GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of

Central African Republic

Reporting year: **2014**

Support request for the year: **2016**

Submitted on: **06/12/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report 2014 via the online platformhttps://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavi.org or a GAVI Alliance partner representative. Documents may be provided to GAVI partners, their staff, and the general public. The APR and its appendices must be submitted in English, French, Spanish, or Russian.

Note: *Please use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for support are available at the following address* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to the country. Unless otherwise stated, the documents will be made available to the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any changes to the program(s) in the current application. The GAVI Alliance will document any changes that it has approved and the Country's application will be amended accordingly.

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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

ANTICORRUPTION

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

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 their own or through an agent, to perform audits or other financial management assessments to ensure the accountability of funds disbursed to the Country.

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR, the Country will inform GAVI about:

activities conducted using GAVI resources in the past year, significant problems that were

faced and how the country has tried to overcome them

meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a 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 accountability and transparency principles

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2015
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2015
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	2016

DTP-HepB-Hib (Pentavalent) vaccine: based on the current preferences of your country, the vaccine is available through UNICEF in liquid form in vials of one or ten doses and in liquid/lyophilized form in two-dose vials to be used with

a schedule of three injections. The other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed specifically.

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2016	2019
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2019
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2016	2019
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	2017	2019

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
HSS	Yes	next installment of the HSS grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year 2013 is available here. French version is also available here.

2. Signatures

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

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

For the Government of Central African Republic

Please note that this APR will neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Marguerite SAMBA-MALIAVO	**Name**	Mr. Abdallah KADRE
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries regarding this document):

Full name	Position	Telephone	E-mail
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2.2. ICC Signatures Page

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

In some countries, the HSCC and ICC committees are merged into one committee. Please complete each relevant section and upload the signed pages of the attached documents twice, once for HSCC signatures and once for ICC signatures

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance's monitoring of the country's results. 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 Inter-Agency coordinating Committee (ICC), endorse this report. Signing 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 YAO Nda Konan Michel, WHO Representative	World Health Organization		
Mr. Mohamed Malick Fall, UNICEF Representative	United Nations Children's Fund (UNICEF)		

Rev. Antoine MBAO BOGO, President	Central African Red Cross		
Mrs. Tatiana MOSSOUA, National Director	SOS Children's village		
Mr. Emmanuel DJADA, Inspector	Ministry of Social Affairs, Gender Promotion and Humanitarian Action		
Dr. KOYAZEGBE Thomas d'Aquin, Director General of Public Health	Ministry of Health and Population		
Mr. Alexis GUENENGAFO, Director General of Budget	Ministry of Finance and Budget		
Cabinet Director	Ministry of Communication, National Reconciliation and Peace & Culture		
Mrs. Irène POUNEBINGUI, Director of Monitoring State Investments	Ministry of Economy, Planning and International Cooperation		

If the ICC wishes, they may send informal comments to:apr@gavi.org. All comments will be treated confidentially Comments from partners:

Observations of the Regional Working Group:

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), endorse this report on the Health Systems Strengthening Program. Signing 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 the GAVI Alliance's monitoring of the country's results. 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 YAO Nda Konan Michel, WHO Representative	World Health Organization		

Mr. Mohamed Malick Fall, UNICEF Representative	United Nations Children's Fund (UNICEF)		
Rev. Antoine MBAO BOGO, President	Central African Red Cross		
Mrs. Tatiana MOSSOUA, National Director	SOS Children's village		
Mr. Emmanuel DJADA, Inspector	Social Affairs, Gender Promotion and Humanitarian Action		
Dr. KOYAZEGBE Thomas d'Aquin, Director General of Public Health	Ministry of Health and Population		
Mr. Alexis GUENENGAFO, Director General of Budget	Ministry of Finance and Budget		
Mr. Cabinet Director	Ministry of Communication, National Reconciliation and Peace Culture		
Mrs. Irène POUNEBINGUI, Director of Monitoring State Investments	Ministry of Economy, Planning and International Cooperation		

If the HSCC wishes they may send informal comments to:apr@gavi.org. All comments will be treated confidentially Comments from partners:

Observations of the Regional Working Group:

2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Central African Republic is not submitting a report on the use of CSO funds (Type A and B) in 2015

3. Table of Contents

This APR reports on Central African Republic's activities between January - December 2014and specifies requests for the period January – December 2016

Sections

4. Baseline data and annual targets

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

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	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	169,922	169,922	173,356	173,358		177,692		182,987		187,562
Total number of infant deaths	22,333	22,333	22,784	22,784		23,463		24,050		24,651
Total number of surviving infants	147,589	147,589	150,572	150,574		154,229		158,937		162,911
Total number of pregnant women	194,196	194,196	198,121	198,121		203,074		209,128		214,356
Number of infants who received (should receive) BCG vaccine	110,449	87,734	121,349	130,017		124,048		135,096		146,620
BCG coverage*[1]*	65%	52%	70%	75%	0%	70%	0%	74%	0%	78%
Number of infants who received (should receive) OPV3 vaccine	88,553	74,175	97,872	97,872		108,543		127,150		138,474
OPV3 coverage*[2]*	60%	50%	65%	65%	0%	70%	0%	80%	0%	85%
Number of infants who received (should receive) DTP1 vaccine*[3]*	88,553	107,820	97,872	112,929		108,543		127,150		138,474
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*	88,553	67,776	97,872	97,872		108,543		127,150		138,474
DTP3 coverage*[2]*	60%	46%	65%	65%	0%	70%	0%	80%	0%	85%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine	10	10	10	10		10		8		8
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.11	1.11	1.11	1.11	1.00	1.11	1.00	1.09	1.00	1.09
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	118,071	107,820	97,872	112,929		108,543		127,150		138,474
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	105,553	67,776	97,872	97,872		108,543		127,150		138,474
DTP-HepB+Hib coverage*[2]*	72%	46%	65%	65%	0%	70%	0%	80%	0%	85%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*	10	10	10	10		10		8		8

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1.11	1	1.09	1	1.09
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	118,071	66,039	97,872	97,872		108,543		127,150		138,474
Yellow fever coverage*[2]*	80%	45%	65%	65%	0%	70%	0%	80%	0%	85%
Wastage *[5]* rate in the base-year and planned thereafter (%)	15	15	15	15		15		15		10
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.18	1.18	1.18	1.18	1	1.18	1	1.18	1	1.11
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine	118,071	92,289	97,872	97,872		108,543		127,150		138,474
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine	106,347	56,341	97,872	97,872		108,543		127,150		138,474
Pneumococcal (PCV13) coverage*[2]*	72%	38%	65%	65%	0%	70%	0%	80%	0%	85%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive)1st dose(s) of Rotavirusvaccine	0	0	90,343	0		108,543		127,150		138,474
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine	0	0	0	0		108,543		127,150		138,474
Rotavirus coverage*[2]*	0%	0%	0%	0%	0%	70%	0%	80%	0%	85%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	0	5	0		5		5		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1	1.05	1	1	1.05	1	1.05	1	1.05

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) the 1st dose of Measles Vaccine	88,553	88,479	97,872	97,872		108,543		127,150		138,474
Measles coverage *[2]*	60%	60%	65%	65%	0%	70%	0%	80%	0%	85%
Pregnant women immunized with TT+	126,227	92,903	138,685	138,685		142,819		166,523		178,725
TT+ coverage*[7]*	65%	48%	70%	70%	0%	70%	0%	80%	0%	83%
Vit A supplement to mothers within 6 weeks of the delivery	0	0	0	0		0		0		0
Vit A supplement to infants older than 6 months	84,961	59,791	0	86,678	N/A	88,845	N/A	79,469	N/A	81,456
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	37%	0%	13 %	0%	0%	0%	0%	0%	0%

Number	Targets (Preferred presentation format)	
	2019	
	Previous estimates in 2014	Current estimates
Total number of births		192,251
Total number of infant deaths		25,268
Total number of surviving infants		166,983
Total number of pregnant women		219,715
Number of infants who received (should receive) BCG vaccine		150,285
BCG coverage*[1]*	0%	78%
Number of infants who received (should receive) OPV3 vaccine		150,285
OPV3 coverage*[2]*	0%	90%
Number of infants who received (should receive) DTP1 vaccine*[3]*		150,285
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*		150,285
DTP3 coverage*[2]*	0%	90%

Number	Targets (Preferred presentation format)	
	2019	
	Previous estimates in 2014	Current estimates
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine		8
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.09
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine		150,285
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine		150,285
DTP-HepB+Hib coverage*[2]*	0%	90%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*		8
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.09
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	25%
Number of infants who received (should receive) Yellow fever vaccine		150,285
Yellow fever coverage*[2]*	0%	90%
Wastage *[5]* rate in the base-year and planned thereafter (%)		10
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.11
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine		150,285
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine		150,285
Pneumococcal (PCV13) coverage*[2]*	0%	90%
Wastage *[5]* rate in the base-year and planned thereafter (%)		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.05
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%

Number	Targets (Preferred presentation format)	
	2019	
	Previous estimates in 2014	Current estimates
Number of infants who received (should receive) 1st dose(s) of Rotavirus vaccine		150,285
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine		150,285
Rotavirus coverage *[2]*	0%	90%
Wastage *[5]* rate in the base-year and planned thereafter (%)		5
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.05
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%
Number of infants who received (should receive) the 1st dose of Measles Vaccine		150,285
Measles coverage *[2]*	0%	90%
Pregnant women immunized with TT+		193,970
TT+ coverage *[7]*	0%	88%
Vit A supplement to mothers within 6 weeks of the delivery		0
Vit A supplement to infants older than 6 months	N/A	83,492
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	0%

[1] Number of infants immunized compared to the number of births

[2] Number of infants immunized out of the total number of surviving infants

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

[4] Please ensure that the DTP3 cells are correctly filled in

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

[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 optimize wastage, coverage and cost.

[7] Number of pregnant women immunized with TT+ out of the total number of pregnant women

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

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

In the space below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in the **number of births**

  There is no change in demographic data, especially in the number of live births given in the various strategic planning documents and those generated by this progress report.
- Justification for any changes in **surviving infants**

  There is no change in demographic data, especially in the number of surviving infants given in the various strategic planning documents and those generated by this progress report.
- Explanation of changes in targets, per vaccine. **Please note that for targets of more than 10%, the results from previous years must be justified.** For the IPV, explanation should also be provided as attachment(s) to the APR for EACH change in target population.

  To be more realistic, the targets for 2014 were revised compared to those fixed in cMYP 2011 - 2015. In fact, the external EPI review along with the immunization coverage survey carried out in November 2012 highlighted the low immunization coverage. This revision also considered the issues related to the implementation of activities planned by the program due to politico-military conflicts which started in the country since December 2012. The consideration of the program performance in this context of insecurity helped fix realistic objectives.
- Justification for any changes in **Wastage by vaccine**

  The wastage rate by vaccines used in 2014 have not changed compared to the rates fixed in cMYP 2011-2015.

5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3 available in your country through administrative sources and/or surveys? **Yes, available**

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

Data Source	Year of reference for estimation	DTP3 coverage estimate	
		Boys	Girls
MICS 2010	2010	33%	31%

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

No gender-related barrier observed. These data are taken from the Multiple Indicator Cluster Survey 2010. However, the survey process is in progress for the new data for 2015 (MICS5).

5.2.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data in routine immunization reports? **Yes**

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

Based on our experience and practice, there is no discrimination between girls and boys in the access to vaccination. The tools were revised and training to the workers implementing EPI activities were initiated at the beginning of 2013. Unfortunately, the persistence of politico-military crisis did not enable continuing the training process and effective implementation of these tools. But the next revision of tools during the introduction of IPV will insist on these considerations to be included in the routine activities and in training planned for health officers. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoftcom:office:office" />

5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please complete the table using US$.

Exchange rate used	1 US$ = 540	Only enter the exchange rate; do not enter the name of the local currency

Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US$

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	NA	na	na
Traditional vaccines*	458,829,499	0	0	458,829,499	0	0	0	0
New and Under-used Vaccines (NVS)**	1,324,253,666	76,666,666	1,247,587,000	0	0	0	0	0
Injection material (AD syringes and others)	21,579,320	0	0	21,579,320	0	0	0	0
Cold Chain equipment	330,074,070	0	0	330,074,070	0	0	0	0
Staff	1,030,908,777	481,974,000	0	548,934,777	0	0	0	0
Other routine recurrent costs	223,288,499	223,288,499	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,020,793,102	0	0	473,679,955	547,113,147	0	0	0
na		0	0	0	0	0	0	0
Total Expenditures for Immunization	4,409,726,933							
Total Government Health expenditures		781,929,165	1,247,587,000	1,833,097,621	547,113,147	0	0	0

Traditional vaccines: BCG, DTP, OPV, 1st of measles vaccine (or the combined MR, MMR), TT. Some countries will also include Herb and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes **(Document No. 4)** from the ICC 2015 meeting that endorsed this report.

List the principal concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual targets carried out to 5.3 Overall Immunization Expenditure and Funding

- The need to quickly rehabilitate all the EPI centers, especially in the easy-to-access zones to bring immunization to beneficiaries; <?xml:namespace prefix = "o" ns = "urn:schemasmicrosoft-com:office:office" />
- Push the discussion at the highest authorities as part of RSI to systematically immunize anyone crossing the border of CAR coming from Cameroon;
- The communication plan which should support these activities should be prepared and shared
- The experiences of other crisis countries with respect to the response against polio should be capitalized;
- The support from international forces (MISCA) is required to support the difficult-to-access areas as it was the recent case with the 2nd phase of NID in Horn. 4, 5 and 6.
- Revitalization of the monitoring system to notify all the suspected cases of vaccine-preventable diseases. The provision of motorcycle to the monitoring Focal points for active research of AFP cases is necessary.
- The changing of petrol cold chain equipment with solar equipment is necessary given the difficulties encountered in the provision and functioning of EPI refrigerators and freezers in the hinterland.
- Advocacy should be continued within the Finance Department to gradually increase the resources of the State for EPI to meet the co-financing of vaccines and ensure vaccine independence.
- Advocacy for the redeployment of Administrative authorities (Prefects, sub-prefects and Mayors) to support this IPV introduction process. Advocacy among multinational forces to ensure the security on the entire territory to facilitate the implementation of this plan.

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

If yes, which ones?

List CSO members of the ICC:
Central African Red Cross
SOS Children's village
ASSOMESCA

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority activities for its EPI program from 2015 to 2016?

1. Achieve at least 80% VC for BCG, 75% for DTP-HepB+Hib3, PCV13-3, and 75% for TT2+ at national level by the end of 2016; <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Targets:

- ✓ *. achieve a national coverage rate in DTP-Heb-Hib3 of at least 75% by the end of 2016;*
- ✓ *. Introduce New Vaccines* (IPV in 2015, Rotavirus in 2016, RR in 2016)
- ✓ *. Include immunization services in at least 80% of health facilities by the end of 2016;*
- ✓ *. Reduce the abandonment rate of Penta1-Penta3 to less than 10%;*
- ✓ *. Reduce at least 20% of the difference between the highest and lowest socio-economic quintiles.*

Priority activities:

- ✓ . Improve the quality of services for the rehabilitation and extension/integration of immunization services in PMA of all the health facilities;
- ✓ .Implementation of all components of the RED strategy and other innovative approaches (intensive immunization activities, AIW) in districts having a large number of immunized children;
- ✓ . Integration of other interventions for the survival of the child in routine EPI (vitamin A supplements, distribution of MILDE, Albendazole...);
- ✓ . Strengthening the data management system (monitoring, DQS);
- ✓ . Strengthening vaccine management (DVDMT), CC (EVM, EEM) and immunization safety;
- ✓ . Update the operations of the existing EPI centers;
- ✓ . Training health agents in EPI management;
- ✓ . Provision of motorcycles, vehicles for immunization and monitoring activities;
- ✓ . Consolidate the partnership for co-financing of vaccines;
- ✓ . Prepare to introduce the Rotavirus vaccine
- ✓ . Involvement of the site partners in routine EPI routine activities
- ✓ . Strengthening communication for routine EPI
- ✓ . Strengthening the capabilities of EPI managers;
- ✓ . Developing a mechanism for the durability of EPI funding (Government, Partners)

2. Maintain the cessation of the spread of poliovirus until the certification of the regional eradication in 2016

Targets:

- ✓ *. Maintain the status of a polio-free country;*
- ✓ *. Introduce at least one dose of inactivated anti-polio vaccine on the entire national territory until end 2016;*
- ✓ *. Implement the activities for containing all polioviruses in laboratories until end 2016;*
- ✓ *. Finalize the national plan for transmitting the acquired initiative for the eradication of polio by end of 2016.*

Priority activities

- ✓ . Response against epidemics;
- ✓ . Strengthening the Epidemiological Surveillance of the AFPs.
- ✓ . Preparing to introduce the Injectable Polio vaccine (IPV) for June 2015

Organize Preventive campaigns against polio (prevent importing)

3. Eliminate measles, rubella and congenital rubella syndrome

Targets;

- ✓ . *Reduce the incidence of measles to less than one case per million of the population by the end of 2016;*
- ✓ . *Achieve a vaccine coverage for RR1 ≥ 65% at national and district levels and coverage of SIA for at least 95% in all the districts.*

Priority activities

4. Achieve and maintain the elimination/control of vaccine-preventable diseases

Objectives:

- ✓ . *Improve the active monitoring of Maternal and Neonatal Tetanus by the end of 2016;*
- ✓ . *Achieve vaccine coverage against yellow fever ≥ 70% by the end of 2016*
- ✓ Priority activities:
- ✓ . Preparation of elimination plans

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 sources of funding for Injection Safety equipment in 2014

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	AD syringes 0.05 ml	UNICEF
FR Measles	AD syringes 0.5 ml	UNICEF
FR TT	AD syringes 0.5 ml	UNICEF
FR DTP-containing vaccine	AD syringes 0.5 ml	GAVI
IPV	AD syringes 0.5 ml	GAVI

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

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

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

Please explain how sharps have been eliminated in 2014, what were the problems faced, etc.

In most of the EPI centers, sharps are disposed by burning and burying. However, in some EPI centers which are supported by NGOs, the wastes are disposed using Montfort Incinerators. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Major issues:

- Quantitative and qualitative shortage of incinerators;

Lack of training/re-training on waste management

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Central African Republic is not reporting on the use of ISS funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Central African Republic is not reporting on the use of ISS funds in 2014

6.3. ISS Funding Application

The request for expected ISS reward is not applicable for 2014 in Central African Republic

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

7.1. Receipt of new & under-used vaccines for the 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the immunization program in 2014 that GAVI specified in their Decision Letter? Please fill the table below

Table 7.1: Vaccines actually received in 2014 compared to the quantity approved for 2014

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

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**The number of total doses received by December 31, 2014**	**Total doses postponed from previous years and received in 2014**	**Has the country experienced a stock-out at any level in 2014?**
Pneumococcal (PCV13)	352,800	219,600	0	No
DTP-HepB-Hib	373,500	393,000	0	No
Yellow fever	87,200	71,000	0	Yes
Rotavirus	0	0	0	Not selected

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

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

  The quantities of vaccines were sufficient for the target population for 2014. But, given the epidemiological context, the Ministry of Health decided to catch-up with the children up to 23 months for all routine EPI antigens. This explains that the number of doses received from certain antigens are higher than the number of doses provided in the decision letter.

- What actions have you taken to improve vaccine management, e.g. such as amending the schedule for vaccine deliveries? (within the country and with the UNICEF Supply Division)

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

  Preparation of a vaccine order schedule (Forecast form) in collaboration with the EPI Program and UNICEF supply;
  - Orders placed 3 months before the planned delivery date;
  - Monthly monitoring of vaccine stocks at the central level and medical headquarters (Use of SMT);
  - Analysis of vaccine management (monitoring wastage rate) during the quarterly, regional and bi-annual national coordination meetings; Training Management Teams of the Medical Headquarters in EPI logistics;
  - Information from the Country UNICEF office: monthly by the EPI Directorate on vaccine stock management (Regular inventory of stocks);
  - Packing 10 doses of vaccines saves storage space;
  - Advocacy for rapid restoration of security in the country to facilitate immunization activities in all the Health Districts.

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

There was a shortage in YV during 2014 at the central and peripheral level. It was due to the widening of the age group to 23 months during Intensified Immunization Activities (IIA) and the 4th NIV in 2014.

This situation was corrected by GAVI through an emergency order launched by UNICEF in consultation with the Ministry of Health.

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 progress:

Yellow fever, 10 dose(s) per vial, LYOPHILIZED		
Nationwide introduction	No	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When is the Post introduction evaluation (PIE) planned? **December 2015**

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

When is the Post introduction evaluation (PIE) planned? **December 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	01/01/2016
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	The introduction date was postponed to 2016 due to the conflict of agenda

When is the Post introduction evaluation (PIE) planned? **July 2016**

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

When is the Post introduction evaluation (PIE) planned? **December 2015**

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

AT THE CENTRAL LEVEL

1. Prepare the documents:

o of national immunization policy included new vaccines to be introduced: Not executed

o strategies on immunization safety and AEFI management

1. Prepare a plan for cold chain maintenance and transportation means: in progress as the tenders are already launched to sign contracts with a local company
2. Ensure a safe connection of the cold rooms with the city power grid: A palliative solution was found: the acquisition of 2 stabilizers from UNICEF to secure the cold room.
3. Install automatic temperature recorders in cold rooms: in progress
4. Implement the plan for supply of vaccines and inputs: completed
5. Prepare a supervision plan and implement a supervision follow-up mechanism: Not executed
6. Distribute the communication tools for new vaccines at all levels: Not executed

B. AT THE REGIONAL LEVEL

1. Provide the training on new vaccines to regional level and health center staff: Not executed
2. Strengthen EPI management at the regional level: regional warehouses, data management, monitoring and supervision: not completed
3. Prepare an introduction plan at the regional level for each new vaccine: Will be completed during the next introduction of a New Vaccines

C. AT OPERATIONAL LEVEL

1. Provide the training to all stakeholders when introducing every new vaccine: *target disease, administration, AEFI, conservation etc...* will be completed during the next introduction of a New Vaccines
2. Prepare and archive an activity flowchart at each introduction: Will be completed during the next introduction of a New Vaccines
3. Implement the system used for waste destruction (incinerator, burning-disposal) at each EPI centre: Partially completed
4. Document and notify all AEFI cases: In progress
5. Systematically conduct an IEC session during immunization sessions: Executed
6. Develop the local communication for EPI for the community: not completed

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilence? **No**

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

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

Is the country sharing its vaccine safety data with other countries? **Yes**

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

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

Has your country carried out specific studies on:

a. Rotavirus diarrhea? **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes**

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **Yes**

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

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

7.3. Lump sum allocation for the introduction of a new vaccine in 2014

7.3.1. Financial Management Report

	Amount in US$	Amount in local currency
Funds received in 2014 (A)	0	0
Balance of funds carried forward from 2013	0	0
Total Available Funds in 2014 (C=A+B)	0	0
Total expenditure in 2014(D)	0	0
Balance carried over to 2015 (E=C-D)	0	0

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

Please attach a detailed financial statement for the use of ISS funds during the calendar year 2014 (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1.** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Program Report

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

N/A

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

N/A

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

N/A

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

Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	17,500	16,700
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	71,000	19,000
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	75,000	36,500
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	76,666,666	
Donor	1,247,587,000	
Others		
	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US$ and in supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	0	0
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	0	0
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	October	State
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	October	State
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	October	State
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	State
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	

	To ensure the sustainability of funding for immunization for CAR, given the cash-flow problems related to the sociopolitical context, the country will need the following assistance: - The finalization of the cMYP with updated estimation of cost by considering the immunization coverage survey results carried out in December 2012 and the current situation of the country; - Technical support for advocacy at the location of new political authorities to support immunization; - Sustainability of the weekly fund transfer schedule for the purchase of vaccines with possibility for an increase.

***Note:** co-financing is not mandatory for the IPV

Is GAVI's new or under-used vaccines and injection supply support reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVM/VMA/EVSM)

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 the 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 the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The EVM assessment is valid for a period of three years.

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

Please attach the following documents:

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

b) improvement plan after EVM **(Document No. 13)**

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

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

Have any changes been made to the Improvement plan, and what were the reasons? **Yes**

If yes, provide more details

The evaluation of the improvement plan prepared during the external EPI review in December 2012 shows that of the 9 EVM appreciation criteria, only 7/30 were completely achieved, 14 partially achieved and 9 were not achieved.

This situation needs to be reconsidered as the last politico-military crisis that made the country experience pillages and destruction of immunization logistics were recorded in most of the health district and vaccination centre databases requiring a new EVM to have the exact status of the cold chain (freezers, refrigerators, cold boxes and vaccine carriers).

A new EVM is planned in 2015

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Central African Republic does not report on NVS prevention campaign

7.7. Change in vaccine presentation

Central African Republic does not require changes in the vaccine presentation in the coming years.

7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 10 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.

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 10 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 No. **18**)

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 dose schedule**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 immunization program

In order to request NVS for vaccination in 2016 do the following:

Confirm here below that your request for 2016 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain:

7.10. Weighted average prices of supply and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED							
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							

Vaccine Antigens	Vaccine Type	2014	2015	2016	2017	2018	2019
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	7.50%	7.50%	7.40%	7.20%	6.80%	6.80%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40%	4.50%	3.00%	4.50%	4.60%	3.10%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	3.90%	4.20%	4.40%	4.40%	4.40%	4.40%
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%	4.40%	4.40%

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTP-HepB-Hib, 10 doses per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	147,589	150,572	154,229	158,937	162,911
	Number of children to be vaccinated with the first dose	Parameter	#	118,071	97,872	108,543	127,150	138,474
	Number of children to be vaccinated with the third dose	Parameter	#	105,553	97,872	108,543	127,150	138,474
	Immunization coverage with the third dose	Parameter	%	71.52%	65.00%	70.38%	80.00%	85.00%
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.11	1.09	1.09
	Stock in Central Store Dec 31, 2014		#	107,500				
	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
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
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.

NA

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **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	0.20	0.20	0.20

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

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	337,000	170, 000	502,600	498,100	542,500
Number of AD syringes	#	367,500	172,000	579,900	591,200	643,800
Number of reconstitution syringes	#	0	0	0	0	0
Number of safety boxes	#	4,100	1,900	6,200	6,300	6,875
Total value to be co-financed by GAVI	$	712,000	353,500	959,000	793,500	864,000

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

		2019
Number of vaccine doses	#	588,600
Number of AD syringes	#	698,700
Number of reconstitution syringes	#	0
Number of safety boxes	#	7,450
Total value to be co-financed by GAVI	$	937,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	36,500	19,000	60,500	74,000	80,600
Number of AD syringes	#	0	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value of country co-financing*[1]*	$	75,000	38,000	115,500	118,000	128,500

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

		2019
Number of vaccine doses	#	87,500
Number of AD syringes	#	0
Number of reconstitution syringes	#	0
Number of safety boxes	#	0
Total value of country co-financing*[1]*	$	139,500

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-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	118,071	97,872		
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	105,553	97,872		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	336,563	293,616		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses required taking wastage into account**	*D x E*		325,914		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*				
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Stock on 1st January**	*Table 7.11.1*	314,000	107,500		
H 3	**Dispatch schedule**	*Approved volume*		189,000		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		189,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				

S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is 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-financing**	*V*	10.74%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	108,543	11,661	96,882
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	108,543	11,661	96,882
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	325,629	34,983	290,646
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses required taking wastage into account**	*D X E*	361,449	38,831	322,618
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	13,326	1,432	11,894
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*	- 188,169	- 20,214	- 167,955
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*	- 55,987	- 6,014	- 49,973
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	563,000	60,483	502,517
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	579,837	0	579,837
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	6,194	0	6,194
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,011,711	108,688	903,023
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	25,977	0	25,977
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	34	0	34
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	36,422	3,913	32,509

S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,074,144	115,395	958,749
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	112,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is 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-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	127,150	16,448	110,702
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	127,150	16,448	110,702
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	381,450	49,342	332,108
E	**Estimated vaccine wastage factor**	*Table 4*	1.09		
F	**Number of doses required taking wastage into account**	*D X E*	415,781	53,783	361,998
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	155,918	20,169	135,749
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	572,000	73,990	498,010
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	591,105	0	591,105
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	6,293	0	6,293
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	847,132	109,579	737,553
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	26,482	0	26,482
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	35	0	35
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	37,274	4,822	32,452

S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	910,923	117,831	793,092
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	114,400		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

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-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	138,474	17,912	120,562
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	138,474	17,912	120,562
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	415,422	53,736	361,686
E	**Estimated vaccine wastage factor**	*Table 4*	1.09		
F	**Number of doses required taking wastage into account**	*D X E*	452,810	58,572	394,238
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	169,804	21,965	147,839
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	623,000	80,587	542,413
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	643,749	0	643,749
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	6,854	0	6,854
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	922,664	119,349	803,315
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	28,840	0	28,840
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	38	0	38
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	40,598	5,252	35,346
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	992,140	128,336	863,804
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	124,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

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-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	150,285	19,440	130,845
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	150,285	19,440	130,845
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	450,855	58,320	392,535
E	**Estimated vaccine wastage factor**	*Table 4*	1.09		
F	**Number of doses required taking wastage into account**	*D X E*	491,432	63,568	427,864
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	184,287	23,838	160,449
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			

H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	676,000	87,443	588,557
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	698,657	0	698,657
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	7,437	0	7,437
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,001,157	129,502	871,655
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	31,300	0	31,300
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	41	0	41
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	44,051	5,699	38,352
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,076,549	139,255	937,294
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	135,200		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		
cr	**Reconstitution syringe price per unit**	Parameter	$		0
cs	**Safety box price per unit**	Parameter	$		0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50%

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	147,589	150,572	154,229	158,937	162,911
	Number of children to be vaccinated with the first dose	Parameter	#	118,071	97,872	108,543	127,150	138,474
	Number of children to be vaccinated with the third dose	Parameter	#	106,347	97,872	108,543	127,150	138,474
	Immunization coverage with the third dose	Parameter	%	72.06%	65.00%	70.38%	80.00%	85.00%
	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		#	359,550				
	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
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448

* 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.

NA

Co-funding tables for Pneumococcal (PCV13), 1 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	0.20	0.20	0.20

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

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-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	118,071	97,872		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	354,213	293,616		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		308,297		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	68,000	359,550		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		0		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

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-financing**	*V*	5.75%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	108,543	6,240	102,303
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	325,629	18,718	306,911
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	341,911	19,654	322,257
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	8,404	484	7,920
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	282,476	16,238	266,238
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	68,400	3,932	64,468
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	56,713	0	56,713
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	753	0	753
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	231,056	13,282	217,774
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	2,541	0	2,541
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	5	0	5
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	6,932	399	6,533
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	240,534	13,827	226,707
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	13,680		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.75%		

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-financing**	*V*	5.76%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	127,150	7,321	119,829
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	381,450	21,963	359,487
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	400,523	23,062	377,461
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	96,061	5,531	90,530
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	496,800	28,605	468,195
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	525,263	0	525,263
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	5,465	0	5,465
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,651,364	95,082	1,556,282
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	23,532	0	23,532
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	30	0	30
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	74,312	4,279	70,033
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,749,238	100,717	1,648,521
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	99,360		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76%		

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-financing**	*V*	5.85%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	138,474	8,097	130,377
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	415,422	24,291	391,131
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	436,194	25,506	410,688
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	104,281	6,098	98,183
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	541,800	31,681	510,119
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	571,674	0	571,674
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	5,960	0	5,960
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,771,686	103,595	1,668,091
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	25,611	0	25,611
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	33	0	33
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	81,498	4,766	76,732
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,878,828	109,860	1,768,968
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	108,360		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.85%		

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-financing**	*V*	5.99%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	150,285	8,998	141,287
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	450,855	26,994	423,861
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	473,398	28,344	445,054
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	113,157	6,775	106,382
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	586,800	35,134	551,666
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	620,414	0	620,414
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	6,455	0	6,455
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	1,901,233	113,832	1,787,401
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	27,795	0	27,795
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	36	0	36
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	58,939	3,529	55,410
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	1,988,003	119,027	1,868,976
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	117,360		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.99%		

Table 7.11.1: Characteristics for Rotavirus, 2 dose schedule

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	147,589	150,572	154,229	158,937	162,911
	Number of children to be vaccinated with the first dose	Parameter	#	0	90,343	108,543	127,150	138,474
	Number of children to be vaccinated with the second dose	Parameter	#	0	0	108,543	127,150	138,474
	Immunization coverage with the second dose	Parameter	%	0.00 %	0.00 %	70.38%	80.00%	85.00%
	Number of doses per child	Parameter	#	2	2	2	2	2
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	0				
	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
	Number of AD syringes required	Parameter	#		No	No	No	No
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		No	No	No	No
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
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	%		4.20%	4.40%	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.

NA

Co-financing table for Rotavirus, 2 dose schedule

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	0.00	0.20	0.20	0.20	0.20

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

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	90,343		
C	**Number of doses per child**	*The immunization schedule*	2	2		
D	**Number of doses required**	*B x C*	0	180,686		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		189,721		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	0		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		139,500		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				

M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	108,543	9,218	99,325
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	217,086	18,435	198,651
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	227,941	19,356	208,585
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	11,814	1,004	10,810
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	240,000	20,380	219,620
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	541,440	45,977	495,463
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	23,824	2,024	21,800
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	565,264	48,001	517,263
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	48,000		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	127,150	10,798	116,352
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	254,300	21,595	232,705
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	267,015	22,674	244,341
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	64,041	5,439	58,602
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	331,500	28,150	303,350
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	747,864	63,506	684,358
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	32,907	2,795	30,112
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	780,771	66,300	714,471
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	66,300		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	138,474	11,759	126,715
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	276,948	23,518	253,430
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	290,796	24,694	266,102
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	69,521	5,904	63,617
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	361,500	30,698	330,802
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	815,544	69,253	746,291
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	35,884	3,048	32,836
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	851,428	72,300	779,128
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	72,300		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	150,285	12,762	137,523
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	300,570	25,524	275,046
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	315,599	26,800	288,799
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	75,438	6,406	69,032
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	391,500	33,245	358,255
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	883,224	75,000	808,224
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	38,862	3,301	35,561
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	922,086	78,300	843,786
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	78,300		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.1: Characteristics for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	147,589	150,572	154,229	158,937	162,911
	Immunization coverage	Parameter	%	80.00%	65.00%	70.38%	80.00%	85.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.18	1.18	1.18	1.18	1.11
	Stock in Central Store Dec 31, 2014		#	600				
	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
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
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	%		7.50%	7.40%	7.20%	6.80%
fd	**Freight cost as % of material value**	Parameter	%					

* 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.

NA

Co-financing table for Yellow fever, 10 dose(s) per vial, LYOPHILIZED

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	0.20	0.20	0.20

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	118,071	97,872		
C	**Number of doses per child**	*The immunization schedule*	1	1		
D	**Number of doses required**	*B x C*	118,071	97,872		
E	**Estimated vaccine wastage factor**	*Table 4*	1.18	1.18		
F	**Number of doses required taking wastage into account**	*D x E*		115,489		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	87,000	600		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		109,600		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				

T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.77%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	108,543	20,376	88,167
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	108,543	20,376	88,167
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	128,081	24,044	104,037
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	3,148	591	2,557
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	131,300	24,648	106,652
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	122,861	0	122,861
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	14,444	0	14,444
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	1,445	0	1,445
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	130,250	24,451	105,799
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	5,505	0	5,505
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	506	0	506
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	8	0	8
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	9,639	1,810	7,829
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	145,908	27,390	118,518
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	26,260		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.77%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.29%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	127,150	23,257	103,893
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	127,150	23,257	103,893
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	150,037	27,444	122,593
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	32,625	5,968	26,657
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	182,700	33,418	149,282
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	175,753	0	175,753
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	20,097	0	20,097
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	2,010	0	2,010
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	186,354	34,086	152,268
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	7,874	0	7,874
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	704	0	704
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	11	0	11
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	13,418	2,455	10,963
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	208,361	38,112	170,249
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	36,540		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.29%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-financing**	*V*	17.40%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	138,474	24,100	114,374
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	138,474	24,100	114,374
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses required taking wastage into account**	*D x E*	153,707	26,751	126,956
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	32,705	5,692	27,013
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	186,500	32,459	154,041
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	188,297	0	188,297
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	20,515	0	20,515
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	2,052	0	2,052
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	200,674	34,926	165,748
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	8,436	0	8,436
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	719	0	719
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	12	0	12
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	13,646	2,375	11,271
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	223,487	38,896	184,591
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	37,300		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	17.40%		

Table 7.11.4: Calculation of requirements for Yellow fever, 10 dose(s) per vial, LYOPHILIZED (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-financing**	*V*	17.31%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	150,285	26,011	124,274
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	150,285	26,011	124,274
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses required taking wastage into account**	*D x E*	166,817	28,872	137,945
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	37,897	6,559	31,338
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	204,800	35,446	169,354
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	207,001	0	207,001
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	22,528	0	22,528
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	2,253	0	2,253
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	221,594	38,352	183,242
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	9,274	0	9,274
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	789	0	789
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	13	0	13
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	15,069	2,609	12,460
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	246,739	42,704	204,035
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	40,960		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	17.31%		

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this **section only if your country was approved for and received HSS funds before or during the period January to December 2014.** All countries are expected to report on: a. The progress made in 2014

   b. The implementation of HSS from January to April 2015 (interim report)

   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 three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report on start-up activities.

2. In order to better align the HSS report to national procedures, for countries where the 2014 fiscal year starts in January 2014 and ends in December2014, HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September2015.

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

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

5. If you are requesting additional funds, 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 the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorsed this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the calendar year 2014

   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 installments of HSS funding:

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

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

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

8. Inaccurate, incomplete or unsubstantiated reports may lead the IRC to either send the APR back to your country for clarification (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next installment of HSS funding.

8.1. Report on the use of HSS funds in 2014 and request for additional funding

Countries that have already received the final disbursement of GAVI approved funds under HSS grant and require no further financing: Is the implementation of the HSS grant completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **No**

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

October 2015

Please attach all studies and evaluations related to the GAVI HSS grant or financed by it.

Please attach the gender disaggregated data, if any, by rural/urban areas, district/state, especially for immunization coverage indicators. This is mainly important if the GAVI HSS grants are used to target populations and/or specific geographic locations in the country.

If the CSOs are involved in HSS implementation, please attach a list of those involved in implementing the grant, financing received by the CSOs for GAVI HSS grant and activities that are conducted. If the CSO involvement was already planned in the initial proposal approved by GAVI, but no financing was provided to CSOs, please explain why. Go to http://www.gavialliance.org/support/cso/, for the GAVI CSO implementation framework.

The denominational NGO of Association of Medical and Social Works in Central Africa (ASSOMESCA) benefits from the HSS interventions in targeted districts by granting petrol, vaccines and other immunization inputs to Health Facilities that they support.

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 national/monitoring report and evaluation framework results of the health sector (with actual data reported for the latest year available in the 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 program and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b..

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

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

These funds will be sufficient to ensure the HSS allocation till December 2016.

Table 8.1.3a $(US)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	591,000	359,000	320,000	0	0	0
Revised annual budget (*if revised during a review of the previous years' annual reports*)	2,483,985	2,251,985	1,373,621	1,743,624	1,225,916	1,319,150

Total funds received from GAVI during the calendar year *(A)*	0	0	591,000	0	0	0
Balance funds (carry over) from previous year (*A*)	1,892,985	1,053,621	914,793	1,384,624	726,416	640,245
Total Funds available during the calendar year *(C=A+B)*	1,892,985	1,053,621	1,505,793	1,394,624	726,416	640,245
Total expenditure during the calendar year (*D*)	839,363	138,828	121,169	366,203	86,171	100
Balance carried forward to the next calendar year *(E=C-D)*	1,053,621	914,793	1,384,624	1,394,624	640,245	640,145
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	591,000	591,000	359,000	359,000	679,000	679,000

	2015	**2016**	**2017**	**2018**
Original annual budgets (*as per the originally approved HSS proposal*)	0			
Revised annual budget (*if revised during a review of the previous years' annual reports*)	1,298,119			
Total funds received from GAVI during the calendar year *(A)*	679,000			
Balance funds (carry over) from previous year (*A*)	0			
Total Funds available during the calendar year *(C=A+B)*	1,298,119			
Total expenditure during the calendar year (*D*)	507,341			
Balance carried forward to the next calendar year *(E=C-D)*	790,778			
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0			

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	275,406,000	182,731,000	162,880,000	188,475,000	0	0
Revised annual budget (*if revised during a review of the previous years' annual reports*)	1,157,537,010	1,146,260,365	699,173,089	915,402,600	254,245,500	628,139,655
Total funds received from GAVI during the calendar year *(A)*	0	0	275,406,000	0	0	0
Balance funds (carry over) from previous year (*A*)	892,131,010	536,293,089	465,629,637	726,927,600	369,745,926	304,845,440
Total Funds available during the calendar year *(C=A+B)*	892,131,010	536,293,089	766,448,637	726,927,600	383,740,293	304,821,728
Total expenditure during the calendar year (*D*)	381,143,158	70,663,452	61,675,021	0	78,894,853	47,600
Balance carried forward to the next calendar year *(E=C-D)*	490,987,386	465,629,637	704,773,616	0	304,845,440	304,774,128
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	182,731,000	162,880,000	188,475,000	170,884,000	254,245,500	304,821,640

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)	0			
Revised annual budget (*if revised during a review of the previous years' annual reports*)	610,115,822			
Total funds received from GAVI during the calendar year *(A)*	319,130,000			
Balance funds (carry over) from previous year (*A*)	0			
Total Funds available during the calendar year *(C=A+B)*	610,115,822			

Total expenditure during the calendar year (*D*)	238,450,270			
Balance carried forward to the next calendar year *(E=C-D)*	371,665,660			
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0			

Report of Exchange Rate Fluctuation

Please indicate in 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 1st January	495.44	459.68	466	509	525	
Closing on 31st December	449.31	461.02	466	476	476	470

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement on 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 the Ministry of Health. **(Document Number: 19)**

If any expenditures for the January - April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been carried out? Yes

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

8.2. HSS activities progress in the 2014 calendar year

Please report on any major measures taken to improve the immunization activities using HSS funds in Table 8.2. It is very important to be precise about the extent of progress made and the use of M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of the activity completed, where applicable
- A description of the progress made and any problems encountered
- The source of information and data, if relevant

Table 8.2: HSS activities in the reporting year 2014

Main Activities (insert as many rows as required)	**Activities planned for 2014**	**Percentage of activity completed (annual rate)** (where applicable)	**Source of information/data** (if relevant)

Revitalization of existing CEPI	- Evaluate Health centers and health stations of target regions (resources, operations)	0	AWP HSS 2014-2015
	Equip CEPI with 12 petrol-refrigerators and 15 solar refrigerators, 40 ice-boxes, 150 vaccine carriers	50	AWP HSS 2014-2015 and unloading of health facilities who received equipment (UNICEF)
	Equip the centers with NHIS Management Tools: Registers, Management sheet, data monitoring sheet, reporting sheet for centers, etc.	50	AWP HSS 2014-2015
	Supply the CEPI with vaccines and other specific inputs	30	AWP HSS 2014-2015
	Supply 10 Districts/Headquarters and 194 functional CEPI with petrol	100	AWP HSS 2014-2015 and unloading of health facilities who received petrol (UNICEF)
Availability of immunization services	Support micro-planning activities of Health Districts (mapping and listing under-served areas by the health facilities)	15	AWP HSS 2014-2015
	Organize fixed, advanced and mobile strategies in 10 thickly populated Districts/Headquarters (2 times/month/CEPI)	0	AWP HSS 2014-2015
Promote community participation and multi-sector collaboration	Organize information meetings for new politico-administrative authorities on health activities	0	AWP HSS 2014-2015
	Revitalize the Primary Health Care bodies (PHC)	25	AWP HSS 2014-2015
	Renew the management committees (MCs of Health facilities)	25	AWP HSS 2014-2015
	Train the MC members	25	AWP HSS 2014-2015
	Provide training for community volunteers for searching the unvaccinated	0	AWP HSS 2014-2015
	Provide incentives to community volunteers	0	AWP HSS 2014-2015
Supervision	Support the District Management Team for monitoring interventions in Health Facilities of 10 districts/headquarters (DQS)	0	AWP HSS 2014-2015
	Organize integrated supervisions of Health Facilities in 10 districts/headquarters	0	AWP HSS 2014-2015

	Organize quarterly/half-yearly meetings for follow-up and reprogramming of activities of target districts and regions	50	AWP HSS 2014-2015 and reports (technical and financial) of meetings organized
Equipment/maintenance of transport means (vehicles, motorcycles and cold chain)	Maintain (curative and preventive maintenance) the cold room and generator at the central level	0	AWP HSS 2014-2015
	Provide fuel for generators at the central level	100	AWP HSS 2014-2015
	Provide 03 supervision vehicles for the central level	50	AWP HSS 2014-2015 and MSP relief (UNICEF)
	Equip the Health Districts and Health Regions with 05 motorcycles	50	AWP HSS 2014-2015 and relief of HR and HD who received petrol (UNICEF)
	Equip the health facilities with 194 bicycles	50	AWP HSS 2014-2015 and unloading of health facilities who received bicycles (UNICEF)
Motivation of staff at regional, districts/Headquarters and health facility levels	Pay performance bonuses to staff at regional, district and health facility levels	0	AWP HSS 2014-2015
	Pay 45 trained health workers on contract working in Health Facilities of supported Health Districts	0	AWP HSS 2014-2015
Provision of EPI inputs	Supply the HD/HP with cold chain consumables (burners, wicks, glass kit etc...)	50	AWP HSS 2014-2015 and relief of health facilities who received consumables (UNICEF)
	Pay the cost for removal of injection materials	0	AWP HSS 2014-2015
Project operation	Pay management fees to the central level team	50	AWP HSS 2014-2015 and ballot boxes (GAVI-HSS Manager)
	Pay subscription for the internet network at the EPI Directorate and DSP	0	AWP HSS 2014-2015
	Equip the central support structure and 3 HR with computer equipment	0	AWP HSS 2014-2015
	Ensure the operations of central support structures and 3 HRs (office supplies, consumables, computer maintenance and bank charges...)	50	AWP HSS 2014-2015 and invoices for the purchase of supplies and IT supplies (GAVI-HSS Manager)
	Provide fuel and lubricants to the central support structures	50	AWP HSS 2014-2015 and invoices for the purchase of fuel (GAVI-HSS Manager)
	Pay telephone charges	50	AWP HSS 2014-2015 and invoices for the purchase of telephone credits (GAVI-HSS Manager)

	Pay insurances and taxes for 03 vehicles and 13 motorcycles	0	AWP HSS 2014-2015
Monitoring/evaluation of the project	Conduct supervision missions in districts supported by the central level	0	AWP HSS 2014-2015
	Provide activity monitoring charges through the fund transitional management agency	0	AWP HSS 2014-2015
	Send APR 2013 and external audit reports	100	AWP HSS 2014-2015
	Prepare and send APR 2014	100	
	Organize meetings of National Steering Committee for Sectoral strategy	30	
	Organize workshops for drafting the new submission to GAVI	75	
Monitoring and audits	Execute audit activities in districts benefitting from the support	0	AWP HSS 2014-2015
	Internal audit	0	
	External audit	0	
Expenses 2013 (refund to Eider)	Holding of an ICC meeting in 2013 AWP HSS 2014-2015 and supporting documents (meeting report, invoices and ballots)	25	AWP HSS 2014-2015 and supporting documents (meeting report, invoices and ballots)
	Procurement of supplies, fuel for the preparation of the audit mission (2009-2012)	25	AWP HSS 2014-2015 and purchase invoices (supplies, fuel)

8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

Main Activities (insert as many rows as required)	**Explain progress achieved and constraints**
Revitalization of existing CEPI	04/05 = 75%: 04 of the activities are those of offshore purchases made by UNICEF. The CEPI is supplied with vaccines and other current inputs on a quarterly basis. The evaluation activity is planned for May
Availability of immunization services	01/02 = 15%: Department of Studies, Planning and Coordination of external support prepares these activities which will be coupled with the updating of the service offer mapping (HeRAMs). For the fixed, advanced and mobile strategies, EPI shall proceed with the provision of funds to HD which, in turn, will send them to 194 target Health Facilities (in progress)
Promote community participation and multi-sector collaboration	3/06 = 50%: Planning of two Government and CNT information meetings were not carried out; revitalization activities of SSP organizations, renewal and training of MC are in progress.
Supervision	01/03 = 33%: HD monitoring activities are in progress;
Equipment/maintenance of transport means (vehicles,	04/05 = 80%: 03 activities are the purchasing of transport by UNICEF. Fuel is provided to the DEPI for the functioning of the generators which power the cold room at the central level in the case of power cuts; the maintenance contract for the cold room activities are yet to be carried out
Motivation of staff at regional, district level	02/02 = 0%: HD/RD have still not identified health facilities where the health workers should be contracted. The indicators that help ensure the performance bonuses are known by the SS level. However, the conditions for obtaining bonuses are being defined
Provision of EPI inputs	01/02 = 50%: the order of CC consumables was passed by UNICEF; request for the cost of removal of injection materials is still not initiated.
Project operation	04/07 = 57%: the support to the coordination team at the national level is at 25%; internet subscription charges should be made through the purchase of internet key and provision of monthly credit; the request for the provision of IT tools is sent; taxes and insurances can be paid only when the transport means (vehicles and motorcycles) are available.
Monitoring/evaluation of the project	03/06 = 0%; 01/06 = 25%; 01/06 = 35% and 01/06 = 100%: HD supervision missions, activity monitoring charges by the fund transitional agency and HSCC meetings are the activities are still not carried out
Monitoring and audits	03/03 = 0%
Expenses 2013 (refund to Eider)	supporting documents are sent for refund

8.2.2 Explain why certain activities have not been implemented, or have been modified, and give references.

- The micro-planning of EPI activities was made on funds and with support from partners. The planning of District activities should be aligned to the Health Sector Transition Plan (HSTP) which was finalized and presented to the health participants on March 11, 2015; <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

- Availability of resources on concerned Directorate accounts (in the bank) were provided late after the receipt of the bank transfer letter from the fund management organization;

- Finally, other activities are not conducted as the requests were not sent (it is important that the activities which benefited from the funding can be subject to a justification through technical and financial reports) or will be conducted only at the end of the program.

- volatile security context

- conflict of agenda

- mobility of ECD/ECR

8.2.3 If the GAVI HSS grant has been utilized to provide incentives to national health human resources, how have these GAVI HSS funds been used to implement the National Policy or guidelines on Human Resource?

To facilitate the monitoring and evaluation of the implementation of interventions planned at different levels of the health system in the targeted areas, the current program provides incentives to be paid to the central coordination, performance bonuses to health facility, district and target regional in-charges.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally 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 the goal or indicator (Insert as many rows as required)	Reference		Goal accepted till the end of support in the original HSS application	2014 goal					Data source	Explanation for goals not achieved
	Reference value	Source/date of the reference value			2010	2011	2012	2013	2014		
National Penta3 coverage (%)	28%	JRF 2013	60%	65%	57%			28%	45%		
No. of districts with Penta3 coverage >= 80%	1	JRF 2013	25		1						
No. of medical districts with dropout rate <10%	0	JRF 2013	8		0						
Mortality rate below 5 years (per 1000)	179"/»	Multi Indicator Survey (MICS4)	< 179%»	< 179 %n							
Number of HD/PS for which at least 70 of the population has access to quality healthcare within a 5 km radius	Not available			10							

8.4. Program implementation in 2014

8.4.1. Please describe the major achievements in 2014, especially the impact on health service programs, and how the HSS funds have contributed to the immunization program

In 2014, GAVI requested the suspension of expenses on HSS funds available to the country and hence no activity was carried out.

This re-planning has actually been implemented from the beginning of the year 2015. At this stage, it is difficult for us to evaluate the impact on the programs.

8.4.2. Please describe any problems encountered and solutions found or proposed to improve future results from HSS funding.

N/A

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

- Conduct of HIV/AIDS Health Sector committee meetings for implementing HSS monitoring and reprogramming activities
- Preparation of Health Information System reports and sending them to have information at various levels, were disturbed by the crisis experienced by the country (completeness and promptness of data was low reflecting the inadequate functioning of this system); <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />
- Conduct of coordination and planning meetings were organized. It enabled the discussion on the implementation of programs and proposal of policy changes;

- The monitoring activities were conducted in the target districts

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

The reforms of the health information system provides an opportunity for integrating in the national system. Preparation and dispatch of fund reports which are subject to proposal and discussion during monitoring and reprogramming meetings and their validation by the Health Sector Committee, decision-making body.

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

The key participants member of the health sector committee decision-making body participates in the decision-making during the meetings conducted for validating the HSS and APR action plans. They also involve in planning and monitoring the activities. For this they provide additional support to overcome certain GAP. Their involvement helps to avoid duplication in the allocation of resources during programming.

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

The CSO members of the sectoral committee participates in the implementation of the HSS proposals. They participate in the committee meetings. The denominational NGO of Association of Medical and Social Works in Central Africa (ASSOMESCA) benefits from the HSS interventions in targeted districts.

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

- Was the management of the HSS funds has been effective?
- Where there any constraints in disbursing internal funds?
- What were the measures taken to address any issues and improve management?
- Are there any planned changes to management processes in the coming year?

The management of HSS funds is confined to UNICEF which allocates the resources to the Ministry of Health and Population through requests sent by the Directorates through DEP. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

The obstacles in the internal disbursement of funds are related to the difficulties in the transfer of funds from the central level to the district level, non provision of funds on time on the Directorate accounts by the bank (ECOBANK). The proposals made by FMA (2012) for the use of banking system at the district level can no longer be implemented due to the closure of bank branches within the country and as the banks are not located everywhere in CAR.

To resolve these management problems, the country should implement the recommendations of the FMA check-list signed between the government and GAVI and recommendations from the audit report. For example, there is a plan to recruit a finance specialist to strengthen the central management team. This activity should be carried out on GAVI funds as part of the replanting of emergency activities. The new submission to GAVI will enable us to overcome this problem.

The management of this new submission can be given to the Ministry through management procedures which were prepared in the current project proposal, by considering the recommendations from FMA and the audit (2009 to 2012 grants).

8.5. HSS Activities planned for 2015

Please use **Table 8.4** 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 8.4: Activities planned for 2015

Major Activities (insert as many rows as necessary)	**Activity planned for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2015** (if applicable)
Revitalization of existing CEPI	- Evaluate Health centers and health stations of target regions (resources, operations)	7465	0			
	Equip CEPI with 12 petrol-refrigerators and 15 solar refrigerators, 40 ice-boxes, 150 vaccine carriers	250,453	218,367			
	Equip the centers with NHIS Management Tools: Registers, Management sheet, data monitoring sheet, reporting sheet for centers, etc.	55,143				
	Supply the CEPI with vaccines and other specific inputs	60,000	6483			
	Supply 10 Districts/Headquarters and 194 functional CEPI with petrol	35,000	35,000			

Promote community participation and multi-sector collaboration	Organize information meetings for new politico-administrative authorities on health activities	1582	1424			
	Revitalize the Primary Health Care bodies (PHC)	3748	1019			
	Renew the management committees (MCs of Health facilities)	3748	1019			
	Train the MC members	10,000	0			
	Provide training for community volunteers for searching the unvaccinated	9000	0			
	Provide incentives to community volunteers.	36,992	0			
Supervision	Support the District Management Team for monitoring interventions in Health Facilities of 10 districts/headquarters (DQS)	20,000	8121			
	Organize integrated supervisions of Health Facilities in 10 districts/prefectures;	35,923	0			
	Organize quarterly/half-yearly meetings for follow-up and reprogramming of activities of target districts and regions.	15,395	0			
8. Equipping/maintenance of rolling means (vehicles, motorcycles and cold chain)	Maintain (curative and preventive maintenance) the cold room and generator at the central level;	15,377	0			

	Provide fuel for generators at the central level	352	317			
	Provide 03 supervision vehicles for the central level	140,000	116,754			
	Equip the Health Districts and Health Regions with 05 motorcycles	25,784	9439			
	Equip the health facilities with 194 bicycles	32,393	18,302			
	Pay 45 trained health workers on contract working in Health Facilities of supported Health Districts	64,440	0			
Provision of EPI inputs	Supply the HD with cold chain consumables (burner kits, wicks, glass etc...)	37,915	0			
	Pay the cost for removal of injection materials	10,000	0			
Project operation	Pay management fees to the central level team	27,721	6296			
	Pay subscription for the internet network at the EPI Directorate and DSP	7000	0			
	Equip the central support structure and 3 HR with computer equipment	21,970	0			
	Ensure the operations of central support structures and 3 HRs (office supplies, consumables, computer maintenance and bank charges...)	10,471	2861			
	Provide fuel and lubricants to the central support structures	13,234	1746			
	Pay telephone charges	7560	1717			

	Pay insurance and taxes for 03 cars and 13 motorcycles	1,536	0			
Project monitoring and evaluation	Conduct supervisory missions in districts receiving aid from the center	18,000	0			
	Pay monitoring fees for activities of the interim fund management agency	65,415	0			
	Share the APR 2013 and the external audit reports	254	0			
	Prepare and share the APR 2014	7,627	0			
	Organize the meetings of the National Steering Committee for Sectoral Strategies	6,000	0			
	Organize workshops to draft a new proposal for GAVI	0	0			
Checks and audits	Conduct inspections in districts receiving aid	10,000	0			
	Internal audit	5,000	0			
Expenditure in 2013 (reimbursement to the EPI director)	Organization of the ICC meeting in 2013	2,837	0			
	Purchase of supplies, fuel to prepare for the audit assignment (2009-2012)	1,197	0			
Checks and audits	External audit	16,949	0			
Unicef recovery cost		64,906	0			
		1,158,437	428,865			0

8.6. HSS activities planned for 2016

Please use **Table 8.6** to outline the activities planned for 2016. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 8.6: HSS Activities planned for 2016

Main activities ((Insert as many rows as required))	Activity planned for 2016	Original budget for 2016 (approved in the HSS proposal or as adjusted during the analysis of earlier annual progress reports)	Revised activity (if applicable)	Explanation of proposed changes in activities or budget (if applicable)	Revised budget for 2016 (if applicable)
Unicef recovery cost		64,906			
		64,906			

8.7. Revised indicators in case of rescheduling

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

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Arab Bank for the Economic Development in Africa	3330	4 years	Construction of 22 maternity hospitals equipped with ambulances Rehabilitation of the CNHUB
World Bank	28,200,000	2012-2015	Health System Support in four Health Regions
Government	73,407,700	2011-2015	Poverty Reduction Strategy, Human Capital and social services
WHO	1,146,480	2012-2014	Biannual
UNFPA	6,588,743	2012-2016	Reproduction Health
UNICEF	9,000,000	2014	Immunization services support, Strengthening capabilities of health officers

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 the 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 questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any

The data provided is either from activity reports (on the technical plan) or from financial reports	The activity reports are validated during CTAEPI and ICC/HSCC meetings or quarterly monitoring meetings	The difficulties from socio-politico-military crisis experienced by the country since 2012, overlap of activities.

8.9.2. Please describe any difficulties faced 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.

Difficulties to gather members of two directorates (DEP, EPI Dir), especially decentralized teams to participate in the preparation of the report;<?xml:namespace prefix = "o" ns = "urn:schemas-microsoftcom:office:office" />

Difficulties of equipment and logistics as there are no rolling means for moving management teams, absence of internet at the Ministry of Health (awaiting the installation of internet on the funding from the World Bank as part of the Health system strengthening project), non protection of computer tools causing the Department to depend on Partners for finalizing a reliable document, delayed dispatch of the portal by GAVI (especially the dispatch of wrong forms causing a delay to the HSS team to start the filling of their concerned part).

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

1. The minutes from all the HSCC meetings held in 2015, endorsing this report **(Document Number: 6)**

2. Latest health sector review report **(Document number: 22)**

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

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

Central-African Republic **has NOT received GAVI Type A support to CSOs**

Central-African Republic will not present a report on GAVI Type A support to CSOs for 2014

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

Central African Republic **has NOT received GAVI Type B support to CSOs**

Central-African Republic will not present a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

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

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

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

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 programs as part of their Annual Progress Reports.

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

III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from the 2013 calendar year (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of December 31, 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 be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of income & expenditure of ISS

MINIMUM REQUIREMENTS FOR THE FINANCIAL STATEMENTS OF THE ISS AND GRANT FOR THE INTRODUCTION OF A VACCINE 1

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI ISS		
	Local Currency (CFA)	**Value in US$***
Carryover from 2013 *(balance on December 31, 2013)*	25,392,830	53,000
Summary of income in 2014		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Balance on December 31, 2014 (carryover to 2015)	60,139,325	125,523

* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US$ in these financial statements.

Detailed analysis of expenditure by economic classification - GAVI ISS**						
	Budget in CFA	**Budget in US$**	**Actual expenditure in CFA**	**Actual expenditure in US$**	**Difference in CFA**	**Difference in US$**
Expenditure on salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.

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

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from calendar year 2013 (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 December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 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 exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - Example of income & expenditure of HSS

MINIMUM REQUIREMENTS FOR THE FINANCIAL STATEMENTS OF HSS SUPPORT

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in US$*
Carryover from 2013 *(balance on December 31, 2013)*	25,392,830	53,000
Summary of income in 2014		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Balance on December 31, 2014 (carryover to 2015)	60,139,325	125,523

* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI HSS						
	Budget in CFA	Budget in US$	Actual expenditure in CFA	Actual expenditure in US$	Difference in CFA	Difference in US$
Expenditure on salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	**3, 000,000**	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

I. All countries that have received CSO - Type B grants during the 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 programs as part of their Annual Progress Report.

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

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from calendar year 2013 (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 December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 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 exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the 2014financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - CSO income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON 'TYPE B' CSO SUPPORT

Example of the income and expenditure statement

Summary table of income and expenditure – GAVI CSOs		
	Local Currency (CFA)	**Value in US$***
Carryover from 2013 *(balance on December 31, 2013)*	25,392,830	53,000
Summary of income in 2014		
Income from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Balance on December 31, 2014 (carryover to 2015)	60,139,325	125,523

* Indicate the exchange rate at the start of 01.01.2014, the exchange rate at the end of 31.12.2014 and also indicate the exchange rate used to convert the local currency into US$ in these financial statements.

Detailed analysis of expenditure by economic classification** - GAVI CSOs						
	Budget in CFA	**Budget in US$**	**Actual expenditure in CFA**	**Actual expenditure in US$**	**Difference in CFA**	**Difference in US$**
Expenditure on salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Formation	13,000,000	27,134	12,650,000	26,403	350,000	731
Carburant	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and general expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL for 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expenditure categories are indicative and included solely for demonstration purposes. Each government is to provide financial statements in accordance with their own system of economic classification.

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	page signature Ministre.pdf **File desc:** **Date/Time:** 15/05/2015 01:29:48 **Size:** 991 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Signatures MSP et Min Fin-10062015.jpg **File desc:** **Date/Time:** 12/06/2015 10:59:57 **Size:** 750 KB
3	Signatures of the ICC members	2.2	✓	Page signature 2.pdf ` **File desc:** **Date/Time:** 15/05/2015 01:07:51 **Size:** 823 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	Rapport CCIA .pdf **File desc:** **Date/Time:** 15/05/2015 01:39:20 **Size:** 341 KB
5	Signature of the HSCC members	2.3	✓	Page signature 1.pdf **File desc:** **Date/Time:** 15/05/2015 01:09:29 **Size:** 849 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	Rapport CCIA-CCSS .pdf **File desc:** **Date/Time:** 15/05/2015 01:50:05 **Size:** 341 KB
7	Financial statement for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	No file downloaded
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	No file downloaded
9	Post-introduction Evaluation Report	7.2.1	✗	RAPPORT PIE PCV 13 RCA OCT 2012 V30 Oct 2012.docx **File desc:** **Date/Time:** 15/05/2015 01:10:37 **Size:** 1 MB

10	Financial statement for grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	ELEMENTS REPONSES NON DISPONIBLITE CERTAINS DOCUMENTS.docx **File desc:** **Date/Time:** 15/05/2015 01:58:56 **Size:** 13 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than US$ 250,000	7.3.1	✓	ELEMENTS REPONSES NON DISPONIBLITE CERTAINS DOCUMENTS.docx **File desc:** **Date/Time:** 15/05/2015 01:59:09 **Size:** 13 KB
12	EVM/VMA/EVSM report	7.5	✓	12.a. Résumé d'Évaluation de la GEV en RCA.docx **File desc:** **Date/Time:** 03/05/2015 07:29:16 **Size:** 214 KB
13	Latest EVM/VMA/EVSM improvement plan	7.5	✓	12.c. Mise a jour_Evaluation_Plan_Amelioration_12.09.14.doc **File desc:** **Date/Time:** 03/05/2015 07:29:16 **Size:** 101 KB
14	Status of the implementation of EVM/VMA/EVSM improvement plan	7.5	✓	ELEMENTS REPONSES NON DISPONIBLITE CERTAINS DOCUMENTS.docx **File desc:** **Date/Time:** 15/05/2015 01:59:40 **Size:** 13 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✓	5. PPAC RCA _ 2011-2015.doc **File desc:** **Date/Time:** 15/05/2015 01:13:36 **Size:** 2 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✓	cMYP_V3.6.8_RCA-05-06-15.xlsx **File desc:** **Date/Time:** 12/06/2015 10:53:49 **Size:** 2 MB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✓	Note CR réunion CCIA approuvant prolongation soutien aux vaccins-12062015.doc **File desc:** **Date/Time:** 12/06/2015 11:07:25 **Size:** 26 KB

19	Financial statement for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	ELEMENTS REPONSES NON DISPONIBLITE CERTAINS DOCUMENTS.docx **File desc:** **Date/Time:** 15/05/2015 01:59:26 **Size:** 13 KB
20	Financial statement for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	ELEMENTS REPONSES NON DISPONIBLITE CERTAINS DOCUMENTS.docx **File desc:** **Date/Time:** 15/05/2015 02:00:38 **Size:** 13 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	Rapport_audit_2012_PROGRAMME GAVI-RSS.pdf **File desc:** **Date/Time:** 03/05/2015 07:35:15 **Size:** 1 MB

22	Review report of the health sector - HSS	8.9.3	✓	PTSS_RCA_2015-2015.pdf **File desc:** **Date/Time:** 15/05/2015 01:20:26 **Size:** 3 MB
23	Census report - Type A CSO support	9.1.1	✗	No file downloaded
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	No file downloaded
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	✗	No file downloaded
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given	0	✓	ELEMENTS REPONSES NON DISPONIBLITE CERTAINS DOCUMENTS.docx **File desc:** **Date/Time:** 15/05/2015 01:58:39 **Size:** 13 KB
27	minutes_ of_ icc meeting_vaccin_change_presentation	7.7	✗	No file downloaded

28	Explanation for changes in target population	5.1	✗	No file downloaded
	Other documents		✗	Liste de presence CCIA.pdf **File desc:** **Date/Time:** 15/05/2015 01:28:51 **Size:** 1 MB rapport comite pilotage.pdf **File desc:** **Date/Time:** 15/05/2015 01:18:17 **Size:** 386 KB