GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Chad

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 12:50:17 PM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
INS			
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	Yes	N/A	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

By signing this page, the Government of Chad 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 Chad

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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	AHMED DJIDDA MAHAMAT	**Name**	ATTEIB DOUTOUM
Date		**Date**	
Signature		**Signature**	

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

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2.2. ICC signatures page

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

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

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.

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

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)

Chad is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Chad's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	511,002	521,460	529,398	579,237	548,456	600,089	568,201	621,692
Total infants' deaths	52,122	63,588	53,999	59,083	55,943	61,209	57,957	63,412
Total surviving infants	458880	457,872	475,399	520,154	492,513	538,880	510,244	558,280
Total pregnant women	527,205	530,276	546,184	579,237	565,847	600,089	586,217	621,692
Number of infants vaccinated (to be vaccinated) with BCG	485,452	465,115	0	450,800	0	496,967	0	545,874
BCG coverage	95 %	89 %	0 %	78 %	0 %	83 %	0 %	88 %
Number of infants vaccinated (to be vaccinated) with OPV3	412,992	378,292	0	327,697	0	366,432	0	435,458
OPV3 coverage	90 %	83 %	0 %	63 %	0 %	68 %	0 %	78 %
Number of infants vaccinated (to be vaccinated) with DTP1	435,936	472,632	0	390,116	0	420,326	0	463,372
Number of infants vaccinated (to be vaccinated) with DTP3	412,992	375,767	0	327,697	0	366,438	0	435,458
DTP3 coverage	90 %	82 %	0 %	63 %	0 %	68 %	0 %	78 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	0	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.00	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	435,936	472,632	327,697	390,116	0	420,326	0	463,372
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	435,936	375,767	327,697	327,697	0	366,438	0	435,458
DTP-HepB-Hib coverage	90 %	82 %	63 %	63 %	0 %	68 %	0 %	78 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	0	0	10	0	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1	1	1.11	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	377,380	413,558	312,093	338,100	0	377,216	0	418,710
Yellow Fever coverage	82 %	90 %	60 %	65 %	0 %	70 %	0 %	75 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	20	0	20	0	20

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.24	1	1	1.25	1	1.25	1	1.25
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	435,936	407,505	0	0	0	377,216	0	418,710
Measles coverage	95 %	89 %	0 %	0 %	0 %	70 %	0 %	75 %
Pregnant women vaccinated with TT+	485,452	417,933	0	0	0	510,076	0	547,089
TT+ coverage	92 %	79 %	0 %	0 %	0 %	85 %	0 %	88 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	20 %	0 %	16 %	0 %	13 %	0 %	6 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  Les donnée sur les naissances rapportées dans le rapport annuel de situation de 2010 pour 2011 étaient basées sur les estimations alors que le pays a organisé un recensement général de la populations dont les résultats ont été diffusés. C'est ce qui explique la différence des chiffres des naissances entre les données de la lettre de décision de 2011 et les données rapportées en 2012.

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

  Se référer à l'explication fournie au point ci-dessus pour les naissances

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  L'enquête de couverture organisée en 2012 a montré une très faible couverture vaccinale : 42% de penta(DTC-HepB-Hib) 3 si l'on tient compte de déclarations des mères et l'observation des cartes de vaccination comparativement aux couverture relativement élevées selon les données administratives. Ces résultats ont conduit le pays à revoir à la baisse les objectifs du PPAc 2013-2017 et du plan opérationnel 2013.

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

  Le Tchad ne dispose pas des données propres de perte en vaccin; les données de l'OMS ont servi de base à la fixation des objectifs dans ce domaine

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

La couverture vaccinale administrative s'est améliorée entre 2011 et 2012, passant de 70,5% à 82% pour le penta(DTC-HepB-Hib) 3. Cependant, le niveau de performance atteint en 2012 est loin de l'objectif fixé initialement à 90%. Parmi les contraintes rencontrées, il faut signaler l'accès limité aux services de vaccination, l'insuffisance de la logistique notamment la chaine de froid et grève des agents de santé pendant 4 mois.

Pour faire face à ces contraintes, le ministère de la santé publique a planifié et mis en oeuvre 3 passages d'activités de vaccination accélérées dans 33 Districts de Santé ayant eu le plus grand nombre d'enfants non vaccinés en 2011. Ces activités ont consisté à une micro planification suivie de la formation, la mise en oeuvre des stratégies vaccinales planifiées, de la supervision et le suivi des activités. Elles se sont déroulées entre octobre et novembre 2012.

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

Comme indiqué plus haut, les objectifs fixés pour 2012 n'ont pas été atteints pour les raisons suivantes :
1) L'accès limité aux services de vaccination
2) Insuffisance de la chaine de froid (plusieurs réfrigérateurs en panne et/ou brûlés)
3) La grève des agents de santé durant 4 mois
4) Insuffisance des capacités techniques et gestionnaires nationales.
5) faible disponibilité des outils de collecte et de gestion du Programme à la base (manque de cartes et registres)

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
MICS	2010	19,1%	20,4%

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Non applicable

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

Selon MICS 2010, "le sexe de l'enfant ne peut pas être considéré comme une variable discriminatoire, même si l'on constate de petites variations: le pourcentage des enfants de 12-23 mois immunisés est de près de 8% chez les garçons et de plus de 7% chez les filles et la ,proportion d'enfants qui n'ont reçu aucun vaccin est pratiquement la même; elle est estimée à 32% pour les garçons contre 33% pour les filles.
Pour le moment, aucun élément n'indique que cette question constitue un problème au Tchad. La préoccupation actuelle est de renforcer le système de vaccination afin d'améliorer la couverture vaccinale.

5.4. Data assessments

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

Des écarts énormes existent entre les données de couverture de 3 sources :administrative, JRF et enquête.

A titre d'exemple, la couverture administrative au Penta (DTC-HepB-Hib) 3 est de 82% en 2012 alors que les estimations OMS-Unicef donnent 22% en 2011 et l'enquête de couverture organisée en 2012 donne 9% sur la base des doses valides et 42% si l'on considère les déclarations des parents et l'observation des cartes de vaccination. La différence concerne aussi les autres antigènes, voir dans les documents annexés (JRF 2012, rapport de l'enquête de couverture vaccinale de 2012).
.
Ces écarts s'expliquent entre autre part :
1) La faible capacité des agents de santé; la mauvaise tenue des outils de vaccination
2) L'insuffisance de supervision à tous les niveaux

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

Le pays a organisé une revue externe couplée à une enquête de couverture en avril mai 2012 dont le rapport est joint à ce rapport annuel de situation

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Les actions suivantes ont été entreprises :
1) L'organisation systématique du DQS dans les régions du Mandoul, Moyen Chari et du Guera avec suivi de mise enŒuvre des recommandations
2) Organisation des réunions pour l'harmonisation des données au niveau central

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

Le plan actuel pour améliorer la qualité des données comprend :
1) La mise à disposition des s outils de gestion du programme dans les districts
2) La formation et systématisation de l'application du DQS dans 40 districts prioritaires pour 2013
4) L'organisation des réunions périodiques pour le suivi des données (mensuel au niveau district, trimestriel au niveau régional et semestriel au niveau national

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 480	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	RAS	RAS	RAS
Traditional Vaccines*	520,841	520,841	0	0	0	0	0	0
New and underused Vaccines**	2,496,419	426,119	2,070,300	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,349,200	210,725	2,138,475	0	0	0	0	0
Cold Chain equipment	327,335	42,000	0	285,335	0	0	0	0
Personnel	0	0	0	0	0	0	0	0

Other routine recurrent costs	8,032,710	491,000	0	6,808,816	732,894	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	7,904,010	1,070,000	0	1,656,655	5,177,355	0	0	0
RAS		0	0	0	0	0	0	0
Total Expenditures for Immunisation	21,630,515							
Total Government Health		2,760,685	4,208,775	8,750,806	5,910,249	0	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Non applicable

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Supprimer le comité de pilotage, changement de banque	Yes

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

Le comité de pilotage a été supprimé et son mandat est assuré par le comité de coordination inter agence (CCIA); le compte ouvert à la banque.Commerciale a été fermé au profit de l'ouverture d'un autre compte à la banque Société Générale du Tchad.dont les signataires sont: le Secrétaire général ou son adjoint, le représentant de l'OMS et/ou mandataire.

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

Non applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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 5.5 Overall Expenditures and Financing for Immunisation

A la réunion du CCIA, au cours de laquelle les résultats de l'évaluation externe et de l'enquête de couverture avaient été présentés, cet organe était préoccupé par le niveau très bas des couvertures vaccinales. Les membres du CCIA avaient instruit l'équipe technique de prendre des actions appropriées afin d'améliorer la couverture vaccinale en 2012 et de mettre en place un PPAc pour les prochaines cinq années.

Pour 2012, le plan des activités accélérées de vaccination a été élaboré et mis en oeuvre dans 33 districts. Ce plan a permis d'améliorer la couverture vaccinale qui est passée de 78% en 2011 à 82% en 2012 pour le Penta (DTC-HepB-Hib)3

Le CCIA se réjouit des avancées faites entre 2011 et 2012 et encourage le PEV et les partenaires de mettre en oeuvre les activités planifiées dans le PPAc afin de renforcer le PEV de routine .

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

If Yes, which ones?

List CSO member organisations:
Cellule de liaison et des informations des associations feminines (CELIAF), la Croix rouge du Tchad

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

A l'issue de la revue externe et l'enquête de couverture vaccinale organisées en 2012, le pays a élaboré son nouveau PPAc couvrant la période 2013-2017. Ce plan se fixe comme objectif d'augmenter la couverture vaccinale de tous les antigènes, éradiquer la polio, éliminer la rougeole et le tétanos maternel et néonatal, renforcer la capacité de stockage et améliorer la gestion des vaccins.

Pour 2013, le plan prévoit comme objectif d'augmenter la couverture nationale vaccinale de 10%. Et un accent particulier mis dans 40 districts sanitaires prioritaires.
Ramener les ruptures de stocks de vaccins au niveau des régions et districts de 60% à 10%, mettre en place un système de suivi des pertes en vaccins et renforcer les capacités managériales des 40 équipes cadres du district. En terme d'activités, il est prévu l'organisation des sessions de formation en MLM pour 80 cadres nationaux et PEV en pratique pour environ 900 agents de santé, l'organisation de la micro planification dans tous les districts sanitaires, la mise en oeuvre de toutes les 5 composantes de l'approche ACD dans 40 districts prioritaires, l'acquisition des 5 chambres froides et des 261 réfrigérateurs pour le renforcement de la chaine de froid

Les mêmes objectifs sont prévus pour 2014 avec une extension aux autres 22 districts sanitaires (restants) après avoir tiré les leçons de la mise en oeuvre du plan 2013.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	seringues autobloquantes 0,05 ml	PAYS
Measles	seringues autobloquantes 0,5 ml	PAYS
TT	seringues autobloquantes 0,5 ml	PAYS
DTP-containing vaccine	seringues autobloquantes 0,5 ml	PAYS/GAVI
VAA	Seringues autoblocantes 0, 5ml	PAYS/GAVI

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

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

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

La construction des incinérateurs prévues en 2012 n'a pas démarré faute de financement. Cette année 2013, le pays se propose de conduire une étude sur la gestion des déchets afin de recommander le type d'incinérateur approprié pour le Tchad.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Le brulage et enfouissement constituent actuellement les seules méthodes utilisées pour l'élimination des déchets.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	0	0
Total funds available in 2012 *(C=A+B)*	0	0
Total Expenditures in 2012 *(D)*	0	0
Balance carried over to 2013 *(E=C-D)*	0	0

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

Non applicable

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

Non applicable

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

Non applicable

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
Yellow Fever	468,100	379,300	0	No
DTP-HepB-Hib	1,831,184	1,691,000	0	No

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

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

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

  Ces quantités reçues dans la colonne B sont effectivement celles inscrites dans la lettre de décision qui sont différentes de celles inscrites dans la colonne A.

  Les doses reçues sont conformes aux besoins pour atteindre les objectifs fixés. Mais étant donné une faible utilisation au niveau périphérique, il s'en est suivi une stagnation de stocks au niveau central ayant conduit le pays à différer les prochaines livraisons au niveau national de crainte de créer de surstocks.

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

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

  Décalage de la date prévue pour la réception des prochaines livraisons en ce qui concerne le pentavalent (DTC-HepB-Hib)

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Non applicable

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Le Vaccin a été introduit le 1e juillet 2008

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	NA

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2009**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

Non applicable

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Suite aux campagnes inaugurales avec le vaccin MenAfriVac, 14 districts sanitaires prioritaires ont été sélectionnés pour la mise en oeuvre de la surveillance au cas par cas de méningite. Pour ce faire, un plan a été élaboré et dont la mise en oeuvre a commencé. Une commande du matériel a été passée et la formation du personnel de santé doit se poursuivre.

Selon les premiers résultats, aucun de méningite à pneumocoque A n'a été confirmé parmi les cas ayant fait l'objet de prélèvement.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

NA

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

NA

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

NA

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	346,295	140,200
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	79,864	88,800
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	100%	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	

Co-Financed Payments	Total Amount in US$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2,205	140,200
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	14,136	88,800
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Gouvernement
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	March	Gouvernement
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Pas de besoin d'assistance	

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

NA

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2010**

Please attach:

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

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

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

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

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

If yes, provide details

Les changements suivants peuvent être signalés pour l'année 2013, il s'agit de : construction en cours des 4 dépôts sub-nationaux, commande de 4 chambres froides dont la réception est prévues en juin 2013, 116 réfrigérateurs réceptionnés, 400 glacières RCW25 et 20000 portes vaccins réceptionnés ainsi que la formation des superviseurs PEV des régions et districts. Renforcement de la logistique du PEV par le recrutement et la formation de 17 personnes (5 logisticiens dont un cadre, 7 techniciens et 1 chauffeur).

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
8060462	6/23/2012	6390020

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

Suite à la survenue des épidémies dans 12 districts sanitaires avant l'organisation de la 2ème et 3ème phases des campagnes contre la méningite (MenA), le pays a reçu du vaccin en provenance du Mali et du Niger afin de conduire une riposte vaccinale dans ces districts. C'est cela qui explique cette différence.

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

Non applicable

7.6.2. Programmatic Results of Meningococcal type A preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
19 régions	10 jours	5888305	5258222	90	90	5	2228	0

*If no survey is conducted, please provide estimated coverage by indepenent monitors

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

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

Le plan n'a pas été respecté suite au retard pris dans la non mise en oeuvre des activités préalables à l'organisation des campagnes telle que la réhabilitation de la chaine de froid préalable. Il y a aussi lieu de signaler que l'enquête de couverture n'a pas été organisée conformément au plan suite au conflit d'agenda dans le pays en 2012.

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

L'objectif initialement fixé de 90% a été largement atteint

What lessons have you learned from the campaign?

La mise en oeuvre des campagnes MenA a permis de tirer les leçons qui suivent :
1) La tenue des réunions régulières du comité de coordination pour un suivi idoine des activités
2) L'organisation des ateliers d'orientation et de micro planification pour une bonne mise en oeuvre des activités
3) La nécessité de disposer d'un plan de communication pour gérer les crises
4) Le renforcement de la mobilisation de proximité et la contribution des leaders traditionnels pour l'amélioration de la participation communautaire
5) Le démarrage des activités de vaccination dans les établissements scolaires et universitaires afin d'atteindre la plupart de cibles y afférentes
6) Le déploiement des vaccinateurs à la sortie des mosquées et les églises en appoint au dispositif prévu pour la récupération de perdus de vue
7) Le renforcement de la supervision de proximité gage de réussite

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

Category	Expenditure in Local currency	Expenditure in USD
FORMATION	15331159	31940
PERSONNEL	350895024	731031
CARBURANT	110693160	230611
LOCATION VEHICULE	153788360	320392
COORDINATION	27866600	58055
COMMUNICATION	210697491	438953
GESTION DECHETS	8601907	17921
OUTILS DE GESTION/ CARTES	182143834	379466
ACHAT COTON ET ADRENALINE	10620000	22125
EVALUATION	56210400	117105
Total	**1126847935**	**2347599**

7.7. Change of vaccine presentation

Chad does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Chad is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don’t confirm, please explain

Tous nos vaccins sont achetés à travers le dispositif de l'UNICEF ainsi, les prix moyens pondérés générés seront ceux applicables à notre cas conformément aux présentations de vaccins et matériels qui seront sollicitées.

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	457,872	520,154	538,880	558,280	2,075,186
	Number of children to be vaccinated with the first dose	Table 4	#	472,632	390,116	420,326	463,372	1,746,446
	Number of children to be vaccinated with the third dose	Table 4	#	375,767	327,697	366,438	435,458	1,505,360
	Immunisation coverage with the third dose	Table 4	%	82.07 %	63.00 %	68.00 %	78.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.11	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,333,840				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,333,840				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

<P><FONT style="BACKGROUND-COLOR: #ffeeee">NA </FONT></P>

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	1,179,700	1,208,000	1,352,700
Number of AD syringes	#	1,299,100	1,406,700	1,580,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	14,425	15,625	17,550
Total value to be co-financed by GAVI	$	2,624,500	2,691,500	2,942,000

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

		2013	2014	2015
Number of vaccine doses	#	120,000	122,900	141,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	260,000	266,500	299,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.23 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	472,632	390,116	36,017	354,099
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,417,896	1,170,348	108,051	1,062,297
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.11		
F	**Number of doses needed including wastage**	*D X E*	1,417,896	1,299,087	119,937	1,179,150
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	1,333,840			
I	**Total vaccine doses needed**	*F + G – H*		1,299,587	119,983	1,179,604
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,299,087	0	1,299,087
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		14,420	0	14,420
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		2,645,960	244,284	2,401,676
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		60,408	0	60,408
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		8,364	0	8,364
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		169,342	15,635	153,707
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		2,884,074	259,918	2,624,156
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		259,918		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.23 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	420,326	38,806	381,520	463,372	43,858	419,514
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,260,978	116,418	1,144,560	1,390,116	131,572	1,258,544
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,324,027	122,239	1,201,788	1,459,622	138,150	1,321,472
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	6,235	576	5,659	33,899	3,209	30,690
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,330,762	122,861	1,207,901	1,494,021	141,406	1,352,615
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,406,607	0	1,406,607	1,580,657	0	1,580,657
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	15,614	0	15,614	17,546	0	17,546
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,709,432	250,144	2,459,288	2,967,126	280,832	2,686,294
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	2,709,432	0	65,408	2,967,126	0	73,501
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	9,057	0	9,057	10,177	0	10,177
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	173,404	16,010	157,394	189,897	17,974	171,923
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,957,301	266,153	2,691,148	3,240,701	298,805	2,941,896
U	Total country co-financing	*I x country co-financing per dose (cc)*	266,153			298,805		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	457,872	520,154	538,880	558,280	2,075,186
	Number of children to be vaccinated with the first dose	Table 4	#	413,558	338,100	70.00 %	418,710	1,547,584
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.25	1.25	1.25	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	193,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	193,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.91	0.92	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

<P><FONT style="BACKGROUND-COLOR: #ffeeee">Aucune variation à signaler </FONT></P>

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	337,400	384,900	428,700
Number of AD syringes	#	377,900	432,300	479,200
Number of re-constitution syringes	#	47,200	53,800	59,600
Number of safety boxes	#	4,725	5,400	6,000
Total value to be co-financed by GAVI	$	352,000	404,500	457,500

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

		2013	2014	2015
Number of vaccine doses	#	87,700	99,000	107,900

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	85,000	97,000	107,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	20.61 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	413,558	338,100	69,698	268,402
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	413,558	338,100	69,698	268,402
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.25		
F	**Number of doses needed including wastage**	*D X E*	413,558	422,625	87,122	335,503
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		2,267	468	1,799
H	**Stock on 1 January 2013**	*Table 7.11.1*	193,000			
I	**Total vaccine doses needed**	*F + G – H*		424,992	87,610	337,382
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		377,808	0	377,808
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		47,175	0	47,175
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		4,718	0	4,718
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		382,493	78,849	303,644
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		17,569	0	17,569
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		1,746	0	1,746
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		2,737	0	2,737
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		29,835	6,151	23,684
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		2,206	0	2,206
T	**Total fund needed**	*(N+O+P+Q+R+S)*		436,586	84,999	351,587
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		84,999		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		20.61 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	20.46 %			20.10 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	377,216	77,161	300,055	418,710	84,164	334,546
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	377,216	77,161	300,055	418,710	84,164	334,546
E	Estimated vaccine wastage factor	*Table 4*	1.25			1.25		
F	Number of doses needed including wastage	*D X E*	471,520	96,451	375,069	523,388	105,205	418,183
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	12,224	2,501	9,723	12,967	2,607	10,360
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	483,844	98,972	384,872	536,455	107,831	428,624
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	432,279	0	432,279	479,162	0	479,162
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	53,707	0	53,707	59,547	0	59,547
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	5,395	0	5,395	5,980	0	5,980
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	438,847	89,767	349,080	495,148	99,528	395,620
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	438,847	0	20,101	495,148	0	22,282
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	1,988	0	1,988	2,204	0	2,204
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	3,130	0	3,130	3,469	0	3,469
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	34,231	7,003	27,228	38,622	7,764	30,858
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	2,522	0	2,522	2,796	0	2,796
T	Total fund needed	*(N+O+P+Q+R+S)*	500,819	96,769	404,050	564,521	107,291	457,230
U	Total country co-financing	*I x country co-financing per dose (cc)*	96,769			107,291		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	20.46 %			20.10 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

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

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

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

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

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

If yes, please indicate the amount of funding requested: **2071500** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	707000	1597743	1069506	820856	783056
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	1588678	1139306
Total funds received from GAVI during the calendar year (*A*)	0	0	707000	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	679144	23258	1790	2762
Balance carried forward to next calendar year (*E=C-D*)	0	0		27856	4598	46
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	2200000	2071500	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	46	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	2071000	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	346430000	782894070	524057940	402219440	383697440
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	778452220	558259940
Total funds received from GAVI during the calendar year (*A*)	0	0	346430000	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	332780560	11396420	877100	1353380
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	13649440	2253020	22540
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1078000000	1015035000	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0		0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	22540	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1015035000	0	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	480	480	490	490	490	490
Closing on 31 December	480	480	490	490	490	490

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Le compte bancaire est de type gouvernemental.

Il faut rappeler qu'une équipe technique du Secrétariat GAVI a séjourné au Tchad du 25 au 29 mars pour faire une revue sur le plan technique de la programmation de la mise en oeuvre des deux programmes. Une feuille de route est établie à l'issue de cette mission. Cette feuille de route repose sur les recommandations de l'aide mémoire signé en mai 2012 par les deux parties (Ministère de la Santé et Le Secrétariat GAVI.). Cet aide mémoire définit clairement les modalités de retrait des fonds vers la périphérie et la remonté des justificatifs et rapports techniques, ainsi que les procédures de gestion des fonds au niveau central.

Concernant les procédures d'approbation

Les Plans d'action budgétisés des districts sont élaborés et validés par l'équipe cadre du district avant d'être soumis au Comité Technique (niveau central). Le comité valide et soumet à l'approbation du CCIA. Ce dernier, une fois approuvé, il envoie au Secrétariat GAVI. Les Plans une fois approuvés par GAVI, les fonds sont virés par la coordination dans les comptes bancaires des DS ouverts à cet effet au niveau local. Tous les DS dispose actuellement des comptes dans les chefs lieu de régions les plus proches. les rapports tant du niveau périphérique que du niveau central sont produits trimestriellement. Ces rapports sont soumis au CCIA qui les valide et les transmet au Secrétariat GAVI. .

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1. Assurer à 10 hôpitaux et 100 centres de santé de 10 Districts Sanitaires un personnel de santé disponible, formé et motivé	1.1 Assurer l'installation de nouveaux agents de santé affectés dans les 100 CS, 10 hôpitaux et les motiver 1.2. Former le personnel des 8 DSR de 10 DS à la gestion du personnel et 100 membres des Comités 1.3. Organiser des cérémonies pour récompenser le personnel 1e plus performant 1.4. Assurer un suivi efficace des dossiers administratifs du personnel	0	NA
2. Renforcer les mécanismes de distribution et de gestion des médicaments essentiels génériques et des produits médicaux dans les formations sanitaires de 10 districts sanitaires	Doter les 10 hôpitaux en MEG et produits médicaux	0	NA

3. Renforcer l'organisation et la gestion des services de santé aux différents niveaux du système de santé	3.1. Organiser des réunions de suivi 3.2. Superviser les personnels et contrôler la mise en œuvre des activités (véhicule +carburant et fonctionnement 3.3. Assurer le monitoring et l'évaluation des plans régionaux de développement sanitaires (PRDS) dans quatre DSR et du niveau central	0	NA

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1.1 Assurer l'installation de nouveaux agents de s	Aucune activité réalisée sur financement GAVI RSS
Doter les 10 hôpitaux en MEG et produits médicau	Les Hôpitaux reçoivent annuellement une dotation pour assurer la gratuité des soins d'urgence.
3.1. Organiser des réunions de suivi	Les réunions statutaires trimestrielles de suivi sont régulières, même si par moment, elles sont reportées pour une date ultérieure

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

Le plan d'action des DS de la zone GAVI n'a pas été exécuté faute de financement.. Le décaissement n'a pas suivi la signature de l'aide mémoire. La décente sur le terrain de l'équipe Technique de GAVI a permis de relancer les activités au niveau de la coordination et des districts.

La reprogrammation approuvée par GAVI constitue une base de démarrage des activités. Cette proposition reprogrammée a fait l'objet de plusieurs échanges avec le Comité d'Examen Indépendant. Elle constitue le document de référence pour les DS dans l'élaboration de leur plan d'action 2013, car le document initial découle des activités planifiées par les DS. .

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

Le pays n'a pas bénéficié de financement en 2012. Un seul décaissement a été effectué. Il concerne le fonctionnement de la coordination (Achat de fourniture et consommables de bureau (CF annexe).

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2012 Target**					**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**			**2008**	**2009**	**2010**	**2011**	**2012**		
1.1. Proportion de centres de santé (CS) ayant un personnel de santé qualifié	ND	2007 annuaire des statistiques	100% pour les centres de santé des 10 DS de la zone de soutien GAVI	90	ND	ND	ND	ND	90	DRH / DSR	

1.2. Nombre de CS ayant un personnel de santé présent dans la ZR au moins 10 mois sur les 12	ND	Rapport annuels des Districts et Délégations sanitaires	80% dans 100 Centres de Santé de la zone de soutien GAVI	75	ND	ND	ND	ND	ND	DISTRICT	
2.1. Nombre moyen de jours de ruptures en dix molécules essentielles dans les centres de santé au cours du trimestre écoulé - 3% en 2012).	ND	ND	3	4	ND	ND	ND	ND	ND	Direction Pharmacie	
2.2. Nombre de gestionnaires formés dans la gestion des médicaments essentiels génériques	ND	2007	100 CS de la zone de soutien GAVI	90	ND	ND	ND	ND	ND	Direction Pharmacie et MEG	
3.1 Taux de couverture vaccinale PENTA3	77	2006 rapport PEV	95	90							
3.2 VAT2+ chez les femmes enceintes	58	2006 Rapport annuel PEV	90	90							
3.3 Taux de mortalité des enfants de moins de cinq ans	191P. 1000 nv	INSED 2004	64	64.	ND	ND	ND	ND	ND	ND	
3.4 Nombre de districts atteignant ≥80% de couverture en Penta 3	0	2006 Rapport PEV	44	44							
3.5 Proportion de centres de santé ayant fait l'objet d'au moins 6 visites au cours de l'année écoulée, pendant lesquelles une liste de contrôle quantifiée a été utilisée	24	2006 RAPPORT DSR	100	90	ND	ND	ND	ND	ND		

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Aucune activité n' a été exécutée sur le financement du fonds GAVI. Pas de décaissement au cours de l'année, ni reliquat disponible à mobiliser.

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

Le programme RSS est resté durant les trois années (2010, 2011, 2012) sans financement. Par conséquent aucune activités n'a été menée.

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

Le financement étant suspendu depuis 2010, les activités programmées sur financement GAVI. n'ont pas été exécutées/ Par conséquent aucune disposition n'a été prise.

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

Deux ans durant, le programme n'a pas été mis en oeuvre faute de financement. Par conséquent aucune activité de suivi n'a été réalisé dans le cadre du programme RSS GAVI Alliance. .

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

Etant donné que le programme n'a pas mis en oeuvre des activités, aucune participation n'a été signalée.

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

Pas d'activités à signaler de la part des organisations de la société civile dans le cadre des RSS.

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

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

Non applicable.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Renforcer les capacités des 10 Districts Sanitaires en personnel de santé qualifié et motivé d'ici juin 2014	Acheminer et installer 50 agents qualifiés supplémentaires et assurer leur présence effective dans les 10 Districts Sanitaires;	9800	0		Aucun changement	9800
	Organiser une session de formation en MLM (Management Level Medium) pour les 10 Districts sanitaires	12000	0		Pas de changement	12000

	Former 100 agents de santé de différents niveaux sur le PEV, LMD/IRA et CPN	40000	0			40000
	Recompanser les trois meilleurs Agents de DS et DSR	6900	0			6900
	Reproduire les outils de gestion du PEV et de supervision formative;	7200				7200
	Recompanser les agents les plus performants	4500				4500
Rendre performant le système d'approvisionnement et de gestion des médicaments, des vaccins et produits médicaux dans les formations sanitaires des 10 districts	Former localement les nouveaux agents affectés dans les 10 districts sur la gestion de vaccins et médicaments	98000				98000
	Doter les 8 régions concernées (GAVI) en outils de gestion des médicaments et du PEV	0				0
	Assurer une supervision formative intégrée tous les trois mois (outils de gestion, médicaments, activités de survie de l'enfant…)	17000				17000
	Doter le PEV central de 4 Chambres Froides positives de 40m3, et 3 dépôts sub-nationaux en 3 chambres froides de 40 m3 positives(Moundou et Sarh)	254000				254000

	Installer les équipements PEV (chambres froides)	18500				18500
	Doter chacune des 8 DSR de 2 congélateurs et 10 DS d'un congélateur chacun	17000				17000
	Doter les 8 Délégations Sanitaires Régionales et les 10 Directions de district de deux réfrigérateur chacune	33500				33500
	Doter les 100 centres de santé en frigo solaires dans les Districts pour la conservation des vaccins ;	400000				400000
	Assurer la distribution, tous les 3 mois, dans les 8 DSR en vaccins, consommables et MEG	18000				18000
	Doter les 100 centres de santé en médicaments essentiels génériques	100000				100000
	Assurer la maintenance des équipements de la CDF	10000				10000
Renforcer l'organisation et la gestion des services dans les 10 Districts Sanitaires et 6 structures du niveau central d'ici 2013	Appuyer l'organisation d'un atelier de micro planification dans les 10 Districts;	50000				50000
	Organiser un atelier de validation et adoption des PAO des DS	12000				12000

	Appuyer les réunions de monitorage pour actions dans les 100 centres de santé des 10 DS;	120000				120000
	Appuyer les réunions de revue annuelle des PRDS pour actions dans 8 Délégations sanitaires (de la zone GAVI)	32000				32000
	Organiser une réunion de revue semestrielle du PNDS, au niveau central	30000				30000
	Doter les centres de santé retenus dans les 10 districts en 100 motos pour la supervision et les stratégies mobiles et la coordination de 2 motos.	204000				204000
	Élaborer, valider et adopter les nouvelles soumissions à GAVI/Fonds Mondiale, selon la plate-forme	10000				10000
	Organiser deux ateliers d'élaboration et validation du rapport de situation annuel GAVI RSS (2012	20000				20000
	Assurer le fonctionnement des 100 motos	72000				72000
	Assurer le fonctionnement des 10 véhicules achetés sur fonds GAVI et des deux à acquérir	43200				43200

	Organiser les activités (PEV, CPN, vitamine A, mebendazole, CCC…) en stratégies fixes et avancées y compris les jours du marché, dans les zones de responsabilité ;	144000				144000
	Doter le PEV central d'un camion de transport pour la distribution des consommables, outils, chaines de froids, médicaments et consommable PEV	80000				80000
	Appuyer les missions de supervisions au niveau des CS, DS et DSR concernés;	34500				34500
	Doter la coordination centrale RSS et PEV en 2 véhicules 4x4 de supervision	100000				100000
	Organiser trimestriellement les réunions de suivi et contrôle des activités GAVI RSS au niveau central (Réunions de CT)	4800				4800
	Doter 6 structures centrales, 8 DSR et 10 DS en kits informatiques et bureautiques	30000				30000
	Former les comités de santé dans les 10 DS	60500				60500

	Appuyer l'organisation des réunions mensuelles de suivi des comités de gestion associant les relais communautaires dans les DS	64000				64000
Assurer la coordination et la gestion de la Reprogrammation y compris l'audit externe	Organiser un audit externe	10000				10000
	Mettre en place les supports de communication (affiches, boite à images…) dans les 10 DS	16000				16000
	Effectuer 2 missions de suivi et contrôle	8800				8800
	Reproduction des documents	1200				1200
	Communication	1200				1200
	Fourniture et consommable bureautique de la coordination	1400				1400
	Equipement bureau	4000				4000
		2200000	0			2200000

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Renforcer les capacités des 10 Districts Sanitaires en personnel de santé qualifié et motivé d'ici fin 2014	Acheminer et installer 50 autres agents qualifiés supplémentaires et assurer leur présence effective dans les 10 Districts Sanitaires;	9800			9800

	Organiser une session de formation en MLM (Management Level Medium) pour les 10 Districts sanitaires	16500	les objectifs initiaux et les activités clefs n'ont pas été revus à cause des recommandations de la réunion de Hararé de décembre 2011, demandant au pays de consommer les reliquats dans les 18 mois, à compter de janvier 2013. Malheureusement, le programme n'a pas encore démarré jusqu'à nos jours. Une équipe technique du secrétariat GAVI s'est rendu au pays en mars pour relancer les activités des deux programmes.	Formation en LMD /IRA, PEV des 110 agents de santé des 20 sur 40 DS ACD pour lesquels le PEV a prévu des activités accélérées de vaccination et 40 agents des 10 DS de la zone GAVI (proposition initiale) soit un total de 150 agents en 2014	16500
	Former 150 agents de santé de différents niveaux sur le PEV, LMD/IRA et CPN	40000			40 000
	Récompenser les agents les plus performants	6900			6 900
	Récompenser les structures : CS les plus performants, DS le plus performant, DSR la plus performante	6000			6 000
Rendre performant le système d'approvisionnement et de gestion des médicaments essentiels génériques, les vaccins et des produits médicaux dans les formations sanitaires de 10 districts sanitaires d'ici fin 2014	Former localement les nouveaux agents affectés dans les 40 districts sur la gestion de vaccins et médicaments	44000			44000
	Doter les 40 DS en outils de gestion PEV	10000			10 000
	Assurer la distribution, tous les 3 mois, dans les 19 DSR en vaccins, consommables et MEG	26000			26 000
	Assurer la maintenance des équipements de la CDF	20000			20000
	Doter 100 centres de santé en MEG	100000			200000

	Doter 100 Centres de santé en frigo solaire	400000			400000
	Doter les 10 hôpitaux de districts en incinérateurs	250000			250000
	Assurer le transport et l'entretien des 10 incinérateurs	45000			45000
Renforcer l'organisation et la gestion des services dans les 10 Districts Sanitaires et 6 structures du niveau central d'ici FIN 2014	Appuyer les réunions de monitorage pour actions dans les centres de santé des 30 DS	92000			92000
	Appuyer les réunions de revue annuelle des PRDS pour actions dans les régions des 30 DS	42000			42000
	Organiser deux réunions de revue semestrielle du PNDS, au niveau central (y compris les DSR)	40000			40 000
	Organiser un atelier d'élaboration et validation du rapport de situation annuel GAVI RSS (2012)	12000			12000
	Doter 100 Centres de santé de motos pour les stretegies avancées	200000			200 000
	Assurer le fonctionnement des véhicules achetés sur fonds GAVI	43200			43200
	Assurer le fonctionnement des 202 motos	192000			192 000
	Organiser les activités (PEV, CPN, vitamine A, mebendazole, CCC…) en stratégies fixes et avancées	144000			144000
	Appuyer les missions de supervisions au niveau des CS, DS et DSR des 40 DS ACD	120000			120 000

	Organiser trimestriellement les réunions de suivi et contrôle des activités GAVI RSS au niveau central (Réunions de CT)	4800			4800
	Former les comités de santé dans les 10 DS RSS et 20 DS ACD	46000			46000
	Appuyer l'organisation des réunions mensuelles de suivi des comités de gestion des DS	36000			36000
	Former les gestionnaires du SIS des 8 DSR et des 10 Districts sur l'utilisation du logiciel GESIS et les outils SIS	43700			43700
Assurer la coordination et la gestion de la proposition	Organiser un audit externe et deux audits internes	8000			8000
	Organiser quatre missions de contrôle et de suivi des activités dans les 10 DS retenus dans la proposition initiale	16000			16000
	Impression et réliures documents	3600			3600
	Frais communication coordination	1400			1400
	Matériels et consommable de bureau	6000			6000
	Carburant et lubrifiant pour la coordination et six services centraux membres du Comité technique de gestion	6000			6000
	Appuyer une étude sur la couverture vaccinale dans les DSR	20000			20000

	Organiser une étude sur le personnel au poste (qualification/présence au poste), la rupture des MEG dans les FS des 10 DS et la gestion des outils du SIS dans les CS	20600			20HJ?0600
		2071500			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
OMS UNICEF AFD UNFPA PASST FED PASST AFD COOP SUISSE BM FM ONUSIDA		Variables (2 à 5 ans) selon le programme des donateurs	appui à l'élaboration des documents de stratégies nationales : Plans Régionaux de développement Sanitaires (PRDS), du PNDS, des CNS, Couverture universelle, vaccination ...

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Annuaire des statistiques 2011 Rapports annuels du PEV - JRF PPAC du PEV	L'annuaire est un document officiel du MSP, élaboré par la DSIS et validé par un comité technique Les rapports du PEV sont validés par le Comité Technique du programme. Il en est de même pour le PPAC.	RAS

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

Pour l'élaboration de rapport, le pays n'a pas connu trop de difficultés. Néanmoins, il faut noter que l'équipe de rédaction du rapport est trop occupée. Les mebres sont sollicités dans les réunions importantes du ministère de la santé. Par conséquent elle a du mal à se retrouver au moment opportun pour rédiger et faire valider le rapport.

Autre contrainte à signaler : Temps limité pour intégrer les observations des pairs, soumettre au CCIA. La réunion de révue par les pairs doit se tenir le plutot (un mois avant) pour permettre aux pays d'intégrer les observations, de soumettre au CCIA, au moins 10 jours avant la rénion, pour lui permettre de se prononcer à temps, sur le contenu du rapport. .

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

Chad **has NOT received GAVI TYPE A CSO support**

Chad is not reporting on GAVI TYPE A CSO support for 2012

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

Chad **has NOT received GAVI TYPE B CSO support**

Chad is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

Récommandations du CCIA :

1 - Il est demandé aux programmes de produire le rapport à temps, afin de soumettre le DRAFT aux pairs lors de la réunion de revue

2. Accélérer le processus d'élaboration du manuel de procédure de gestion des fonds alloués aux programmes. Un délai de 10 jours est accordé aux programme de finaliser le document

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in 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 2012	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.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in 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 2012	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.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in 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 2012	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

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Page des signatures.doc File desc: Date/time: 5/15/2013 11:26:09 AM Size: 368128
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Page des signatures.doc File desc: Date/time: 5/15/2013 11:27:03 AM Size: 368128
3	Signatures of members of ICC	2.2	✓	liste de présence.doc File desc: Date/time: 5/15/2013 11:28:09 AM Size: 402432
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Compte rendu réunion CCI du 14 mai 2013.doc File desc: Date/time: 5/15/2013 12:23:42 PM Size: 357376
5	Signatures of members of HSCC	2.3	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:53:47 AM Size: 19968
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:54:56 AM Size: 19968
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:55:25 AM Size: 19968
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:55:57 AM Size: 19968
9	Post Introduction Evaluation Report	7.2.2	✓	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:56:49 AM Size: 19968
				NON APPLICABLE.doc

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Date/time: 5/15/2013 10:56:49 AM Size: 19968
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:57:30 AM Size: 19968
12	Latest EVSM/VMA/EVM report	7.5	✓	Vfr Rapport CCL 01Dec10maj.pdf File desc: Date/time: 5/2/2013 6:52:30 AM Size: 1536759
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	plan de revitalisation CdF 010611.pdf File desc: Date/time: 5/7/2013 8:41:26 AM Size: 2608142
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	SYNTHESE DES ACTIONS FAITES.doc File desc: Date/time: 5/15/2013 11:44:34 AM Size: 28160
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:58:28 AM Size: 19968
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 10:59:17 AM Size: 19968
17	Valid cMYP if requesting extension of support	7.8	✗	PPAc_2013-2017.pdf File desc: Date/time: 5/15/2013 9:40:06 AM Size: 5363675
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Tool_Vs 2 5_nvx.xls File desc: Date/time: 5/15/2013 9:51:39 AM Size: 3217408
				NON APPLICABLE.doc

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	File desc: Date/time: 5/15/2013 11:00:13 AM Size: 19968
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:02:05 AM Size: 19968
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:02:54 AM Size: 19968
22	HSS Health Sector review report	9.9.3	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:04:15 AM Size: 19968
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:04:43 AM Size: 19968
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:05:18 AM Size: 19968
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	✗	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:05:52 AM Size: 19968
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	NON APPLICABLE.doc File desc: Date/time: 5/15/2013 11:06:33 AM Size: 19968