Contribute for the continuation of operational research on a quarterly basis	
Contractualize 272 community based Organizations	
Contribute to the procurement of quality health care for 272 HCs	
Contribute to the payment of performance bonus for 272 HCs	
Fund 10 CSOs that contribute to immunization	
Objective 3: Ensure access to vaccines	
Procure 4588 work tool kits	Procurement process being finalized The equipment are yet to be delivered
Purchase 3 10 KVA generators	Procurement process being finalized The equipment are yet to be delivered
Pay an annual insurance policy against fire	The activity was supported by EPI
Procure 25 double cabin trucks for the supply	

Ensure maintenance of 25 double-cabin small trucks	Received at the end of December, the vehicles are still not provided to users.
Procure 1 double cabin truck for EPI	
Make quarterly payments for insurance policy	
Conduct studies in 2013 on EPI stock replenishment	
Objective 4: Strengthen the Health Information System	
Recruit a national consultant for harmonizing tools	The activity was supported by another partner (World Vision)
Organize a 3-day workshop for 19 participants	The activity was supported by another partner (World Vision)
Contribute to conducting a BAP survey on the EPI performance	The activity was supported by another partner (World Vision)
Organize a national validation workshop	The activity was supported by another partner (World Vision)
Publish and distribute 735 copies of	The copies were published for only 297 HC of the intervention zone.
Objective 5: Ensure program management	
Ensure payment of performance bonuses to management units	
Ensure functioning of the GAVI-HSS management unit	
Organize quarterly missions to monitor implementation of interventions	
Purchase 4 vehicles for the KARADIRIDIMBA GAVI-HSS project management unit	
Make quarterly payments for insurance policy	
Purchase 9 IT kits to complete the current IT park of the GAVI-HSS management unit	
Purchase 2 photocopiers for the GAVI-HSS management unit	
Equip the offices of the GAVI-HSS management unit	The construction budget was defined for 2014, the activity was not executed in 2013 but is rescheduled for 2014
Commission payment to BRB	
Organize and participate in meetings with	

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

Major Activities (insert as many rows as necessary)

Activity planned for 2013

Findings

observations

Objective 1: Strengthen service providing capacities and use of quality immunization

Activity: 1.2

Train 4588 CHWs in using the new community health manual

Partially completed

The community health workers of 2 health provinces of KIRUNDO and KAYANZA were not trained due to insufficient budget.

Activity: 1.3

Make multiple copies and distribute 735 DAGADAGA booklets on C-IMCI program for Community Based Organizations (i.e. 1 booklet for each of the Community Based Organizations)

Not executed

The activity was not carried out due to lengthy procurement procedures.

Activity: 1.4

Organize support missions for the management teams in 6 health districts bringing together the 2 districts of Bujumbura Rural and Bururi supported by GAVI HSS, taking 4 people per district each time, for analysis and micro-level planning each year under the “reach every district” strategy by EPI and its partners

Not executed

Activity was not executed due to overlap with other activities.

Activity: 1.5

Contribute to funding more than 30% of operational costs for Local Immunization Days against polio of 2013

Not executed

JLV was not organized during 2013.

Activity: 1.8

Create communication tools and social mobilization tools (radio micro programs, educative films, image boxes, pamphlets, etc.) to improve demand and utilization of immunization services

Partially completed

Processes already started. They are in progress

Activity: 1.9

Purchase equipment (computers for editing, camera, recorders, microphones, etc.) to create communication tools to improve demand and utilization of immunization services

Partially completed

Procurement process being finalized The equipment are yet to be delivered

Activity: 1.10

Purchase and renew communication equipment consumables (cassettes, CD, DVD, disks) every year to improve demand and utilization of immunization services

Partially completed

Procurement process being finalized. The equipment are yet to be delivered

Activity: 1.11

Organize half-yearly one-day sensitization campaigns for social mobilization towards the “reach every district” strategy (i.e. one session of 100 participants per semester September 2013 onwards)

Not executed

Activity was not executed due to overlap with other activities.

Activity: 1.15

Purchase 50 solar refrigerators for religious and private health institutions, in the third quarter of the year 2013

Not executed

There was a difficulty in quickly identifying the type of solar refrigerator suitable for Burundian climate.

Activity: 1.17

Train and/or retrain 90 managers (i.e. 2 participants from each of the 45 health districts) in management of medicines, vaccines and laboratory consumables, in 3 sessions of 30 participants each (one session lasting 5 days)

Modified

The training was targeted only for 38 managers for drugs, vaccines and lab supplies of the intervention zone in accordance with the audit recommendations

Activity: 1.18

Train 6 5-day sessions with 30 participants each: 45 District Chief Medical Officers and 135 multi-functional District Supervisors in the “reach every district” / “reach every child” approach in 2013 (2 sessions in the 4th quarter in 5 days for each session)

Not executed

Activity was not executed due to overlap with other activities.

Activity: 1.19

In 2013, in one 5-day session, train 10 trainers of the National Rapid Intervention Team (National RIT) in new tools for communicable diseases surveillance (ISDR)

Not executed

The activity was conducted by a financing from another partner

Activity: 1.20

Train 45 trainers in DHCs and 17 PHBs over 5 days, in new tools for communicable diseases surveillance (ISDR), in 2 sessions of 31 people each in the 3rd and 4th quarters of 2013

Partially completed

The training was targeted only for 19 BDS and 6 BPS trainers of the intervention zone in accordance with audit recommendations.

Activity: 1.21

By way of a 5-day workshop at the district level, train the HC office bearers in communicable diseases surveillance (a workshop of 5 days in Q4 of 2013 with 17 participants in each of the 22 districts)

Not executed

It is a phased training. The trainers from the peripheral level were trained The HC heads will be trained in 2014.

Objective 3: Ensure access to vaccines and an efficient management of the supply chain and logistics, product safety, and safety of medical equipment

Activity: 3.1

Purchase 4588 work tool-kits consisting of: mobile phone, megaphone, cycle, umbrella, number (to wear on the back), ankle boots, waterproof jackets, briefcase (i.e. one kit for each CHW) in 2013

Partially completed

Procurement process being finalized The equipment are yet to be delivered

Activity: 3.2

Purchase 3 generators of 10 KVA in 2013 to support decentralization of vaccine management in the HDs in 2013

modified

The amount initially provided for the procurement of 3 generators could cover the procurement of 4 of them.

Activity: 3.3

Pay for an annual insurance policy against fire in EPI warehouses

Not executed

The activity was supported by EPI

Activity: 3.5

Ensure quarterly maintenance of the 25 double-cabin mini trucks from the 4th quarter of 2013

Not executed

Received at the end of December, the vehicles are still not provided to users.

Objective 4: Strengthen the Health Information System and the monitoring and valuation system for community interventions

Activity: 4.1

Recruit a national consultant for harmonizing tools for data collection at the community level for a period of one month

Not executed

The activity was supported by another partner (World Vision)

Activity: 4.2

Organize a workshop of three days for 19 participants to create tools for HIS-related data from communities and civil status records.

Not executed

The activity was supported by another partner (World Vision)

Activity: 4.3

Contribute more than 50% of the total cost of conducting a BAP survey on the performance of EPI

Not executed

The activity was supported by another partner (World Vision)

Activity: 4.4

Organize a 2-day national-level workshop for 50 participants for validating the data collection tools at the community level

Not executed

The activity was supported by another partner (World Vision)

Activity: 4.5

Every year, make multiple copies and distribute 735 revised data collection tools of health centers

modified

The copies were published for only 297 HC of the intervention zone according to the audit recommendations.

Objective 5: Ensure program management

Activity: 5.9

Equip the offices of the GAVI-HSS management unit

Not executed

The construction budget was defined for 2014, the activity was not executed in 2013 but is rescheduled for 2014

Activity: 5.11

Organize and participate in meetings with partners of MPHFA within the country and abroad (DHC, PHB, vertical programs, etc.)

Partially completed

Activity was not executed due to overlap with other activities.

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

guidelines?

The contribution of GAVI in the implementation of FBP helped in significantly improving the geographical coverage of health staff especially in rural areas, improving quality of services and stabilization of human resources at national level.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 target						Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date			2009	2010	2011	2012	2013		
Impact indicator									N A	N A	DHS III is in progress for 2015
Mortality rate among children under 5 years	96%	DHS II 2012	87%								
Results indicator for immunization (Mandatory)											
DTP3 coverage - % of surviving infants who received three doses of Diphtheria, Tetanus and Pertussis vaccine	102%	National administrative data 2012	100%	97%					99%	National administrative data 2012	
Measles vaccine coverage - % of surviving infants who received the first dose of a Measles vaccine	102%	National administrative data 2012	96%	95%					101%	National administrative data 2012	
Geographical equality of DTP3 coverage - % of districts who have a DTP3 coverage higher than or equal to 80%	93.3% (42/45)	National administrative data 2012	94%	93%					93.3%	National administrative data 2012	3 districts (FOTA HD, MATANA and RWIBAGA) have a fertility coefficient which is much lower than the national average. Applying the average growth rate will lead to an over-estimation of the size of their population; this explains the immunization coverage rate lower than 80%). By applying the census results conducted in

											2012 in 3 HD, the DTP3 coverage is more than 90% everywhere.
Drop-out rate - difference in percentage between immunization coverage of the first and third dose of DTP	4.6%	National administrative data 2012	3%	4%					6%	National administrative data 2012	
Ratio of fully immunized children - % of children aged between 12 and 23 months who received all essential vaccines in the systematic immunization program of the country	102.7%	National administrative data 2012	94%	93%					99.5	National administrative data 2012	
Intermediate result of the output indicator											
% of Community Health Workers of 19 target Health districts that were trained on a CHW integrated module for the promotion of health including immunization.	47.6%	B P S	100%	81.7%					81.7%	With the training of 1630 CHWs of the health provinces of BURURI, BUJUMBURA, GITEGA and MWARO, the rate of trained CHWs increased from 47.6% to 81.7%	
Availability of trained health workers in 19 districts	47.6%	B P S	100%	47.6%					47.6%	The rate of trained and available CHWs in 2012 remained operational in 2013	
% of health centers of 19 target Health Districts having an operational cold chain	88%	B D S/cMYP 2011-2015	100%	88%					99.6%	Availability of data every 2 years with the updated cold chain mapping. The next information will be available at the end of 2014. Discuss the financing source with GAVI. The BDS data will be used for monitoring this indicator.	
Rate of timeliness of data measured by the proportion of health districts across the country whose data are	40 of 45	National administrative data (DNHIS)	44 of 45	40 of 45					45 of 45		

included in national GESIS on the 36th day.											
Improve data quality: Proportion of health districts which report an overall negative drop-out rate	10 of 19	National administrative data (DNHIS)	6 of 19	9 of 19					6 of 19		
Improve data quality: Proportion of health districts which report an MV1 rate higher than or equal to DTP3 rate	12 of 19	National administrative data (DNHIS)	4 of 19	11 of 19					10 of 19		
Budget implementation rate for GAVI-HSS grant	92.3%	Data from the KARADIRIDIMBA/HSS-GAVI Project accounting department	92%	90%					78%	The budget implementation in 2013 did not reach the expected level. In fact, due to a delay in fund transfer from BRB ti BANCOBU, the implementation level remained low at 78.6%. However, the implementation rate increased to 90%	

9.4 Program implementation in 2013

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

The major project interventions for 2013 targeted the improvement of community services, contribution to FBP implementation, recovery of dropouts by setting up advanced sites by HC, organization and supervision of OBC by supervisory agencies, contribution of CSOs in educating mothers in immunization, training service providers from HCs in clinical IMCI and supervising the proximity of CSOs, BDS, BPS by the Project

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

The main problems encountered are: Delay in transfer of funds from the central bank to the commercial bank and cumbersome procurement and fund disbursement procedures.

The solutions are: Setting up programming and monitoring-evaluation tools including the update of procedures manual, drafting a procurement plan, re-designing activities.

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

Among the measures already taken is the strengthening of monitoring-evaluation by recruiting a monitoring-evaluation expert, implementing a performance and monitoring-evaluation framework at the central level; decentralization through supervising agencies for monitoring the activities at the community level.

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

The monitoring and evaluation of GAVI- HSS are completely integrated in the national systems; at each level of the health pyramid there is a person responsible for the health information system who compiles all the data that are analyzed by the district management team before being sent to the Provincial Health Office. The latter is in turn responsible for analyzing various reports of health data and then sending it to the General Directorate of health services and fight against AIDS and to DNHIS. The data related to the GAVI funded HSS activities are included in these health data. All the activities are included in the DNHIS reports including those from GAVI-HSS.

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

As part of monitoring the implemented activities, joint missions of monitoring Partner activities were organized, such as: monitoring CHW activities in collaboration with the department for promotion of health, hygiene and sanitation; monitoring the implementation of advanced strategy with EPI and BDS-BPS and monitoring CSO activities in collaboration with the Directorate of Projects and programs, EPI and BDS-BPS.

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

Eleven Civil Society Organizations (CSOs) like Burundian Association for Family Welfare (BAFU), Red Cross of Burundi (RCB), MDC-CARITAS BURUNDI and CPCBU (Communities for Pentecostal Churches in Burundi), IADH, RENACODE, FVS, JCS, WOI, SOJEPAE, and REMUA contribute in the implementation of cMYP, EPI and the GAVI-HSS proposal in order to increase vaccine coverage. These 11 CSOs are funded by GAVI through the type B CSO support program. The funds allocated to CSO activities for 2013 equals to BIF 496,450,004

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

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

The budget implementation for 2013 was 78.6% while the implementation rate is 90% The aide-memoire applied since 2010 in the management of HSS funds, is a reference tool according to the financial management procedures. However, there are still obstacles in the internal disbursement of funds, namely: cumbersome disbursement procedures, poor knowledge of management tools, lack of tools for monitoring the implementation of funds allocated to the partners. The measures taken to improve management are mainly the recruitment of a Finances and accounting expert, procurement of a new efficient accounting software and implementing financial monitoring-evaluation tools and updating the administrative, financial and accounting procedures manual.

9.5. HSS Activities planned for 2014

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

Table 9.4: Activities planned for 2014

Major Activities (insert as many rows as necessary)	**Activities planned for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Objective 1: To build service providing capacities and strengthen utilization of quality immunization						
1.1	Organize support missions for the management teams in 6 health districts bringing together the districts of Mwaro and Gitega supported by GAVI HSS, taking 4 people per district each	1,500	0			1,500

	time for analysis and micro-level planning each year under the “reach every district” strategy by EPI and its partners					
1.2	Contribute to funding more than 45% of operational costs for Local Immunization Days against polio in 2014	1,752	0			1,752
1.3	Contribute to funding more than 32% of operational costs for Mother and Child Health Week of 2014	216,622	0		Activity co-financed by several partners	96,632
			0			
1.4	Contribute to funding expenses incurred in organizing the World Immunization Week (WIW) of 2014	13,427	0		Activity co-financed by several partners	11,399
1.5	Train in 6 sessions of 5 days with 30 participants each: 45 District Chief Medical Officers and 135 multi-functional District Supervisors in the “reach every district” / “reach every child” approach in 2014 (2 sessions in the 2nd quarter and 2 in Q4 of 5 days each)	17,811	0		The doctors and district management teams of the intervention zone were already trained in 2013. Currently, the trainings conducted in 2013 need to be monitored.	0
1.6	Organize a one-day sensitization campaign for social mobilization of 100 participants in the “reach every district” strategy in the 2nd half of 2014	2,737	0	Organize half-yearly one-day sensitization campaigns for social mobilization towards the “reach every district” strategy (i.e. one session of 100 participants per semester September 2013 onwards)		2,737
1.7	Train and/or retrain 45 managers (i.e. 2 participants from each of the 19 health districts) in management of medicines, vaccines and laboratory consumables.	20,920	0	Train and/or retrain 90 managers (i.e. 2 participants from each of the 45 health districts) in management of medicines, vaccines and laboratory consumables, in 3 sessions of 30 participants each (each session lasting 5 days)		12,920
1.8	Train two hundred service	33,214	0			33,214

	providers at health centers and private hospitals in biomedical waste management, in five workshops of 5 days each i.e. 40 participants per workshop					
1.9	By way of a 5-day workshop, train 297 HC heads in communicable diseases surveillance	121,594	0	By way of a 5-day workshop at the district level, train the HC office bearers in communicable diseases surveillance (a workshop of 5 days in Q4 of 2014 with 17 participants in each of the 23 districts)		121,594
1.10	Pay commuting expenses of 4588 community health workers (i.e. one worker for each of the 4588 sub hills) for social mobilization towards the “reach every district” strategy	368,498	0	Pay travel expenses of 6000 community health workers (i.e. two workers for each of the 3000 sub hills) for social mobilization towards the “reach every district” strategy	The amount was revised due to a change in the intervention approach: the emphasis will be on the collaboration of supervision agencies.	170,244
1.11	Organize 2 quarterly meetings of 2 days of evaluation with 45 managers, in 2014, on the quality and management of vaccines	17,175	0			17,175
Objective 3: Ensure access to vaccines and an efficient management of the supply chain and logistics, product safety, and safety of medical equipment						
3.1	Fund CSOs that immunize and contribute to health system strengthening to improve vaccine coverage	438,688	0	Contribute to purchase and distribution of 50000 long-lasting insecticidal nets (LLIN) in 2014, for the 19 DHCs supported by GAVI	These are the funds allocated to purchasing LLINs but the GAVI Administration Council recommended that these funds be reallocated to CSOs and thus be used for immunization	198,688
3.2	Make quarterly payments from 2014, for maintenance of the cold chain in all the 6 provinces of GAVI’s area of intervention	3,451	0			3,451
3.3	Purchase syringe destroyers for	195,170	0	Purchase syringe destroyers for 223	The number of HCs increased from 223 to	224,445

	297 health centers of 19 DHCs supported by GAVI, in the 2nd quarter of 2014			health centers of 19 DHCs supported by GAVI, in the 2nd quarter of 2014	297	
3.4	Every quarter, purchase 18,600 lt of petrol (i.e. 60 lt per health center per quarter) for fridges at the 297 health centers in the GAVI area of intervention	85,462	0	Every quarter, purchase 13 380 lt of petrol (i.e. 60 lt per health center per quarter) for fridges at the 223 health centers in the GAVI area of intervention, from 2014 to 2015	The number of HCs increased from 223 to 297	98,281
3.5	Pay for an annual insurance policy against fire in EPI warehouses	7,759	0			7,759
3.6	Ensure maintenance of 30 BPS, BDS and UG vehicles	8,668	0	Make quarterly payments from the 1st quarter of 2014, for the maintenance of 25 double-cabin small trucks		8,868
3.7	Make quarterly payments for insurance policies of the 30 double-cabin mini trucks of BPS, BDS and UG of the project	41,675	0	Make quarterly payments from the 1st quarter of 2014, for the maintenance of 25 double-cabin small trucks	the current insurance contract is for October 14, 2014	0
3.8	In 2014, replenish EPI stocks and restore EPI offices that will also have a GAVI-HSS management unit	219,344	0		this increase is due to costing prepared by an architectural study for renovation	252,245
3.9	Recruit a national consultant for a month to update the plan to manage biomedical waste	3,948	0			3,948
3.10	finance a workshop for validating bio-medical waste management plans	2,000	0	New activity		2,000
Objective 4: Strengthen the Health Information System and the monitoring and valuation system for community interventions						
4.1	Every year, make multiple copies and distribute 297 revised data collection tools to the health centers	7,855	0		Every year, make multiple copies and distribute 735 revised data collection tools to the health centers	7,855
4.2	Organize quarterly joint supervisions (BDS, BPS, EPI, DNHIS, GAVI) on filling EPI data collection tools in	12,332	0	New activity		12,332

	HCs)					
4.3	Organize the community and evaluation survey, on a quarterly basis, by HC pairs, for recovering drop-outs and improving quality of HC data.	73,421	0	New activity		73,421
Objective 5: Ensure program management						
5.1	Ensure payment of bonuses to GAVI-HSS management unit and salaries of experts to be recruited in administration and management, monitoring and evaluation, and public procurement	194,269	0			194,269
5.2	Ensure contractualization of Expanded Program on Immunization	38,585	0	New activity		38,585
5.3	Ensure functioning of the GAVI-HSS management unit	67,312	0			77,409
5.4	Organize quarterly missions to monitor implementation of interventions in the 6 provinces supported by GAVI	28,301	0			12,301
5.5	Recruit a company to evaluate the performance of technical implementation of the KARADIRIDIMBA GAVI-HSS project	21,880	0			15,880
5.6	Recruit a company for the financial audit of the project	10,940	0			10,940
5.7	Organize and participate in meetings with partners of MPHFA within the country and abroad (DHC, PHB, programs, etc.)	20,242	0	New activity		20,242
		2,296,552	0			1,732,086

9.6. HSS Activities planned for 2015

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

change so that the IRC can approve the revised budget and activities.

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

Table 9.6: HSS Activities Planned for 2015

Major Activities (insert as many rows as necessary)	**Activity planned for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Objective 1: To build service providing capacities and strengthen utilization of quality immunization					
1.1	Organize support missions for the management teams in 19 health districts supported by GAVI-HSS (a mission bringing together 7 districts in 2015: a mission for 7 districts of Kayanza and Kirundo), taking 4 people per district each time for analysis and micro-level planning, each year, under the “reach every district” strategy by EPI and its partners	1,915			1,915
1.2	Participate in financing operational costs for monitoring Measles immunization campaigns: 50% of operational costs for 2015 monitoring campaign	100,459			90,459
1.3	Contribute to funding more than 30% of operational costs for Local Immunization Days against polio in 2015	1,917			1,917
1.4	Contribute to funding more than 24% of	236,985			196,985

	operational costs for Mother and Child Health Week of 2015				
1.5	Contribute to funding expenses incurred in organizing the African Immunization Week (AIW) of 2015	14,689			14,689
1.6	Purchase and renew communication equipment consumables (cassettes, CD, DVD, disks) every year to improve demand and utilization of immunization services	11,758			11,758
1.7	Organize half-yearly one-day sensitization campaigns for social mobilization towards the “reach every district” strategy (i.e. one session of 100 participants in 2015)	2,995			2,995
1.8	Pay commuting expenses of 4588 community health workers (i.e. one worker for each of the 4588 sub hills) for social mobilization towards the “reach every district” strategy	403,137			184,820
1.9	Organize 2 two-day quarterly meetings for evaluating the vaccine management and quality with 45 managers, from 2015.	18,789			18,789
Objective 3: Ensure access to vaccines and an efficient management of the supply chain and logistics, product safety, and safety of					

medical equipment					
3.1	Fund CSOs that immunize and contribute to health system strengthening to improve vaccine coverage	479,925	Contribute to purchase and distribution of 150000 (at 50,000 per year) long-lasting insecticidal nets (LLIN) for the 19 DHCs supported by GAVI in 2013, 2014 and 2015		400,925
3.2	Make quarterly payments from 2014, for maintenance of the cold chain in all the 6 provinces of GAVI's area of intervention	3,776			3,776
3.3	Every quarter, purchase 18,600 lt of petrol (i.e. 60 lt per health center per quarter) for fridges at the 297 health centers in the GAVI area of intervention	93,495	Every quarter, purchase 13,380 lt of petrol (i.e. 60 lt per health center per quarter) for fridges at the 223 health centers in the GAVI area of intervention, from 2014 to 2015		
3.4	Pay for an annual insurance policy against fire in EPI warehouses	8,489			8,489
3.5	Ensure annual maintenance of 25 double-cabin small trucks in 2015	9,483	Ensure quarterly maintenance of the 19 double-cabin mini trucks from the 4th quarter of 2013 till 2015		9,483
3.6	Make annual payments for insurance policies of 25 double-cabin small trucks in 2015	45,593	Make quarterly payments for insurance policy of the 19 double-cabin mini trucks from the 4th quarter of 2013 till 2015		37,593
Objective 4: Strengthen the Health Information System and the monitoring and valuation system for community interventions					
4.1	Every year, make multiple copies and distribute 297 revised data collection tools of health centers	8,593	Every year, make multiple copies and distribute 735 revised data collection tools of health centers		8,593
4.2	Training the staff responsible for Health Information System in HCs by district management teams in three	29,741			20,741

	5-day workshops of 30 participants each, on revised data collection tools (2 persons per district=90)				
4.3	Train two hundred service providers at health centers and private hospitals in biomedical waste management, in five workshops of 5 days each i.e. 40 participants per workshop	24,224			24,224
4.4	Recruit two national consultants for 30 days to conduct an immunization coverage survey in 2015	22,029			22,029
4.5	Pay fees to 10 local surveyors for 15 days to conduct the immunization coverage survey in 2015	14,654			14,654
Objective 5: Ensure program management					
5.1	Ensure payment of bonuses to GAVI-HSS management unit and salaries of experts to be recruited in administration and management, monitoring and evaluation, and public procurement	212,531			192,531
5.2	Ensure functioning of the GAVI-HSS management unit	73,640			73,640
5.3	Organize quarterly missions to monitor implementation of interventions in the 6 provinces supported by GAVI	30,961			30,961
5.4	Recruit a company to evaluate the performance of	47,873			47,873

	technical implementation of the GAVI-HSS project				
5.5	Recruit an audit firm for the financial audit of the GAVI/HSS project	23,937			23,937
		1,921,588			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of funds for HSS in your country

Donor	Amount in USD	Duration of support	Type of activities funded
EMBASSY OF FRANCE	7,665,709	2013	Financial Management trainings for a better management of grants from Caritas, training network for global management of pediatric HIV infection in Francophone Africa, support for the improvement of quality assurance system at CAMEBU.
EMBASSY OF BELGIUM	11,500,129	2013	Institutional support (financing planning, monitoring-evaluation, SIS, human resource management activities...), Improving the accessibility of the population of Muramvya Province to quality health care, Strengthening the quality and accessibility of health care for the people of Muyinga and Muramvya provinces to quality health care: Financial Accessibility by grants for indigent care, establishment of mutual health organizations - Support to BDS/BPS for improving quality, community participation in promoting public hygiene.
WORLD BANK	16,364,408	2013	Support to Free-FBP program, Establishment of lab networks for TB diagnosis and monitoring and other transmittable diseases
DDC/SWITZERLAND	2,905,945	2013	Nutritional support in 1000 households by providing fortified flour
JICA	553,400	2013	Strengthening the capabilities of medical techniques in continued supply of quality health care by focusing on Basic Obstetric and Neonatal Care (BONC), Basic Emergency Obstetric and Neonatal Care (BEONC), Complete Emergency Obstetric and Neonatal Care (CEONC)
KFW	2,361,596	2013	
MÉDECINS SANS FRONTIÈRES (DOCTORS WITHOUT	1,085,787	2013	Support the introduction of new Injectable Artesunate molecule to reduce mortality

BORDERS) BELGIUM			from severe malaria in the province of Kirundo. In close collaboration with MPHFA, the support is provided in health centers [HC (44)] where the cases of severe malaria are referred, and hospitals (2 - Kirundo and Mukenke) where it is supported.
WHO	1,351,010	2013	Support in the prevention and control including monitoring and response to certain diseases, support for interventions and strengthening health system pillars, support for interventions of the pharmaceutical, laboratory and health products sector development, support to fight against chronic non-transmissible diseases and support for health promotion activities
NETHERLANDS	11,902,878	2013	Prevention of micronutrient deficiencies among children aged 6 to 23 months by the use of micronutrient powders in the provinces of Bubanza, Bujumbura and Cibitoke
E U	6,846,732	2013	Institutional support
UNFPA	3,957,738	2013	Medical, psycho-social support for survivors of gender-based violence, Prevention and screening of HIV/AIDS, fight against Fistula and Promotion of Maternal Health at Burundi, Reduction of maternal and neonatal mortality
UNICEF	10,432,357	2013	Psycho-social and legal strengthening of the child protection system at community level in the provinces of Gitega, Ngozi, Kayanza, Kirundo and Muyinga for improving protective environment of girls and boys of Burundi according to key international standards, EPI support...
USAID	13,731,929	2013	Nutritional support to 12500 children aged 6 to 59 months and 6300 moderately malnourished pregnant and lactating women in the provinces of Rutana and Ruyigi, Distribution of routine LLINs through CPN and MV services, Communication for behavioural change, fight against malaria, fight against AIDS,

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

9.9. Reporting on the HSS grant

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

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

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

Table 9.9: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
The monitoring-evaluation report prepared by a multidisciplinary team from the central level of the Ministry of Public Health	Not validated but officially transferred to the Directorate of Health for programs and projects	
The annual 2011 and 2012 GAVI HSS review report prepared by the NIPH research department	Document validated by MPHFA	

2013 action plan	HDPF	
NPMD 2011-2015	Validated by HDPF and by the Government of the Republic of Burundi	
Annual Progress Report 2012 for GAVI-HSS project	HDPF	
Annual Report for Health Net/TPO and CORDAID activities	Prepared by concerned NGOs and approved by external audits	
Annual DHO and PHO activity report for 2013	Not validated but officially transferred to the Directorate General of Health	
Annual GAVI-HSS financial reports	HDPF	Delay in the transfer of funds and problem of fluctuation in the Burundian currency
EPI annual Report	Not validated but officially transferred to the Directorate General of Health and fight against AIDS	
Activity Reports of PNSR 2012	Not validated but officially transferred to the Directorate General of Health	
DNSIS Report 2012	By adhoc GT	
FBP quarterly report	Not validated but officially transferred to the Directorate General of Health	

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.

Some information is missing in the preparation of the report completed in a very short time

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

Please attach:

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

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

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

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1: ISS instructions

INSTRUCTIONS:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.2. Annex 2 - Example income & expenditure ISS

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

An example of income & expenditure statement

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

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

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

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

12.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

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

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

An example of income & expenditure statement

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

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

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

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

12.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

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

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided in the following page.

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.6. Annex 6 - Example income & expenditure CSO

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

An example of income & expenditure statement

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	signature.pdf **File desc:** .... **Date/Time:** 13/05/2014 06:00:00 **Size:** 504 KB
2	Signature of Finance Minister (or delegated authority)	2.1	✓	signature.pdf **File desc:** .... **Date/Time:** 13/05/2014 06:14:22 **Size:** 504 KB
3	Signatures of the ICC members	2.2	✓	Signatures membres CPSD.pdf **File desc:** .... **Date/Time:** 14/05/2014 03:45:58 **Size:** 3 MB
4	Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013.	5.7	✓	PV CPSD 9 MAI 2014.pdf **File desc:** .... **Date/Time:** 13/05/2014 12:01:51 **Size:** 2 MB
5	Signature of the HSCC members	2.3	✓	Signatures membres CPSD.pdf **File desc:** .... **Date/Time:** 14/05/2014 01:15:14 **Size:** 3 MB
6	Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013	9.9.3	✓	PV CPSD 9 MAI 2014.pdf **File desc:** .... **Date/Time:** 14/05/2014 01:18:28 **Size:** 2 MB
7	Financial statements for the ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1.	✓	ETAT FINANCIER SSV.pdf **File desc:** .... **Date/Time:** 14/05/2014 12:47:39 **Size:** 2 MB
8	External audit report on the allocation of ISS funds (fiscal year 2013)	6.2.3	✓	NOTE EXPLICATIVE SUR L'audit.docx **File desc:** .... **Date/Time:** 14/05/2014 01:27:36 **Size:** 10 KB
9	Post-introduction Evaluation Report	7.2.2.	✓	Rapport de l'évaluation post introduction PCV 13.docx **File desc:** ....

				Date/Time: 28/04/2014 04:02:18 **Size:** 157 KB
10	Financial statements of grants for introducing a new vaccine (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	✓	etat financier introduction.pdf **File desc: ....** **Date/Time:** 14/05/2014 12:49:06 **Size:** 1 MB
11	External audit report on the allocation for introducing a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000	7.3.1	✓	NOTE EXPLICATIVE SUR L'audit.docx **File desc: ....** **Date/Time:** 14/05/2014 01:29:20 **Size:** 10 KB
12	EVSM/VMA/EVM report	7.5	✓	Rapport_GEV_Burundi_Avril_2011.pdf **File desc: ....** **Date/Time:** 28/04/2014 04:04:19 **Size:** 391 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Dernier Plan de mise en oeuvre des recommandatiosn issues de la GEV.xlsx **File desc: ....** **Date/Time:** 12/05/2014 06:47:18 **Size:** 35 KB
14	Status of the implementation of EVSM/VMA/EVM improvement plan	7.5	✓	Etat de mise en eouvre du plan d'amélioration de la GEV 2014.xlsx **File desc: ....** **Date/Time:** 12/05/2014 06:45:27 **Size:** 20 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✗	Burundi_PPAC 2011-2015 revisé.doc **File desc: ....** **Date/Time:** 28/04/2014 04:24:22 **Size:** 1 MB
17	Costing tool for the cMYP is valid if the country requests for extension of support.	7.8	✗	cMYP_Costing_Tool_Vs 2 5_Fr. finale BURUNDI .zip **File desc: ....** **Date/Time:** 28/04/2014 04:12:34 **Size:** 845 KB
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	✗	PV CPSD 9 MAI 2014.pdf **File desc: ....** **Date/Time:** 13/05/2014 11:56:07 **Size:** 2 MB

19	Financial statements for the HSS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.	9.1.3	✓	Etat financier 2013.pdf **File desc:** .... **Date/Time:** 13/05/2014 09:17:17 **Size:** 7 MB
20	Financial statements for the HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.	9.1.3	✓	Etat financier 1er trim 2014.pdf **File desc:** .... **Date/Time:** 13/05/2014 11:46:52 **Size:** 2 MB
21	External audit report on the allocation of HSS funds (fiscal year 2013)	9.1.3	✓	NOTE EXPLICATIVE SUR L'AUDIT DES COMPTES 2013 RSS.docx **File desc:** .... **Date/Time:** 14/05/2014 02:08:01 **Size:** 10 KB
22	Review report for health sector-HSS	9.9.3	✓	NOTE EXPLICATIVE SUR LE RAPPORT DU SECTEUR DE LA SANTE.docx **File desc:** .... **Date/Time:** 14/05/2014 02:13:45 **Size:** 10 KB
23	Listing Report - Type A - CSO support	10.1.1	✗	No file downloaded
24	Financial statement for the allocation of type B CSO support (fiscal year 2013)	10.2.4	✗	No file downloaded
25	External audit report on Type B CSO support (fiscal year 2013)	10.2.4	✗	No file downloaded
26	Bank statements for each program with cash support or a cumulative bank statement for all the program with cash supports if funds are kept in the same bank account where the opening and closing balance for the year 2013 i.e. i) January 1, 2013 and ii) closing balance as on December 31, 2013 are maintained.	0	✓	EXTRAIT B ET C.pdf **File desc:** .... **Date/Time:** 14/05/2014 02:39:23 **Size:** 2 MB
27	compte_rendu_réunion_ccia_changement_ présentation_vaccin	7.7	✗	No file downloaded

	Other documents		✕	2014 05 11Plan_de_suivi_et_d'évaluation_GAVI__RSS__mai_20 13_FR-3 VF(1).xls **File desc: ....** **Date/Time:** 14/05/2014 02:30:22 **Size:** 569 KB
				Eclaircissement 0001.pdf **File desc: ....** **Date/Time:** 14/05/2014 03:13:59 **Size:** 3 MB
				Rapport d'exécution 2013 et plan d'action 2014 et 2015.xls **File desc: ....** **Date/Time:** 14/05/2014 03:20:53 **Size:** 153 KB
				REALISATIONS DES OSC EN 2013.doc **File desc: ....** **Date/Time:** 14/05/2014 03:24:10 **Size:** 108 KB
				RELIQUATS OSC ET RSS DE L'ANCIEN PROJET 2007-2012.xlsx **File desc: ....** **Date/Time:** 14/05/2014 03:26:36 **Size:** 31 KB