



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of
Afghanistan

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **14/05/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2019
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2019

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No
HSFP	Yes	Next tranche of HSFP Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** 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 **Afghanistan** 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 **Afghanistan**

Please note that this APR will not be reviewed or approved by the High Level Review Panel (HLRP) 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	Dr.Ferozuddin Feroz	Name	Mr.Eklil Ahmad Hakimi
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr. Najla Ahrari	Deputy HSS Coordinator	0093(0) 799302996	najlaahrari@gmail.com
Dr. Gula Khan	EPI Officer	0093(0)700609656	gulakhanayoub@yahoo.com
Hedayt Naseri	Admin Officer	0093(0)782200371	naserih@afg.emro.who.int

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
Dr. Ahmad Jan Naeem	MoPH		
Dr. Najia Tariq	MoPH		

Dr. Gula Khan	NEPI		
Dr. Sefatullah Habib	EU		
Dr. Palwasha Anwari	DFATD CANADA		
Dr. Najeebullah Safi	WHO		
Dr. A.Qadir Qadir	MoPH		
Dr. Shakoor	WHO		
Dr. Parwiz	NEPI		
Dr.Arab	BMGF		
Dr. Habib	BDN		
Dr. Ravessha	UNICEF		
Dr. Roqia Naser	NEPI		
Dr. Noorshah Kamawal	HSS		
Dr. Mashal	MoPH		

Dr. Najla Ahrari	HSS		
Dr. Lal Mohamad	BRAC		

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

All comments will be treated confidentially

Comments from Partners:

onsultant to work on combine National Action Plan as it was stated in previous APR as well still that plan is practically not in place and coordination for joint implementation and control is still questionable

As GAVI ISS fund is ending in the third quarter of current year 2015 and there is no secure budget to maintain office running cost and service delivery smoothly, National EPI should fill the gap and maintain the program objectives and qualified personnel

For HSS 3 proposal National EPI department should have a separate account in MoPH to have timely access on it and report

As contract with NGOs are taking place with Central Statistic Department population data, which is the only valid organon governmental structure but according to the ground reality it is so less in some provinces till gaining real population figure GCMU should change CSO population to district micro planning exercise in each district and province

Shipment plan for Penta and PCV 13 are not sharing with National EPI program in Afghanistan, Supply division himself making shipment plan and sending vaccines with previous coordination with National Cold Chain of EPI Department

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 13 /05/2015, 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
Dr. Ahmad Jan Naeem	MoPH		
Dr. Najia Tariq	MoPH		
Dr. Gula Khan	NEPI		

Dr. Sefatulla Habib	EU		
Dr. Palwasha Anwari	DFATD		
Dr. Najeebullah Safi	WHO		
Dr. Qadir Qadir	MoPH		
Dr. Shakoor	WHO		
Dr.Habib	BDN		
Dr. Arab	BMGF		
Dr. Ravesha	UNICEF		
Dr. Roqia Naser	NEPI		
Dr. Noorshah	HSS		
Dr. Mashal	MoPH		
Dr. Fazel Ahmad	UNICEF		

Dr. Najla Ahrari	HSS		
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HSCC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

[Redacted]

Comments from the Regional Working Group:

[Redacted]

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

Afghanistan is not reporting on CSO (Type A & B) fund utilisation in 2015

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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.

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	1,516,196	1,512,698	1,552,585	1,549,002		1,586,178		1,624,246		1,663,228
Total infants' deaths	195,589	116,477	200,283	119,273		122,135		125,066		128,068
Total surviving infants	1320607	1,396,221	1,352,302	1,429,729		1,464,043		1,499,180		1,535,160
Total pregnant women	1,516,196	1,512,698	1,552,585	1,549,002		1,586,178		1,586,178		1,663,228
Number of infants vaccinated (to be vaccinated) with BCG	1,364,576	1,530,282	1,397,326	1,471,552		1,538,593		1,591,761		1,646,596
BCG coverage[1]	90 %	101 %	90 %	95 %	0 %	97 %	0 %	98 %	0 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,188,546	1,378,943	1,217,072	1,372,540		1,420,121		1,469,196		1,519,808
OPV3 coverage[2]	90 %	99 %	90 %	96 %	0 %	97 %	0 %	98 %	0 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	1,294,194	1,585,681	1,325,255	1,401,135		1,449,402		1,499,179		1,535,159
Number of infants vaccinated (to be vaccinated) with DTP3 [3][4]	1,188,546	1,378,943	1,217,072	1,372,540		1,420,121		1,469,196		1,519,808
DTP3 coverage[2]	90 %	99 %	90 %	96 %	0 %	97 %	0 %	98 %	0 %	99 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	40	6	40	6		6		5		5
Wastage[5] factor in base-year and planned thereafter for DTP	1.67	1.06	1.67	1.06	1.00	1.06	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	1,294,194	1,585,681	1,122,411	1,401,135		1,449,402		1,499,179		1,535,159
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,188,546	1,378,943	1,030,787	1,372,540		1,420,121		1,469,196		1,519,808
DTP-HepB-Hib coverage[2]	90 %	99 %	76 %	96 %	0 %	97 %	0 %	98 %	0 %	99 %
Wastage[5] rate in base-year and planned thereafter (%) [6]	25	6	25	25		25		25		25
Wastage[5] factor in base-year and planned thereafter (%)	1.33	1.06	1.33	1.33	1	1.33	1	1.33	1	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	1,294,194	1,527,938	1,122,411	1,401,135		1,449,402		1,499,179		1,535,159

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	1,188,546	915,548	1,030,787	1,372,540		1,420,121		1,469,196		1,519,808
Pneumococcal (PCV13) coverage[2]	90 %	66 %	76 %	96 %	0 %	97 %	0 %	98 %	0 %	99 %
Wastage[5] rate in base-year and planned thereafter (%)	5	4	5	4		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.04	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,211,976	1,278,491	1,241,063	1,329,648		1,390,840		1,454,204		1,519,808
Measles coverage[2]	92 %	92 %	92 %	93 %	0 %	95 %	0 %	97 %	0 %	99 %
Pregnant women vaccinated with TT+	1,288,766	1,348,356	1,397,326	1,394,102		1,459,284		1,526,791		1,580,067
TT+ coverage[7]	85 %	89 %	90 %	90 %	0 %	92 %	0 %	96 %	0 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	0	0	0	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	8 %	13 %	8 %	2 %	0 %	2 %	0 %	2 %	0 %	1 %

Number	Targets (preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
Total births		1,703,146
Total infants' deaths		131,142
Total surviving infants		1,572,004
Total pregnant women		1,703,146
Number of infants vaccinated (to be vaccinated) with BCG		1,703,146
BCG coverage[1]	0 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3		1,572,003
OPV3 coverage[2]	0 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]		1,603,443
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]		1,572,003

Number	Targets (preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
DTP3 coverage[2]	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP		5
Wastage[5] factor in base-year and planned thereafter for DTP	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		1,603,443
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		1,572,003
DTP-HepB-Hib coverage[2]	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) [6]		25
Wastage[5] factor in base-year and planned thereafter (%)	1	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		1,603,443
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		1,572,003
Pneumococcal (PCV13) coverage[2]	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%)		5
Wastage[5] factor in base-year and planned thereafter (%)	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		1,572,003
Measles coverage[2]	0 %	100 %
Pregnant women vaccinated with TT+		1,652,051
TT+ coverage[7]	0 %	97 %
Vit A supplement to mothers within 6 weeks from delivery		0
Vit A supplement to infants after 6 months	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

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

[4] Please make sure that the DTP3 cells are correctly populated

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

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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**

There is no significant change on birth ,but only difference is 3498 births, we have less number compared to your calculation

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

Death has been sat 129/1000 in your calculation but AMS survey has carried out in the year 2010 and infant mortality rate camdown to 77/1000 after this valid survey National EPI has sat survival infants target

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

IPV has not intorduced in EPI routine program in Afghanistan and there is plan to be intorduced in September 2015 and National EPI will obsalotly consider your instruction on it

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

For DTP wastage rate sated in APR 2014 ,40% which very high for country like Afghanistan practicing Multi Dose Vial Policy for liquid vaccine,standard is 25 and practically National EPI wastage for DTP in the year 2014 is only 6%

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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? **no, not 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

N/A	NA		
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5.2.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Till now National EPI program did not have boys versus girls data in system but there plan is for establishing new software which will give us gender figure

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

5.2.4. 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/>)

Gender gaps in Afghanistan are widespread in health and as well as in education and employing opportunities. However, during the past 13 years steps have been taken by Government and civil society organizations to empower women to overcome gender barriers to health care including immunization services. There might be no significant difference in immunization coverage between girls and boys, because in childhood boys and girls have are equal and for immunization and health care both of them are equal but in adolescent stage there is some religious restriction over girls rather than boys.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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\$ = 57	Enter the rate only; Please do not enter local currency name
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID	WB	EC
Traditional Vaccines*	3,202,089	0	0	3,202,089	0	0	0	0
New and underused Vaccines**	39,124,142	2,050,000	37,074,142	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,454,837	0	246,144	1,208,693	0	0	0	0
Cold Chain equipment	609,566	0	108,000	501,566	0	0	0	0
Personnel	8,732,744	307,000	475,000	789,000	45,390	2,882,250	2,352,000	1,882,104
Other routine recurrent costs	926,090	145,600	487,212	0	293,278	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,218,861	0	0	756,000	462,861	0	0	0
Capacity building, Vaccine preventable disease surveillance, Measles outbreak response, pulse immunization, guideline and training manual		0	123,000	587,000	987,000	0	0	0
Total Expenditures for Immunisation	55,268,329							
Total Government Health		2,502,600	38,513,498	7,044,348	1,788,529	2,882,250	2,352,000	1,882,104

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **1**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

Now the ICC and HSS steering committee integrated

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

If **Yes**, which ones?

List CSO member organisations:

BRAC. AHDS, BDN are the member of ICC

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

- To achieve and sustain 90% coverage of childhood immunization for fall antigens among under one years old children at national and 80% at districts level
- To reach universal coverage for Measles-1 95% and Measles confirmed cases less than 1/1,000,000 (annually)
- To stop polio virus transmission by the end of 2016 and sustain till global certification obtained.
- To achieve and maintain 80 % coverage of TT2+ among pregnant and CBA and less than one case /1,000 life birth per district (annually)
- To ensure 100% injection safety has provided in immunization program.
- To increase government financial contribution for immunization program, key human resources and vaccine procurement.
- To limit outbreaks of VPDs.
- To provide OPV-0, BCG, Hepatitis B birth dose at all maternity service delivery.
-

5.6. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringe –Medico Inj 0.05ml	UNICEF
Measles	AD syringe –Medico Inj 0.05ml	UNICEF
TT	AD syringe –Medico Inj 0.05ml	UNICEF
DTP-containing vaccine	AD syringe –Medico Inj 0.05ml	GAVI
IPV	AD syringe –Medico Inj 0.05ml	UNICEF Campaign
PCV	AD syringe –Medico Inj 0.05ml	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)

The 1st Injection Safety policy was developed in the year 2015 and updated in 2012 and all health workers have been trained on it and all immunization injections given in EPI must be safe. This means that every injection must be given with a sterile, single-use (including auto-disable syringe and needle combination), which is then safely disposed of after

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Depending on availability of waste disposal facilities at health centers, the EPI sharps waste are managed as part of health facility waste management. The common method is incineration. But in health facilities without incinerators, sharps waste is managed by burning/ burying method

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Afghanistan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Afghanistan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Afghanistan is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV13)	4,931,900	4,952,100	0	No
DTP-HepB-Hib	5,579,400	4,316,010	0	No

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? ...)

There is slightly different in PCV 13 in A and B, in fact PCV13 introduced national wise in the year November 2013 and demand for said vaccine was more than National EPI faced with shortage of PCV 13 and requested amount came to National EPI in year 2014.

Another difference in DTP-HepB Hib is that 2971500 doses carry over from year 2013 to 2014 and again 2366080 doses carry over from year 2014 to 2015

- 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.

GAVI vaccine shipment is not coordinating with National EPI particularly with National Cold Chain system even some time more shipments are coming to Afghanistan and facing with vaccine stock management, preferably whether multiple shipments come for Afghanistan EPI Routine program with coordination and base on request

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.

PCV 13 vaccine introduced in the year 2013 and suddenly demand for said vaccine has increased and National EPI program faced with shortage at all level (Central ,Provincial and District) but once vaccine arrived in first quarter of 2014 ,vaccine dispatched and after that National EPI program did not face with vaccine stock out

7.2. Introduction of a New Vaccine in 2014

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Introduced in the year 2009

When is the Post Introduction Evaluation (PIE) planned? **September 2016**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Introduced in the year 2013

When is the Post Introduction Evaluation (PIE) planned? **March 2018**

7.2.2. 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)

National EPI did not do PIE yet

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

We have collected Rota Virus data from the year 2009 and at that time data has shown 56% Rota virus NITAG has recommended Rota virus vaccine first but EMRO prefer Pneumococcc vaccine first and that was the reason Afghanistan introduced PCV 13 first in EPI Routine Program

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	1,595,065	90,918,705
Total funds available in 2014 (C=A+B)	1,595,065	90,918,705
Total Expenditures in 2014 (D)	962,212	54,846,084
Balance carried over to 2015 (E=C-D)	632,853	36,072,621

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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

Afghanistan National EPI program did not introduce any new vaccine in the year 2014

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

Challenges

- Access to immunization services (BPHS coverage)
- Utilization of immunization services
- Monitoring & supportive supervision
- Data quality
- Denominator
- Priority given to PEI activities
- Shortage of fund
- Ambitious MOPH request (entire country)
- Insecurity & geographical constraints

Wayforward

- Data quality & accountability (Database: access-based)
- Nationwide measles SIAs
- Introduction of IPV
- Planning for switching to bOPV
- Pulse Immunization activities
- Data quality self-assessment (DQs)
- MoPH to fully agree on phases of PEI contribution to RI
- Strengthening coordination with MOPH sub-national/districtlevels & active engagement of PEI in RI
- Training of polio staff on RI EPI
- Maximize using of IMG funds
- Evaluation of PEI contribution to RI
- Use lessons learn in 30 districts to expand PEI support to 40selected districts

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

There will be no remaining ISS budget for year 2016

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,025,000	869,602
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1,025,000	895,070
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	

Government	2050000	
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	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	July	Government Ordinary Budget
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	July	Government Ordinary Budget
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	National EPI would be more happy whether GAVI assist technical support for developing financial sustainability strategies	

*Note: co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **December 2014**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **December 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Afghanistan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Afghanistan 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 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

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

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years to , which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#) **No**

If you don't confirm, please explain

Afghanistan has not plan to introduce any new vaccine in year 2016,

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				3.40 %	4.30 %	3.60 %	4.40 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID				4.40 %	4.50 %	3.00 %	4.50 %

Vaccine Antigen	Vaccine Type	2018	2019
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.40 %	4.40 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	4.60 %	3.10 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	1,320,607	1,352,302	1,464,043	1,499,180	1,535,160
	Number of children to be vaccinated with the first dose	Parameter	#	1,294,194	1,122,411	1,449,402	1,499,179	1,535,159
	Number of children to be vaccinated with the third dose	Parameter	#	1,188,546	1,030,787	1,420,121	1,469,196	1,519,808
	Immunisation coverage with the third dose	Parameter	%	90.00 %	76.22 %	97.00 %	98.00 %	99.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.33	1.33	1.33	1.33	1.33
	Stock in Central Store Dec 31, 2014		#	2,366,080				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.20	0.00	0.00	0.00
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		4.30 %	3.60 %	4.40 %	4.40 %

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

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

Not defined

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20			

	2019
Minimum co-financing	0.20
Recommended co-financing as per	0.20
Your co-financing	

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	5,034,600	2,861,000	8,331,000	8,148,000	8,383,000
Number of AD syringes	#	4,727,800	2,319,400	7,600,700	7,345,100	7,557,100
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	52,500	25,525	91,650	89,650	92,225
Total value to be co-financed by GAVI	\$	10,590,000	5,878,000	15,851,000	12,928,000	13,301,000

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

		2019
Number of vaccine doses	#	8,716,000
Number of AD syringes	#	7,857,400
Number of re-constitution syringes	#	0
Number of safety boxes	#	95,900
Total value to be co-financed by GAVI	\$	13,829,000

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	544,800	316,500	0	0	0
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the Country [1]	\$	1,116,000	635,500	0	0	0

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

		2019
Number of vaccine doses	#	0
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	\$	0

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	V				
B	Number of children to be vaccinated with the first dose	Table 4	1,294,194	1,122,411		
B1	Number of children to be vaccinated with the third dose	Table 4	1,188,546	1,122,411		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	3,733,619	3,238,044		
E	Estimated vaccine wastage factor	Table 4	1.33	1.33		
F	Number of doses needed including wastage	$D \times E$		4,306,598		
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	87,000	2,366,080		
H3	Shipment plan	Approved volume		3,177,500		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		3,177,500		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$				
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$				
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$				
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

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

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,449,402	0	1,449,402
B1	Number of children to be vaccinated with the third dose	Table 4	1,420,121	0	1,420,121
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	4,306,920	0	4,306,920
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	$D \times E$	5,728,204	0	5,728,204
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	533,103	0	533,103
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	- 2,069,663	0	- 2,069,663
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	6,676	0	6,676
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	8,331,000	0	8,331,000
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	7,600,655	0	7,600,655
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	91,642	0	91,642
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	14,970,807	0	14,970,807
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	340,510	0	340,510
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	499	0	499
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	538,950	0	538,950
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	15,850,766	0	15,850,766
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,499,179	0	1,499,179
B1	Number of children to be vaccinated with the third dose	Table 4	1,469,196	0	1,469,196
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	4,455,261	0	4,455,261
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	$D \times E$	5,925,498	0	5,925,498
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	2,222,062	0	2,222,062
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	8,148,000	0	8,148,000
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	7,345,056	0	7,345,056
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	89,628	0	89,628
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,067,188	0	12,067,188
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	329,059	0	329,059
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	488	0	488
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	530,957	0	530,957
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	12,927,692	0	12,927,692
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,535,159	0	1,535,159
B1	Number of children to be vaccinated with the third dose	Table 4	1,519,808	0	1,519,808
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	4,583,833	0	4,583,833
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	$D \times E$	6,096,497	0	6,096,497
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	2,286,187	0	2,286,187
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	8,383,000	0	8,383,000
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	7,557,023	0	7,557,023
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	92,214	0	92,214
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,415,223	0	12,415,223
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	338,555	0	338,555
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	502	0	502
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	546,270	0	546,270
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	13,300,550	0	13,300,550
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 5)

		Formula	2019		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,603,443	0	1,603,443
B1	Number of children to be vaccinated with the third dose	Table 4	1,572,003	0	1,572,003
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	4,765,999	0	4,765,999
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	$D \times E$	6,338,779	0	6,338,779
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	2,377,042	0	2,377,042
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	8,716,000	0	8,716,000
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	7,857,346	0	7,857,346
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	95,877	0	95,877
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,908,396	0	12,908,396
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	352,010	0	352,010
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	522	0	522
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	567,970	0	567,970
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	13,828,898	0	13,828,898
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	1,320,607	1,352,302	1,464,043	1,499,180	1,535,160
	Number of children to be vaccinated with the first dose	Parameter	#	1,294,194	1,122,411	1,449,402	1,499,179	1,535,159
	Number of children to be vaccinated with the third dose	Parameter	#	1,188,546	1,030,787	1,420,121	1,469,196	1,519,808
	Immunisation coverage with the third dose	Parameter	%	90.00 %	76.22 %	97.00 %	98.00 %	99.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	377,200				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.20	0.00	0.00	0.00
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		4.50 %	3.00 %	4.50 %	4.60 %

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

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

Co-financing group	Low
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	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20			

	2019
Minimum co-financing	0.20
Recommended co-financing as per	0.20
Your co-financing	

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,294,194	1,122,411	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	3,882,583	3,367,233	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		3,535,595	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1	0	377,200	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		3,189,600	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,449,402	0	1,449,402
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	4,348,206	0	4,348,206
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	4,565,617	0	4,565,617
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	257,562	0	257,562
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	4,824,000	0	4,824,000
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	5,066,345	0	5,066,345
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	53,065	0	53,065
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	16,295,472	0	16,295,472
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	226,973	0	226,973
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	289	0	289
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	488,865	0	488,865
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	17,011,599	0	17,011,599
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,499,179	0	1,499,179
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	4,497,537	0	4,497,537
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	4,722,414	0	4,722,414
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	1,126,251	0	1,126,251
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	5,850,000	0	5,850,000
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	6,186,167	0	6,186,167
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	64,351	0	64,351
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	19,445,400	0	19,445,400
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	277,141	0	277,141
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	351	0	351
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	875,043	0	875,043
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	20,597,935	0	20,597,935
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,535,159	0	1,535,159
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	4,605,477	0	4,605,477
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	4,835,751	0	4,835,751
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	1,152,719	0	1,152,719
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	5,988,600	0	5,988,600
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	6,334,016	0	6,334,016
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	65,875	0	65,875
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	19,582,722	0	19,582,722
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	283,764	0	283,764
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	359	0	359
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	900,806	0	900,806
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	20,767,651	0	20,767,651
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

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

	Formula	2019		
		Total	Government	GAVI
A	Country co-finance	V	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	1,603,443	0
C	Number of doses per child	Vaccine parameter (schedule)	3	
D	Number of doses needed	$B \times C$	4,810,329	0
E	Estimated vaccine wastage factor	Table 4	1.05	
F	Number of doses needed including wastage	$D \times E$	5,050,846	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	1,205,143	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$		
H 2	Reported stock on January 1st	Table 7.11.1		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	6,256,800	0
J	Number of doses per vial	Vaccine Parameter	1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	6,617,020	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	68,825	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	20,272,032	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	296,443	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	375	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	628,433	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	21,197,283	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %	

8. Health Systems Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:
 - a. Progress achieved in 2014
 - b. HSS implementation during January – April 2015 (interim reporting)
 - c. Plans for 2016
 - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **Yes**

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

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

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

The majority of HSS1 activities were implemented by the national and international NGOs, from the beginning of the HSS1 program , some of the activities implemented by one NGO or in consortium with one or two NGOs. The Sub center and Mobile Health Teams were implemented by 7 NGOs like Swedish Committee for Afghanistan (SCA), Aid Medical International (AMI) , BRAC , HNTPO, Aga Khan Health System (AKHS), Merlin and MARCA and 7 National NGOs like Bakhter Development Network(BDN), Care of Afghan Families (CAF), Ibsina, STEP Health and development Organization (STEP), Solidarity for Afghan Family (SAF), Humanitarian Assistance Development of Afghanistan (HADAF) and Coordination for Humanitarian Assistant throughout the country.

The C-IMCI projects are also running by two International of Save children / US, HNTO and Agency for Assistance and Development of Afghanistan(AADA) a National NGO covering 25 provinces.

The Quality Public Health Management courses for the capacity building of health managers at the central and provincial level also implementing with a consortium by HADAF and IIMMR (both National and International NGOs) throughout the country.

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

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

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

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS 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 8.1.3.a and 8.1.3.b.

8.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	8950000	7200000	6600000	4650000		
Revised annual budgets (if revised by previous Annual Progress Reviews)	10091209	8157346	10634411	11050232		
Total funds received from GAVI during the calendar year (A)	4594975	7318000	7977346	2999975	4149629	
Remaining funds (carry over) from previous year (B)	6556888	5544305	3316411	5114944	5114944	2651134
Total Funds available during the calendar year (C=A+B)	11151863	12862305	11293757	8114919	7712585	2694099
Total expenditure during the calendar year (D)	5607558	9545893	6178813	4650867	5061451	2381967
Balance carried forward to next calendar year (E=C-D)	5544305	3316411	5114944	3558848	2651134	312132
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)	312132			
Total Funds available during the calendar year (C=A+B)	312132			
Total expenditure during the calendar year (D)	312132			
Balance carried forward to next calendar year (E=C-D)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	462981710	372454560	303049600	22463650		
Revised annual budgets (if revised by previous Annual Progress Reviews)	522016223	421977877	488289615	533825657		
Total funds received from GAVI during the calendar year (A)	237697137	356840316	366287818	144925792	216942604	
Remaining funds (carry over) from previous year (B)	330452074	278071358	169434825	352016266	175451235	138495257
Total Funds available during the calendar year (C=A+B)	568149212	634911674	535722644	396942059	40123954	148073750
Total expenditure during the calendar year (D)	290377853	465476848	283706377	224678757	263628696	13091899
Balance carried forward to next calendar year (E=C-D)	278071358	169434825	252016266	17545125	138495257	17154769
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)	17154769			
Total Funds available during the calendar year (C=A+B)	17154769			
Total expenditure during the calendar year (D)	17154769			
Balance carried forward to next calendar year (E=C-D)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January						
Closing on 31 December	48.762	45.196	48.399	52.8056	57	57

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your 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)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Training of additional Kochi CHW in 5 other provinces	No major activities planned	85	Nomad Health Care Department official Report

8.2.1 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
Training of additional Kochi CHW in 5 other provin	<p>The training of additional Kochi CHWs in five provinces of Baghlan, Badghis, Kapisa, Khost and Paktia is being led by Nomad Health Care Department. As a primary step 250 trainees (125 male and 125 female) identified in the above mentioned provinces.</p> <p>The training conducted according to CHW National training manual in three phases, during the reporting period , two phases of 42 days CHW training completed and the third phase is going on in the mentioned provinces. in total each CHW receives 63 days training and two weeks practical work in the field after completion of each phase of training. so far the training is going on with the same number of CHWs.</p>

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

There was no activity remained uncompleted from 2013 plan, the amount of 312,132 USD which was reminded from year 2013 , based on steering committee approval dated 11/May 2014 to be transferred to WHO along with a plan to be spent for training of additional CHWs for Kochi population. later on after MoF final reconciliation it has been found that 10 Days salary of MoPH legal Advisor (1016 USD) and payment of a Crolla vehicle (24,553.57 USD) which was purchased in 2013 and the payment was rejected by MoF due of end of fiscal year were paid and the remaining 283,887 USD was transferred to WHO after getting MoPF Special Procurement Committee (SPC) approval , based on an MoU signed between WHO and MoPH with 13% PCS rate from above mentioned amount. Based on request from Nomad Health Care Department (NHCD) that they are in need to training 250 additional CHWs for Koci population in five provinces of Baghlan, Badghis, Khost, Kapisa and Paktia, it was decided to use this remaining money for training of additional CHWs for Kochi population. Based on attached approved work plan with the MoU, the budget has been covered the cost of staff who went for CHWs selection to the provinces, purchasing of CHWs kits and training of CHWs. it is worth mentioning , in order to use the timely use of this amount , another MOU signed between MoPH and one the implementer NGOs who has selected through a bidding process to implement the same activity of training of CHWs under HSFP project to facilitate the financial process and transfer of allocated budget to the provinces through banking system as establishment of banking system through MoPH is time consuming. **The HSS steering committee minute and the both MoU is attached in the attachment section**

8.2.3 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?

No, incentive paid from the remaining amount.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The training of additional Kochi CHWs in five provinces of Baghlan, Badghis, Kapisa, Khost and Paktia is being led by Nomad Health Care Department. As a primary step 250 trainees (125 male and 125 female) identified in the above mentioned provinces.

The training conducted according to CHW National training manual in three phases, during the reporting period, two phases of 42 days CHW training completed and the third phase is going on in the mentioned provinces. In total each CHW receives 63 days training and two weeks practical work in the field after completion of each phase of training. The responsibility of these CHWs to provide basic health service to the Kochi communities, provide them with health education to raise their awareness on key health issues and refer their children to health facilities for completion of vaccination course.

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

It was reported in last year for HSS1, Please refer to HSS2 2014 report

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

It was reported in last year for HSS1, Please refer to HSS2 2014 report

8.4.4. 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.

It was reported in last year for HSS1, Please refer to HSS2 2014 report

8.4.5. 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.

It was reported in last year for HSS1, Please refer to HSS2 2014 report

8.4.6. 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.

It was reported in last year for HSS1, Please refer to HSS2 2014 report

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

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

It was reported in last year for HSS1, Please refer to HSS2 2014 report

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
The HSS1 grant closed	No activities planned from HSS1					
		0	0			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
Please refer to HSS2 2014 APR					
		0			

8.7. 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@gavi.org

8.8. 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 8.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

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

8.9. Reporting on the HSS grant


8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Nomad Health Care Directorate	Monitoring report	No

8.9.2. 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.



8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?4

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

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

Afghanistan is not reporting on GAVI TYPE A CSO support for 2014

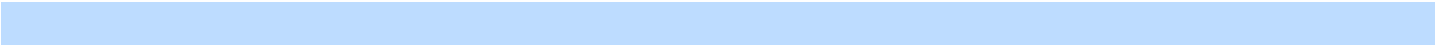
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Afghanistan is not reporting on GAVI TYPE B CSO support for 2014

10. 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



11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not 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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (referred to as the "variance").

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

V. Financial statements need not 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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not 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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	MoPH & MoF Signatures.pdf File desc: Date/time : 11/05/2015 06:37:31 Size: 413 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	MoPH & MoF Signatures.pdf File desc: Date/time : 11/05/2015 06:38:14 Size: 413 KB
3	Signatures of members of ICC	2.2	✓	ICC Signatures 001.jpg File desc: Date/time : 13/05/2015 04:18:26 Size: 987 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Steering Committee endorsed APR 2014.pdf File desc: Date/time : 14/05/2015 02:45:59 Size: 3 MB
5	Signatures of members of HSCC	2.3	✓	HSCC Signatures 001.jpg File desc: Date/time : 13/05/2015 04:20:24 Size: 995 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Steering Committee endorsed APR 2014.pdf File desc: Date/time : 14/05/2015 02:46:59 Size: 3 MB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	ISS financial statment 001.jpg File desc: Date/time : 13/05/2015 04:25:40 Size: 736 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	EPI audit.pdf File desc: Date/time : 10/05/2015 01:26:55 Size: 8 MB
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	XXPRT PO STD RAP PKG 35984916_1.pdf File desc: Date/time : 13/05/2015 07:26:09 Size: 50 KB

11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		The External Audit of NVS introduction is implemented by WHO and External Audit did not conducted.docx File desc: Date/time : 14/05/2015 02:50:20 Size: 11 KB
12	Latest EVSM/VMA/EVM report	7.5		EVM Summary report 25 Dec 2014 Final - Copy.doc File desc: Date/time : 10/05/2015 01:08:54 Size: 641 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM Improvement Plan.docx File desc: Date/time : 10/05/2015 01:08:54 Size: 36 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		EVM Plan Implementation statusStat.pptx File desc: Date/time : 11/05/2015 10:08:29 Size: 93 KB
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		HSS1 financial statement.pdf File desc: Date/time : 10/05/2015 06:06:28 Size: 2 MB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		HSS1 financial statement.pdf File desc: Date/time : 10/05/2015 06:07:52 Size: 2 MB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		hss audit report0001.pdf File desc: Date/time : 05/05/2015 06:32:21 Size: 10 MB
22	HSS Health Sector review report	8.9.3		Summary AJHSR Workshop 0605.pptx File desc: Date/time : 14/05/2015 12:42:39 Size: 918 KB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded

24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	No file loaded
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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	HSS1 + ISS Bankstatement.pdf File desc: Date/time : 11/05/2015 03:25:49 Size: 1 MB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	Afghanistan 2014 HSS2 APR Final.docx File desc: Date/time : 14/05/2015 05:41:10 Size: 296 KB <hr/> Att. 4 NRVA REPORT-rev-5 2013.pdf File desc: Date/time : 11/05/2015 11:59:31 Size: 9 MB <hr/> Att. 5 Afghanistan National EPI CES Report April 26.docx File desc: Date/time : 12/05/2015 12:05:44 Size: 4 MB <hr/> Att. 8 MoPH performance framework.docx File desc: Date/time : 12/05/2015 12:14:46 Size: 38 KB <hr/> Att.6 BPHS GAP Analysis..docx File desc: Date/time : 12/05/2015 12:12:10 Size: 384 KB <hr/> Att.7 HSS2M&Eframework.xlsx File desc: Date/time : 13/05/2015 04:24:39 Size: 232 KB

	Other		X	<p>GAVI HSS2 Financial statement.pdf File desc: Date/time : 14/05/2015 10:22:17 Size: 9 MB</p> <hr/> <p>steering Committee Minutes from2014-20150001.pdf File desc: Date/time : 10/05/2015 06:17:12 Size: 14 MB</p>
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