



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Central African Republic

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 31.05.2011 12:28:42

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE 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 responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

- Accomplishments using GAVI resources in the past year
- Important problems that were encountered and how the country has tried to overcome them
- Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners
- Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released
- How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
SVN	DTC-HepB-Hib, 2 doses/flacon, lyophilisé	DPT-HepB-Hib, 2 doses/bottle, freeze-dried	2011
SVN	Antipneumococcique (PCV13), 1 dose/flacon, liquide	Antipneumococcal (PCV13), 1 dose/vial, Liquid	2012
SVN	Antiamaril, 10 doses/flacon, lyophilisé	Anti-amaril, 10 doses/vial, freeze-dried	2015

Programme extension

Note: To add new lines click on the **New item** icon in the **Action** column.

Type of Support	Vaccine	Start Year	End Year	Action
	Change Vaccine			
New Vaccines Support	DPT-HepB-Hib, 2 doses/bottle, freeze-dried	2012	2015	

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011
ISS	2012

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

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

For the Government of Central African Republic

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Marguerite PETRO KONI-ZEZE ZARAMBAUD, Representing the Minister of Health	Name	Sylvain NDOUTINGAI
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Rock OUAMBITA-MABO	EPI Director	(00236) 70.40.78.08	ouambita_mr@yahoo.fr	
Philémon MBESSAN	Directorate of Studies and Planning	(00236) 70.93.05.67	mbessanp@yahoo.fr	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Zakaria MAIGA, Representative	WHO			
Tanya CHAPUISAT, Representative	UNICEF			
Christian YANGUE, Representative	Rotary International			
Antoine MBAO BOGO, President	Central African Red Cross			
Jeannette GBROUKA, National Director	SOS Children's village			
Emmanuel DJADA, Head of Missions	Ministry of Family, Social Affairs and National Solidarity			
Philémon DERANT LAKOUE, Director of Staff	Ministry of Communication, National Reconciliation and Peace Culture.			
Louis NAMBOUA, General Director of Public Health.	Ministry of Health			
Germain WAMOUSTOYO, Director of Budget	Ministry of Finance and Budget			
Irène POUNEBINGUI, Service Head	Ministry of Economy, Plan and International Cooperation			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - 16, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Zakaria MAIGA, Representative	WHO			
Tanya CHAPUISAT, Representative	UNICEF			
Christian YANGUE, Representative	Rotary International			
Antoine MBAO BOGO, President	Central African Red Cross			
Jeannette GBROUKA, National Director	SOS Children's village			
Emmanuel DJADA, Head of Missions	Ministry of Family, Social Affairs and National Solidarity			
Philémon DERANT LAKOUE, Director of Staff	Ministry of Communication, National Reconciliation and Peace Culture.			
Louis NAMBOUA, General Director of Public Health.	Ministry of Health			
Germain WAMOUSTOYO, Director of Budget	Ministry of Finance and Budget			
Irène POUNEBINGUI, Service Head	Ministry of Economy, Plan and International Cooperation			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - 16, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	156,780	159,978	163,231	166,546	169,922	173,356
Total infants' deaths	20,605	21,026	21,454	21,889	22,333	22,784
Total surviving infants	136,175	138,952	141,777	144,657	147,589	150,572
Total pregnant women	179,178	182,832	186,549	190,338	194,196	198,121
# of infants vaccinated (to be vaccinated) with BCG	100,865	127,982	138,746	149,891	156,328	164,688
BCG coverage (%) *	64%	80%	85%	90%	92%	95%
# of infants vaccinated (to be vaccinated) with OPV3	76,679	97,266	106,333	115,726	125,451	135,515
OPV3 coverage (%) **	56%	70%	75%	80%	85%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	102,408	138,952	141,777	144,657	147,589	150,572
# of infants vaccinated (to be vaccinated) with DTP3 ***	77,817	97,266	106,333	115,726	125,451	135,515
DTP3 coverage (%) **	57%	70%	75%	80%	85%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	102,408	138,952	141,777	144,657	147,589	150,572
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	77,817	97,266	106,333	115,726	125,451	135,515
3 rd dose coverage (%) **	57%	70%	75%	80%	85%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.11	1.11	1.11	1.11	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	87,578	97,266	106,333	115,726	125,451	135,515
Yellow Fever coverage (%) **	64%	70%	75%	80%	85%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	35%	20%	20%	15%	15%	15%
Wastage ^[1] factor in base-year and planned thereafter	1.54	1.25	1.25	1.18	1.18	1.18
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal		73,133	141,777	144,657	147,589	150,572
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal		55,581	106,333	115,726	125,451	135,515
Pneumococcal coverage (%) **	0%	40%	75%	80%	85%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	10%	10%	10%	10%	10%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	85,726	97,266	106,333	115,726	125,451	135,515
Measles coverage (%) **	63%	70%	75%	80%	85%	90%
Pregnant women vaccinated with TT+	89,589	109,699	121,257	133,237	145,647	158,497
TT+ coverage (%) ****	50%	60%	65%	70%	75%	80%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	24%	30%	25%	20%	15%	10%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for **2010** must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for **2011** to **2015** in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

There is no difference between the population figures projected in RGP/H of 2003 taken in cMYP and JRF 2010 compared to those generated by the online RSA tool.

On the contrary, there is a difference between the population figures projected in RGP/H of 2003 taken in cMYP and JRF 2010 compared to those generated by cMYP_Costing Tool. This difference is due to the differences between projection methods used in RGP/H/2003 and cMYP_Costing Tool. The projected populations of cMYP_Costing Tool is greater than that of RGP/H/2003. The difference is due to the ratio of deaths to infants.

Provide justification for any changes in **surviving infants**

There is no change in the number of surviving infants between cMYP 2011-2015 and RSA 2010. On the contrary, there is a difference between the projected figures of RGP/H 2003 which are taken in cMYP and JRF 2010 compared to those generated by the cMYP_Costing Tool. This difference is due to the differences between projection methods used in RGP/H/2003 and cMYP_Costing Tool. The projected populations of cMYP_Costing Tool is greater than that of RGP/H/2003. The difference is due to the ratio of deaths to infants

Provide justification for any changes in **targets by vaccine**

The mid-term review of cMYP 2008-2012 conducted in February 2010 showed that the country is far from achieving the goals fixed initially and decided to revise the objectives in the 2nd generation of cMYP 2011-2015 depending on the performance levels of 2010.

Provide justification for any changes in **wastage by vaccine**

CAR moved from 2 doses Freeze-dried Pentavalent to 10 doses liquid Pentavalent. This made the loss rate move from 5% to 10%

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

Regarding the immunization cover results, the performance of routine EPI in 2010 saw a slight decline when compared to 2009, as shown in the increase in suffering children from 31,541 in 2009 to 58,951 in 2010. Nevertheless the country has made efforts in the improvement of quality of immunization data by:

- Support to the micro-planning in Health Headquarters

- Support for the provision of routine immunization services in the Health Headquarters of Ouham, Ouham-Pende, Nana-Gribizi and Kemo: Vehicles for management teams, motor bikes for advanced strategy and financial resources for supervision and monitoring. This support will extend to other headquarters in the scope of African Strategy for the Survival and Development of the Child (ASSDC)

- Monitoring the completion of immunization reports

- Analysis and review of immunization, surveillance and laboratory data by the national committee of review and data consolidation which meets once per month;

- Extension of the use of tools of auto-evaluation of data quality (DQS) at the Health Headquarters level.

- Catalytic funding received from WHO (125,000 USD) and UNICEF (700,000 USD).

Obstacles met:

1. Low functionality of the health system

2. Inadequate supervision and monitoring of interventions

3. Under-financing of routine EPI activities with all its consequences

4. Insecurity in North-East and South-East part of the country

5.2.2.

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

The goals of immunization cover for the year 2010 were not achieved, as the implementation of the routine EPI activities met with difficulties identical to those of 2009 and as cited below:

- Inadequate implementation of 5 components of the RED approach (inadequate actions. Revitalization of fixed and advanced strategies, monitoring for action, trained supervision and strengthening of links with the community)

- Limited functionality of certain EPI centers due to frequent stopping of the cold chain by outage of petrol and consumable stocks resulting in many missed opportunities;

- Absence of research mechanism to look for ignorant people;

- Inadequate quantitative and qualitative health staff at the immunization centers level;

- Under-financing of routine EPI activities.

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? Yes

If Yes, please give a brief description on how you have achieved the equal access.

There is no discrimination of access to immunization service between girls and boys aged less than a year. The awareness is focused on the immunization of all children without gender-discrimination.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

Information on gender is recorded in the immunization register but it is a monthly reporting tool which does not provide the distribution of doses administered by gender.

5.3. Data assessments

5.3.1.

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

Differences between administrative immunization cover data reported by the country and the data estimated by WHO/UNICEF are due to the fact that the estimations of WHO/UNICEF do not integrate with the data of additional immunization activity organized by the country as the data of these AVI are not adequately documented and shared from time to time.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

The Sub-Regional Task Force for Central Africa (GAVI, WHO and UNICEF) executed a mission from 25 to 28/05/2010 for the evaluation of quality of immunization data in CAR during the period 2006 to 2009. The recommendations of the mission are:

- Propose to the secretariat of GAVI to lift the financial sanctions

- Institutionalize monthly monitoring meetings at EPI centers and health Headquarters level.

- Hold monthly meetings for technical ICC and quarterly meetings for strategic ICC.

- Continue quarterly monitoring meetings at regional and national levels

- Include the regional level in the program of receipt, analysis, feed-back and transmission of data

- Support the development and implementation of plans at health district level and follow their implementation.

- Propose a realistic reallocation of HSS funds, to better support the immunization activities, to the Secretariat of GAV

- Follow-up on financial commitments taken up by the Government.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- Use of DQS tool as a support for supervision

- Monthly meetings of consolidation and review of surveillance, immunization and laboratory data;

- Quarterly coordination meetings at the regional level and bi-annual meetings at the national level;

- Monthly meeting for the monitoring of immunization data at Health Headquarters level.

5.3.4.

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

- Training of health workers of EPI centers

- Monthly monitoring of completion and promptness of routine immunization reports

- Extension of DQS as immunization data validation tools.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 500	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	134,479			8,699					
New Vaccines	831,327	71,919	759,408						
Injection supplies with AD syringes	38,588		29,889		0				
Injection supply with syringes other than ADs				30,626					
Cold Chain equipment	30,626			53,636					
Personnel	417,075	256,187	0	0	253,282				
Other operational costs	12,240	12,240	0	477,716	0				
Supplemental Immunisation Activities	5,305,094	0	2,924,522		1,902,857				
Total Expenditures for Immunisation	6,769,429								
Total Government Health		340,346	3,713,819	570,677	2,156,139				

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	190,329	202,231	
New Vaccines	2,447,491	4,166,369	
Injection supplies with AD syringes	98,655	103,521	
Injection supply with syringes other than ADs			
Cold Chain equipment	35,715	76,688	
Personnel	662,725	690,177	
Other operational costs	66,071	70,028	
Supplemental Immunisation Activities	2,404,128	3,513,228	
Total Expenditures for Immunisation	5,905,114	8,822,242	

* 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.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The program benefited from four main funding sources which are: funding from the Government, external resources, groups and communities.

In 2010, the EPI funding was ensured by the Government (21%), GAVI (19%), WHO (15%) and UNICEF (45%) respectively.

GAVI funding is mainly for the purchase of vaccines (new and under-used) as the country has not received funding from GAVI for supporting immunization services since 2008. The expenses from the Central-African Government have been mainly dedicated to the payment of staff salaries and charges related to the use of buildings.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 5

Please attach the minutes (Document number 2,18, 14, 16, 3) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

1. ICC meeting of 10 May 2010: Restoration of the GAVI/WHO/UNICEF joint mission by Central African Republic (recommendations: See section evaluation of quality of data)
2. Meeting of the Committee of Health Sector on HIV-AIDS dated 07 June 2010: Context and justification / Estimation of EPI requirements and Presentation of proposals of reallocation of GAVI/HSS funds for the implementation of EPI activities:

Recommendations :

- Impact of the reallocation of GAVI-HSS funds on the activities planned for the strengthening of the Health system is insignificant as the EPI is a subset of the health system and so far only 50% of the funds are used.
- Reallocation of HSS funds for the implementation of EPI activities by target areas or high-density urban areas to enable immunization or to reach more children.
- The reallocated GAVI-HSS funds complement the funding of other partners such as WHO and UNICEF.
- Estimated requirement of certain activities such as monitoring of EPI data have been revised upwards by the participants
- The reallocation of funds for the revitalization of primary health care bodies was strongly recommended
- The introduction of a small committee, by his excellence the Minister of Health, responsible to:

*finalize the proposals for reallocation of GAVI-HSS funds,

*finalize Annual Progress Report 2009 revised post approval by the HIV-AIDS Health Sector Committee,

*send this report within 24 hours to the GAVI secretariat,

*prepare a detailed schedule

*ensure follow-up of execution of this schedule.

This committee comprised of:

*HSS manager,

*ISS manager,

*Representative from WHO (Focal point of HSS)

*Representative from UNICEF (EPI Focal point)

3. Meeting of Health Sector Committee and HIV-AIDS dated 07 July 2010: Restoration of the Evaluation mission of Financial Management of GAVI programs in CAR and introduction of action plan 2010 of HSS project.

Recommendations:

- Using the public procurement system is a must for the purchase of biomedical materials, cold chain and medicines within the time given to UNICEF and UCM.
- Designation of cosignatories of account by the Minister of Finances at the decentralized level will be evaluated at the end of the year by inspection of Health and Financial Services and propose another alternative which will resort to simple signatures in case of failure.
- The checklist will be a final document prepared by International Experts responsible for the assessment of financial management and will include the conclusions and recommendations of the said mission.
- Use of banking network of Ecobank even at the decentralized level where there are branch offices as this bank offers facilities at lesser costs compared to other local banks.
- External audit to be commissioned by the Sector Committee and conducted by a national firm recognized internationally for its expertise.
- Reconstruction of EPI accounting operations of 2008 and integration in the management software (Ciel Compta) before audit.
- Implementation of schedules developed during the last meeting of the Sector Committee following recommendations of the joint mission WHO-UNICEF-GAVI at Bangui;
- New activities to be executed and their contents;
- Rehabilitation and construction sites based on cost generated by these works;
- Situation of the Health headquarters of Nana-Gribizi in the Health Region compared to other district beneficiaries of GAVI funds.
- Taking into account the deadline, the project implementation and completion is planned for 2011.

Are there any Civil Society Organisations (CSO) member of the ICC?: **Yes**

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
ASSOMESCA	

List CSO member organisations:	Actions
Central African Red Cross	
SOS Children's village	
Central African Non-Governmental Inter Council Organization	
Central African Patron/GICA	
Advisor of the College of Physicians, Pharmacists and Dentists.	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

A. PROVISION OF SERVICES

- Organize workshops for micro planning of routine activities
- Expanding immunization teams in advanced strategy
- Execute trained supervision and follow-up (Monitoring) of activities of immunization service centers
- Train EPI in-charges of central, regional and headquarter level in planning, management, follow-up, monitoring/evaluation and preventive maintenance of CC
- Motivate good performing staff at all levels depending on the defined modalities
- Organize additional immunization activities, distribution of supplements in micro nutrients, MII and Mebendazole
- Organize bi-annual reviews of routine EPI

B. SUPPLY OF VACCINES AND QUALITY OF VACCINES

- Regular supply to EPI centers with vaccines, consumables of CC (petrol, burners, wicks, etc) and program management tools
- Provide EPI directorate and Health headquarters with computer hardware
- Train/retrain the managers of central, regional warehouses and members of DMT on computerized management of vaccines
- Prepare and distribute the revised plan of reduction of loss rates of vaccines (taking the new vaccines into account) along with the guidelines on the vial policy
- Execute an evaluation of efficient management of vaccines (EMV) and stores (EMS)
- Monitor loss of vaccines.

C. IMMUNIZATION SAFETY

- Update the national plan on the safety of injections and bio-medical waste management
- Train the health officers on the safety of injections and management of hospital wastes
- Train the health officers on PIAE management

D. INTRODUCTION OF NEW VACCINES

- Prepare an action plan for introduction of vaccine against Rota-virus in routine EPI
- Develop a training module on the introduction of vaccine against Rota-virus
- Update program management tools
- Train officers involved in the management of vaccines against Rota-virus
- Introduce vaccine against Rota-virus in routine EPI

E. ERADICATION OF POLIO, ELIMINATION OF MNT AND YF AND PRE ELIMINATION OF MEASLES

- Organize mass immunization camps against diseases avoidable through immunization (Polio, measles, MNT and yellow fever)
- Organization of coordination meetings on the surveillance of target diseases of EPI and routine EPI
- Conduct active surveillance of target diseases of EPI and PIAE
- Supply laboratory surveillance equipment, materials and consumables
- Provide FOSA with communication means for data transmission
- Assure retro-information at different levels
- Execute the follow-up and evaluation of surveillance activities

F. COMMUNICATION IN FAVOR OF EPI

- Train endogenous facilitators, communicators and EPI officers in communication techniques
- Prepare/ provide EPI centers and endogenous structures with educational material on EPI
- Disseminate information on EPI through mass medias and traditional channels of communication (theatre, traditional dance groups)
- Follow-up and monitor social-mobilization activities
- Conduct behavioral studies

G. SUSTAINABILITY OF FINANCIAL AND OTHER RESOURCES

- Appeal for the provision of a cash advance and relief procedure for the for disbursement of EPI funds

- Develop managerial capabilities of officials of the Ministry of Health, planning and finances on the financial management of EPI
- Ensure follow-up of EPI funding by ICC
- Conduct audits of EPI activities
- Appeal to national higher authorities, Agencies of the United Nations System, NGO and civil society in favor of vaccine independence.

5.7. 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 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes 0.05 ml	UNICEF	
Measles	AD syringes 0.5 ml	UNICEF	
TT	AD syringes 0.5 ml	UNICEF	
DTP-containing vaccine	AD syringes 0.5 ml	UNICEF AND GAVI.	
Vaccine containing PCV13	AD syringes 0.5 ml	UNICEF AND GAVI.	

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

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

- Inadequacy of distribution of plan, guidelines on the safety of injection at the operational level
- Under-financing for implementation of the plan
- Inadequacy of incinerator cover in health facilities.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Disposal is made by burning and burying in majority of EPI centers. However, the disposal of wastes in some of the EPI centers supported by NGOs is made in the Montfort Incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 0
Balance carried over to 2011	US\$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

NA

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Evaluation report prepared by the international consultant is not received yet.

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

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

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

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in

[Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in **2010** immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			75,629	77,817
2	Number of additional infants that are reported to be vaccinated with DTP3				2,188
3	Calculating	\$20	per additional child vaccinated with DTP3		43,760
4	Rounded-up estimate of expected reward				44,000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	409,200	257,800	113,950	
Pneumococcal	566,900	0	151,200	
Yellow Fever	163,100	73,800		

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

If numbers [A] and [B] above are different

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

- For PCV13 : The country has postponed the introduction of anti-pneumococcal vaccine to July 2011 due to delays in shipments of new vaccine which is explained by low availability of PCV10 in the market in 2010 leading to a change in the composition from PCV10 to PCV13. Consequently, the CAR will receive half of the annual dose of PCV13 as the vaccine will be introduced from 01 July 2011.

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)

- Preparation of a schedule to order vaccines (Forecast Form) in collaboration with EPI program and UNICEF supply.
- Orders placed 3 months in advance before the planned delivery date.
- Monthly monitoring of vaccine stock at central and Health Headquarters levels.
- Analysis of vaccine management (follow-up of loss rates) during quarterly regional coordination meetings and bi-annual national meetings.
- Training of health management teams in the headquarters in EPI logistics.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced		
Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	24.05.2011

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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in [Annex 1](#).) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTC-HepB-Hib, 2 doses/flacon, lyophilisé	61,500	19,800
2nd Awarded Vaccine Antipneumococcique (PCV13), 1 dose/flacon, liquide	0	0
3rd Awarded Vaccine Antiamaril, 10 doses/flacon, lyophilisé	16,500	16,200
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. No control on the enforcement procedure of the State budget and public procurement by managers and credit directors		
2. Planning and validation of expenses by treasury committee presided by the State Head		
3. Delay in payment from the costal part of Central-African States following a cash crunch.		
4. International Financial crisis		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		

Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)
1 st Awarded Vaccine DPT-HepB-Hib, 2 doses/bottle, freeze-dried	10
2 nd Awarded Vaccine Antipneumococcal (PCV13), 1 dose/vial, liquid	10
3 rd Awarded Vaccine Antiamaril, 10 doses/vial, freeze-dried	10

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf.

-Letter from the Minister of Health addressed to the Council of Ministers to reiterate the commitments of CAR with regards to co-funding of vaccines

-Appeal from the Sub-regional work group of GAVI to the Prime Minister, President of the National Assembly, Minister of Finances and Budget, Minister of Health

-Physical contacts with the Director General of Budget and Director General of Treasury for the sense on the release of allocations for co-funding

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

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 11.08.2007

When was the last Vaccine Management Assessment (VMA) conducted? 28.11.2008

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 5,6)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Majority of the recommendations from GEEV prepared in 2007, have not been implemented; they are:

-Proceed with the setting-up of a national steering committee for the management of bio-medical wastes and safety of injections by end of August 2007

-Organize a workshop for the development of norms and national policy on the management of bio-medical wastes in the first fifteen days of the month of September 2007

- Train all the store managers on the principles of cold chain management, management of vaccines and institutionalize follow-up of losses.

-Prepare technical files on the safety of injections, management of bio-medical wastes and ensure large distribution

-Strengthen the capability of freezers in districts by allocation of 45 freezers still kept in the central warehouses

-Reallocate the materials assigned during measles AVA

A partial evaluation of the vaccine management carried out in November 2008 lead to the development of an improved plan of action which has not been approved and implemented.

This evaluation will be completed in 2011 and action plan for the improvement of vaccine management will be implemented before the next evaluation planned in 2012.

When is the next Effective Vaccine Management (EVM) Assessment planned? 06.02.2012

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

- In 2010: Movement from 2 doses of freeze-dried Pentavalent to 10 doses of Liquid Pentavalent
- In 2011: Change in the composition of anti-pneumococcal vaccine with movement from PCV10 to PCV13.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No 18) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

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

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
Seringue autobloquante	0	0.053	0.053	0.053	0.053	0.053
DTC-HepB, 2 doses/flacon, liquide	2	1.600				
DTC-HepB, 10 doses/flacon, liquide	10	0.620	0.620	0.620	0.620	0.620
DTC-HepB-Hib, 1 dose/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 2 doses/flacon, lyophilisé	WAP	2.580	2.470	2.320	2.030	1.850
DTC-HepB-Hib, 10 doses/flacon, liquide	WAP	2.580	2.470	2.320	2.030	1.850
DTC-Hib, 10 doses/flacon, liquide	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, 1 dose/flacon, liquide	1					
HepB monovalent, 2 doses/flacon, liquide	2					
Hib monovalent, 1 dose/flacon, lyophilisé	1	3.400				
Antirougeoleux, 10 doses/flacon, lyophilisé	10	0.240	0.240	0.240	0.240	0.240
antipneumococcique (PCV10), 2 doses/flacon, liquide	2	3.500	3.500	3.500	3.500	3.500
Antipneumococcique (PCV13), 1 dose/flacon, liquide	1	3.500	3.500	3.500	3.500	3.500
Seringue de reconstitution pentavalent	0	0.032	0.032	0.032	0.032	0.032
Seringue de reconstitution antiamentaril	0	0.038	0.038	0.038	0.038	0.038
Antirrotavirus pour calendrier 2 doses	1	7.500	6.000	5.000	4.000	3.600
Antirrotavirus pour calendrier 3 doses	1	5.500	4.000	3.333	2.667	2.400
Réceptacle de sécurité	0	0.640	0.640	0.640	0.640	0.640
Antiamaril, 5 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856
Antiamaril, 10 doses/flacon, lyophilisé	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 2 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	138,952	141,777	144,657	147,589	150,572		723,547
Number of children to be vaccinated with the third dose	Table 1	#	97,266	106,333	115,726	125,451	135,515		580,291
Immunisation coverage with the third dose	Table 1	#	70%	75%	80%	85%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	138,952	141,777	144,657	147,589	150,572		723,547
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 2 doses/vial, Lyophilised

Co-financing group	Faible revenu
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	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		438,700	445,300	448,900	453,700	1,786,600
Number of AD syringes	#		438,900	445,500	449,100	453,900	1,787,400
Number of re-constitution syringes	#		243,500	247,200	249,100	251,800	991,600

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of safety boxes	#		7,575	7,700	7,750	7,850	30,875
Total value to be co-financed by GAVI	\$		1,161,000	1,109,500	983,500	909,500	4,163,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		35,900	38,900	45,100	50,300	170,200
Number of AD syringes	#		35,900	38,900	45,200	50,300	170,300
Number of re-constitution syringes	#		20,000	21,600	25,100	27,900	94,600
Number of safety boxes	#		625	675	800	875	2,975
Total value to be co-financed by the country	\$		95,000	97,000	99,000	101,000	392,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 2 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			7.56%			8.03%			9.13%			9.98%		
B	Number of children to be vaccinated with the first dose	Table 1	138,952	141,777	10,715	131,062	144,657	11,614	133,043	147,589	13,472	134,117	150,572	15,022	135,550
C	Number of doses per child	Vaccine parameter	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
		(schedule)													
D	Number of doses needed	B x C	416,856	425,331	32,144	393,187	433,971	34,841	399,130	442,767	40,416	402,351	451,716	45,065	406,651
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
F	Number of doses needed including wastage	D x E	462,711	472,118	35,679	436,439	481,708	38,673	443,035	491,472	44,862	446,610	501,405	50,022	451,383
G	Vaccines buffer stock	(F – F of previous year) * 0.25		2,352	178	2,174	2,398	193	2,205	2,441	223	2,218	2,484	248	2,236
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		474,470	35,857	438,613	484,106	38,866	445,240	493,913	45,085	448,828	503,889	50,269	453,620
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		474,729	35,877	438,852	484,370	38,887	445,483	494,181	45,109	449,072	504,163	50,297	453,866
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		263,331	19,901	243,430	268,679	21,571	247,108	274,122	25,022	249,100	279,659	27,900	251,759
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		8,193	620	7,573	8,359	672	7,687	8,529	779	7,750	8,701	869	7,832
N	Cost of vaccines needed	I x g		1,171,941	88,567	1,083,37	1,123,126	90,168	1,032,95	1,002,644	91,521	911,123	932,195	92,998	839,197

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
						4			8						
O	Cost of AD syringes needed	K x ca		25,161	1,902	23,259	25,672	2,062	23,610	26,192	2,391	23,801	26,721	2,666	24,055
P	Cost of reconstitution syringes needed	L x cr		8,427	637	7,790	8,598	691	7,907	8,772	801	7,971	8,950	893	8,057
Q	Cost of safety boxes needed	M x cs		5,244	397	4,847	5,350	430	4,920	5,459	499	4,960	5,569	556	5,013
R	Freight cost for vaccines needed	N x fv		41,018	3,100	37,918	39,310	3,156	36,154	35,093	3,204	31,889	32,627	3,255	29,372
S	Freight cost for devices needed	(O+P+Q) x fd		3,884	294	3,590	3,962	319	3,643	4,043	370	3,673	4,124	412	3,712
T	Total fund needed	(N+O+P+Q+R+S)		1,255,675	94,894	1,160,781	1,206,018	96,822	1,109,196	1,082,203	98,783	983,420	1,010,186	100,778	909,408
U	Total country co-financing	I 3 cc		94,894			96,822			98,783			100,778		
V	Country co-financing % of GAVI supported proportion	U / T		7.56%			8.03%			9.13%			9.98%		

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012					TOTAL
Number of Surviving infants	Table 1	#	138,952	141,777					280,729

	Instructions		2011	2012					TOTAL
Number of children to be vaccinated with the third dose	Table 1	#	55,581	106,333					161,914
Immunisation coverage with the third dose	Table 1	#	40%	75%					
Number of children to be vaccinated with the first dose	Table 1	#	73,133	141,777					214,910
Number of doses per child		#	3	3					
Estimated vaccine wastage factor	Table 1	#	1.11	1.11					
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1					
AD syringes required	Select YES or NO	#	Yes	Yes					
Reconstitution syringes required	Select YES or NO	#	No	No					
Safety boxes required	Select YES or NO	#	Yes	Yes					
Vaccine price per dose	Table 6.1	\$	3.500	3.500					
Country co-financing per dose		\$	0.20	0.20					
AD syringe price per unit	Table 6.1	\$	0.053	0.053					
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000					
Safety box price per unit	Table 6.1	\$	0.640	0.640					
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%					
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%					

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Faible revenu
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	2011	2012			
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20			

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012				TOTAL
Number of vaccine doses	#		501,000				501,000
Number of AD syringes	#		507,000				507,000
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		5,650				5,650
Total value to be co-financed by GAVI	\$		1,875,000				1,875,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012				TOTAL
Number of vaccine doses	#		28,300				28,300
Number of AD syringes	#		28,700				28,700
Number of re-constitution syringes	#		0				0
Number of safety boxes	#		325				325
Total value to be co-financed by the country	\$		106,000				106,000

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	2011	2012											
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			5.34%											
B	Number of children to be vaccinated with	Table 1	73,133	141,777	7,578	134,199									

		Formula	2011	2012											
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3									
D	Number of doses needed	B x C	219,399	425,331	22,734	402,597									
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11									
F	Number of doses needed including wastage	D x E	243,533	472,118	25,235	446,883									
G	Vaccines buffer stock	(F – F of previous year) * 0.25		57,147	3,055	54,092									
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		529,265	28,289	500,976									
J	Number of doses per vial	Vaccine parameter		1	1	1									
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) x 1.11		535,551	28,625	506,926									
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0									
M	Total of safety boxes (+ 10% of extra need)	(K + L) / 100 * 1.11		5,945	318	5,627									

		Formula	2011	2012											
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed														
N	Cost of vaccines needed	$I \times g$		1,852,428	99,010	1,753,418									
O	Cost of AD syringes needed	$K \times ca$		28,385	1,518	26,867									
P	Cost of reconstitution syringes needed	$L \times cr$		0	0	0									
Q	Cost of safety boxes needed	$M \times cs$		3,805	204	3,601									
R	Freight cost for vaccines needed	$N \times fv$		92,622	4,951	87,671									
S	Freight cost for devices needed	$(O+P+Q) \times fd$		3,219	173	3,046									
T	Total fund needed	$(N+O+P+Q+R+S)$		1,980,459	105,853	1,874,606									
U	Total country co-financing	$I \times 3 \text{ cc}$		105,853											
V	Country co-financing % of GAVI supported proportion	U / T		5.34%											

Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	138,952	141,777	144,657	147,589	150,572		723,547
Number of children to be vaccinated with the third dose	Table 1	#							0
Immunisation coverage with the third dose	Table 1	#	70%	75%	80%	85%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	97,266	106,333	115,726	125,451	135,515		580,291
Number of doses per child		#	1	1	1	1	1		
Estimated vaccine wastage factor	Table 1	#	1.25	1.25	1.18	1.18	1.18		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	10	10	10	10	10		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	20.00%	20.00%	20.00%	20.00%	20.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Faible revenu
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	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		110,900	112,400	123,400	133,200	479,900
Number of AD syringes	#		99,000	105,900	116,500	125,700	447,100
Number of re-constitution syringes	#		12,400	12,500	13,700	14,800	53,400
Number of safety boxes	#		1,250	1,325	1,450	1,575	5,600
Total value to be co-financed by GAVI	\$		121,500	123,500	135,500	146,000	526,500

Table 7.3.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement			
Required supply item		2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#		24,900	25,200	27,600	29,800	107,500
Number of AD syringes	#		22,200	23,700	26,100	28,100	100,100
Number of re-constitution syringes	#		2,800	2,800	3,100	3,400	12,100
Number of safety boxes	#		300	300	325	350	1,275
Total value to be co-financed by the country	\$		27,500	27,500	30,500	33,000	118,500

Table 7.3.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
A	Country Co-finance			18.32%			18.27%			18.26%			18.26%		

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
B	Number of children to be vaccinated with the first dose	Table 1	97,266	106,333	19,480	86,853	115,726	21,138	94,588	125,451	22,912	102,539	135,515	24,750	110,765
C	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	B x C	97,266	106,333	19,480	86,853	115,726	21,138	94,588	125,451	22,912	102,539	135,515	24,750	110,765
E	Estimated vaccine wastage factor	Wastage factor table	1.25	1.25	1.25	1.25	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
F	Number of doses needed including wastage	D x E	121,583	132,917	24,351	108,566	136,557	24,943	111,614	148,033	27,036	120,997	159,908	29,205	130,703
G	Vaccines buffer stock	(F – F of previous year) * 0.25		2,834	520	2,314	910	167	743	2,869	524	2,345	2,969	543	2,426
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		135,751	24,870	110,881	137,467	25,109	112,358	150,902	27,560	123,342	162,877	29,747	133,130
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		121,176	22,200	98,976	129,466	23,648	105,818	142,436	26,014	116,422	153,718	28,074	125,644
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		15,069	2,761	12,308	15,259	2,788	12,471	16,751	3,060	13,691	18,080	3,302	14,778

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$		1,513	278	1,235	1,607	294	1,313	1,767	323	1,444	1,907	349	1,558
N	Cost of vaccines needed	$I \times g$		116,203	21,289	94,914	117,672	21,494	96,178	129,173	23,591	105,582	139,423	25,463	113,960
O	Cost of AD syringes needed	$K \times ca$		6,423	1,177	5,246	6,862	1,254	5,608	7,550	1,379	6,171	8,148	1,489	6,659
P	Cost of reconstitution syringes needed	$L \times cr$		573	105	468	580	106	474	637	117	520	688	126	562
Q	Cost of safety boxes needed	$M \times cs$		969	178	791	1,029	188	841	1,131	207	924	1,221	223	998
R	Freight cost for vaccines needed	$N \times fv$		23,241	4,258	18,983	23,535	4,299	19,236	25,835	4,719	21,116	27,885	5,093	22,792
S	Freight cost for devices needed	$(O+P+Q) \times fd$		797	147	650	848	155	693	932	171	761	1,006	184	822
T	Total fund needed	$(N+O+P+Q+R+S)$		148,206	27,151	121,055	150,526	27,494	123,032	165,258	30,182	135,076	178,371	32,576	145,795
U	Total country co-financing	$I \text{ } 3 \text{ } cc$		27,151			27,494			30,181			32,576		
V	Country co-financing % of GAVI supported proportion	U / T		18.32%			18.27%			18.26%			18.26%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

1. Problem of low immunization cover should be taken into account for the strengthening of EPI
2. We must increasingly think of innovations to improve immunization services in the country. Contracts with NGO for routine EPI activities should be considered to extend EPI activities in emergency areas which are difficult to access
3. Restructuring the National Health Information System currently must be harnessed to strengthen the collection and transmission of immunization data
4. Non control of procurement processes by the service managers is a handicap for the follow-up of allocations of budget lines for health
5. In view of the oil support provided by UNICEF, WHO and GAVI, it is no longer a question of ensuring steady supply of petrol for the functioning of EPI refrigerators.
6. The issue of inclusion of GAVI funding in the budgetary law of the Central African State should be subject to clarification.
7. Reallocation of a part of GAVI/RSS funds to the purchase of petrol, refrigerators and Cold Chain materials for the strengthening of Immunization Services had been a positive experience
8. Schedule of introduction of vaccine against Rota-virus from 1st July should be largely distributed at all levels.
9. Issue of under-financing of EPI will be subject to an appeal to the Government so that CAR adheres to its commitments in the scope of immunization independence.
10. The country is still in post-conflict (fragile), it is still having difficulty in mobilizing internal and external financial resources.

12. Annexes

Annex 1

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
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 & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
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 & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
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 & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		13	Oui
Signature of Minister of Finance (or delegated authority)		7	Oui
Signatures of members of ICC		1	Oui
Signatures of members of HSCC		17	Oui
Minutes of ICC meetings in 2010		2, 18, 19, 20	Oui
Minutes of ICC meeting in 2011 endorsing APR 2010		14	Oui
Minutes of HSCC meetings in 2010		3	Oui
Minutes of HSCC meeting in 2011 endorsing APR 2010		16	Oui
Financial Statement for ISS grant in 2010		5, 15	Oui
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		4	Oui
EVSM/VMA/EVM report		6, 21	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details		11	
new cMYP starting 2012		9, 10	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the *Upload file* arrow icon to upload the document. Use the *Delete item* icon to delete a line. To add new lines click on the *New item* icon in the *Action* column.

I D	File type	File name	Ne w file	Action s
	Description	Date and Time Size		
1	File Type: Signatures of members of ICC * File Desc: Signatures of members of ICC and HSCC in a single page	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Sigantures des Membres du CCIA RSA.doc Date/Time: 31.05.2011 07:16:32 Size: 618 KB		
2	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Rapport CCIA Mai 2010.pdf Date/Time: 31.05.2011 07:22:10 Size: 348 KB		
3	File Type: Minutes of HSCC meetings	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON		

I D	File type	File name	New file	Action s
	Description	Date and Time Size		
	in 2010 *	23.05.11\Annexes\Rapport reunion comité sectoriel 07_06.pdf Date/Time: 31.05.2011 07:26:46 Size: 392 KB		
4	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Etat Financier RSS 2010.pdf Date/Time: 31.05.2011 07:47:47 Size: 829 KB		
5	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Etat Financier SSV 2010.pdf Date/Time: 31.05.2011 08:07:14 Size: 430 KB		
6	File Type: EVSM/VMA/EV M report File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Rapport de Mission Logistique_EGV 2008.pdf Date/Time: 31.05.2011 08:11:06 Size: 202 KB		
7	File Type: Signature of Minister of Finance (or delegated authority) * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Siganture Ministre de la Santé et des Finances_Proposal.doc Date/Time: 31.05.2011 08:27:31 Size: 473 KB		
8	File Type: other File Desc: JRF 2010	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\JRF 2010_RCA_FINAL_02_04_2011.xls Date/Time: 31.05.2011 09:04:08 Size: 472 KB		
9	File Type: new cMYP starting 2012 File Desc: Narrative	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\PPAC RCA_2011-2015_23_05_11_DEF.pdf Date/Time: 31.05.2011 09:56:37 Size: 1 MB		
1 0	File Type: new cMYP starting 2012 File Desc: cMYP_Costing_ Tool	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala_Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\cMYP_Costing_Tool_Vs 2.5_Fr_23.05.11_RCA revisé_Bqui.rar Date/Time: 31.05.2011 10:07:56 Size: 613 KB		

I D	File type	File name	Ne w file	Action s
	Description	Date and Time Size		
1 1	File Type: New Banking Details File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Données bancaire SSV.doc Date/Time: 31.05.2011 10:11:33 Size: 212 KB		
1 2	File Type: other File Desc: Section HSS_RSA CAR 2011	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\HSS section of the APR 2010 @ 18 Feb 2011 FR 30 05 2011 RCA.docx Date/Time: 31.05.2011 10:15:46 Size: 130 KB		
1 3	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Siganture Ministre de la Santé et des Finances RSA.doc Date/Time: 31.05.2011 10:49:45 Size: 414 KB		
1 4	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Rapport Réunion CCIA 30-05-2011.pdf Date/Time: 31.05.2011 11:24:38 Size: 1 MB		
1 5	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Etat Financier SSV 2010.pdf Date/Time: 31.05.2011 11:33:25 Size: 727 KB		
1 6	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Rapport Réunion CCIA 30-05-2011.pdf Date/Time: 31.05.2011 11:41:33 Size: 1 MB		
1 7	File Type: Signatures of members of HSCC * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Sigantures des Membres du CCIA RSA.doc Date/Time: 31.05.2011 11:47:29 Size: 618 KB		
1 8	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: C:\Documents and Settings\Dr CASIMIR\Mes documents\Mission Douala Avril 2011\Documents propres\Dossier BON 23.05.11\Annexes\Rapport CCIA Mai 2010.pdf Date/Time:		

I D	File type	File name	Ne w file	Action s
	Description	Date and Time Size		
		31.05.2011 11:51:42 Size: 348 KB		
1 9	File Type: Minutes of ICC meetings in 2010 * File Desc: CR 07 june 2010	File name: Rapport reunion comité sectoriel 07.06.010.docx Date/Time: 23.06.2011 10:52:22 Size: 387 KB		
2 0	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: RAPPORT REUNION COMITE SECTORIEL SANTE.VIH.SIDA.docx Date/Time: 23.06.2011 10:53:14 Size: 368 KB		
2 1	File Type: EVSM/VMA/EV M report File Desc: Improvement Plan	File name: Plan d'amélioration de la gestion efficace des Vaccins RCA 26 06 2011.doc Date/Time: 29.06.2011 06:46:06 Size: 363 KB		