



GAVI Alliance

Annual Progress Report **2013**

submitted by
the Government of
Djibouti

Reporting year: **2013**

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

Submitted on: **May 05/14/2014**

Deadline for submission: 05/15/2014

Please submit the **2013** annual progress report via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/ CANCELLATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By preparing this APR the Country will inform GAVI about:

accomplishments using GAVI resources in the past year

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

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

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

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

1. Features of the Support

Reporting year: **2013**

Requesting for support year: **2015**

1.1. NVS AND INS SUPPORT

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

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

1.2. Extension of the Program

No NVS is eligible for an extension of this year

1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilization in 2013 | Request for Approval of | Eligible For 2013 ISS reward |
|-----------------|------------------------------------|-------------------------|-------------------------------------|
| ISS | Yes | next installment: N/C | N/A |
| VIG | Yes | Not applicable | N/A |

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

1.4. Previous IRC Report

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

2. Signatures

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

By signing this page, the Government of **Djibouti** 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 **Djibouti**

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

| Minister of Health (or delegated authority): | | Minister of Finance (or delegated authority): | |
|--|------------------------|---|------------------------|
| Name | Dr. KASSIM ISSAK OSMAN | Name | Mr. BODEH AHMED ROBLEH |
| Date | | Date | |
| Signature | | Signature | |

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

| Full name | Position | Telephone | E-mail |
|-------------------------|---|---------------------------------|-----------------------|
| Mr. Abdallah Ahmed Hadé | National EPI coordinator / HM | 00 253 21351491/ 00253 77825900 | abdallahhade@yahoo.fr |
| Dr. Moktar Omar Ahmed | UNICEF Infant Survival and Development Specialist | 00253 21314148 / 00253 77817174 | mahmedomar@unicef.org |
| Dr. Gwanfogbe Claetus | WHO/ MD-Epidemiologist STOP DJIBOUTI | 0025377122790 | cdgwanfogbe@yahoo.fr |

2.2. ICC Signatures Page

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

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

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

2.2.1. ICC report endorsement

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

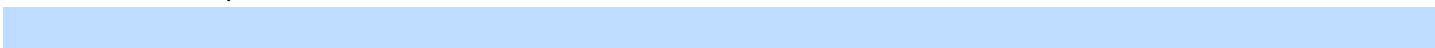
| Name/Title | Agency/Organization | Signature | Date |
|---------------------|---|-----------|------|
| Ali Sillay Abdallah | General Secretary of the Ministry of Health - ICC president | | |

| | | | |
|--------------------------|---------------------------------------|--|--|
| Dr. Rayana BU HAKA | WHO Representative | | |
| Mr. Moncef Moalla | Deputy representative of UNICEF | | |
| Dr. Moktar Omar Ahmed | UNICEF | | |
| Dr. Gwanfogbe Claetus | WHO | | |
| Mr. Abdallah Ahmed Hadé | National EPI coordinator | | |
| Mrs. Deka Aboubaker Hadi | Director for Health Promotion | | |
| Mrs. Neima Moussa | Director of Maternal and Child Health | | |
| Mrs. Fatouma Ali | DSPIC Service Head | | |
| Mr. Omar Ali Mohamed | Health Information System | | |
| Mr. Mohamed H Badoul | Health Information System | | |
| Mr. Adoita Med Badoul | Health Information System | | |
| Aicha Adbara Ibrahim | EPI Training head | | |

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

All comments will be treated confidentially

Comments from partners:



Comments from the Regional Working Group:

2.3. HSCC Signatures Page

Djibouti will not present a report on the use of funds for Health System strengthening (HSS) in 2013

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

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

3. Table of Contents

This APR reports on activities carried out by *Djibouti* between January - December 2013 and specifies requests for the period January – December 2015

Sections

[1. Features of the Support](#)

[1.1. NVS AND INS support](#)

[1.2. Extension of the Program](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous IRC report](#)

[2. Signatures](#)

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

[2.2. ICC Signatures Page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC Signatures Page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline and annual targets.](#)

[5. General Program Management Component](#)

[5.1. Updated Baseline and Annual Targets](#)

[5.2. Immunization achievements in 2013](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditure and Financing for Immunization](#)

[5.6. Financial Management](#)

[5.7. Inter-Agency Coordination Committee \(ICC\)](#)

[5.8. Priority actions in 2014 to 2015](#)

[5.9. Progress of transition plan for injection safety](#)

[6. Immunization Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2013](#)

[6.2. Details of expenditure of ISS funds during the calendar year](#)

[6.3. Request for ISS reward](#)

[7. New and Under-used Vaccines Support \(NVS\)](#)

[7.1. Receipt of new & under-used vaccines for 2013 immunization program](#)

[7.2. Introduction of a New Vaccine in 2013](#)

[7.3. Lump sum allocation for the introduction of a new vaccine in 2013](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2013](#)

[7.5. Immunization Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2013](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014](#)

[7.9. Request for continued support for vaccines for 2015 vaccination program](#)

[7.10. Weighted average prices of supply and related freight costs](#)

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health System Strengthening Support \(HSS\)](#)
- [10. Strengthened the involvement of Civil Society Organizations \(CSO\): type A and type B](#)
 - [10.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
 - [10.2. TYPE B : Support for CSOs to help implement the GAVI HSS proposal or CMYP:](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1: ISS instructions](#)
 - [12.2. Annex 2 - Example income & expenditure ISS](#)
 - [12.3. Annex 3 - Instructions for HSS support](#)
 - [12.4. Annex 4 - Example income & expenditure HSS](#)
 - [12.5. Annex 5 - Instructions for CSO support](#)
 - [12.6. Annex 6 - Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline and annual targets

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

| Number | Achievements in line with WHO/UNICEF Joint Report | | Targets (Preferred presentation) | | | |
|---|---|----------|---|--------------------|----------------------------|--------------------|
| | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2013 | Current estimation |
| Total number of births | 28,609 | 28,609 | 29,467 | 29,467 | 30,351 | 30,351 |
| Total infants' deaths | 1,917 | 1,917 | 1,975 | 1,975 | 2,034 | 2,034 |
| Total number of surviving infants | 26692 | 26,692 | 27,492 | 27,492 | 28,317 | 28,317 |
| Total pregnant women | 28,609 | 28,609 | 29,467 | 29,467 | 30,351 | 30,351 |
| Number of infants who have received (should receive) BCG vaccine | 26,607 | 24,567 | 27,699 | 26,520 | 28,834 | 28,226 |
| BCG coverage | 93% | 86% | 94% | 90% | 95% | 93% |
| Number of infants who received (should receive) OPV3 vaccine | 24,290 | 21,966 | 25,568 | 23,644 | 26,902 | 25,485 |
| OPV3 coverage | 91% | 82% | 93% | 86% | 95% | 90% |
| Number of infants who have received (should receive) DTP1 vaccine | 24,557 | 23,312 | 26,118 | 24,742 | 27,184 | 26,052 |
| Number of infants who received (yet to receive) DTP3 vaccine | 24,290 | 21,966 | 25,568 | 23,644 | 26,902 | 25,485 |
| DTP3 coverage | 91% | 82% | 93% | 86% | 95% | 90% |
| Wastage[1] rate during the reference year and anticipated thereafter (%) for DTP vaccine | 8 | 15 | 8 | 15 | 8 | 15 |
| Wastage [1] factor during the reference year and anticipated thereafter for DTP vaccine | 1.09 | 1.18 | 1.09 | 1.18 | 1.09 | 1.18 |
| Number of infants who received (should receive) 1 dose(s) of DTP-HepB-Hib vaccine | 24,557 | 23,312 | 25,568 | 24,742 | 27,184 | 26,052 |
| Number of infants who received (should receive) 3 dose(s) of DTP-HepB-Hib vaccine | 24,557 | 21,966 | 25,568 | 23,644 | 26,902 | 25,485 |
| DTP-HepB+Hib coverage | 92% | 82% | 93% | 86% | 95% | 90% |
| Wastage [1] rate in base-year and planned thereafter (%) | 10 | 10 | 10 | 10 | 10 | 10 |
| Wastage [1] factor in base-year and planned thereafter (%) | 1.11 | 1.11 | 1.11 | 1.11 | 1.11 | 1.11 |
| Maximum loss rate for DTP-HepB-Hib vaccine, 2 dose (s) per vial, LYPPHILIZED | 10% | 10% | 10% | 10% | 10% | 10% |
| Number of infants who received (should receive) 1 dose(s) of Pneumococcal (PCV13) vaccine | 24,557 | 23,312 | 25,568 | 24,742 | 27,184 | 26,052 |

| | | | | | | |
|---|--------|--------|--------|--------|--------|--------|
| Number of infants who received (should receive) 3 dose(s) of Pneumococcal (PCV13) vaccine | 24,557 | 21,966 | 25,568 | 23,644 | 26,902 | 25,485 |
| Pneumococcal (PCV13) coverage | 92% | 82% | 93% | 86% | 95% | 90% |
| Wastage [1] rate in base-year and planned thereafter (%) | 5 | 5 | 5 | 5 | 5 | 5 |
| Wastage [1] factor in base-year and planned thereafter (%) | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| Maximum loss rate for Pneumococcal (PCV13) vaccine, 1 dose (s) per vial, LIQUID | 5% | 5% | 5% | 5% | 5% | 5% |
| Number of infants who received (should receive) 1 dose(s) of Rotavirus vaccine | | 0 | 45,532 | 24,742 | 27,769 | 26,052 |
| Number of infants who received (should receive) 2 dose(s) of Rotavirus vaccine | | 0 | 45,532 | 23,644 | 25,486 | 25,485 |
| Rotavirus coverage | 82% | 0% | 166% | 86% | 90% | 90% |
| Wastage [1] rate in base-year and planned thereafter (%) | | 0 | 5 | 5 | 5 | 5 |
| Wastage [1] factor in base-year and planned thereafter (%) | | 1 | 1.05 | 1.05 | 1.05 | 1.05 |
| Maximum wastage rate for Rotavirus vaccine, 2-dose schedule | 5% | 5% | 5% | 5% | 5% | 5% |
| Number of infants who received (should receive) 1st dose(s) of measles vaccine | 24,023 | 20,817 | 25,293 | 23,094 | 26,902 | 25,202 |
| Measles coverage | 90% | 78% | 92% | 84% | 95% | 89% |
| Pregnant women immunized with TT+ | 21,457 | 21,428 | 23,537 | 23,279 | 25,799 | 25,495 |
| TT+ coverage | 75 % | 75 % | 80% | 79% | 85% | 84% |
| Vit A supplement to mothers within 6 weeks from delivery | 0 | 0 | 0 | 0 | 0 | 0 |
| Vit A supplement to infants after 6 months | 24,023 | 16,976 | 25,293 | 24,743 | 26,902 | 25,485 |
| Annual DTP Drop-out rate [(DTP1–DTP3)/DTP1] x100 | 1% | 6% | 2 % | 4% | 1% | 2 % |

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) of immunization activities for 2013**. The figures for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APRs or in the new application for GAVI support or in the cMYP.

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

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

There is no difference in the figures used or in the number of births. The expected births are estimated using the cMYP reference data

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

There is no change in the number of surviving infants as the reference documents are the same.

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

The targets have been reduced compared to the initial targets. In fact, during the last two years (2012 and 2013) EPI experienced a considerable drop in immunization coverage, especially in the districts. A certain number of measures were taken this year to increase the immunization coverage.

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

No changes recorded

5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of the immunization program against the objectives (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Review of objectives:

-achieve BCG cover from 87% to 92%, Penta3/polio3 from 81% to 87%.

-achieve 85% coverage for Measles<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

For 2013, a recovery plan was prepared and implemented during the year to develop the following key areas:

- strengthening competencies of health workers
- improving immunization services in the health facilities (advanced strategies in poor areas and peri urban sector of Djibouti, active search for the immunization ignorant)
- strengthening competencies of community players
- Revitalization of epidemiological surveillance activities.

All these activities were implemented only partially due to poor mobility of teams at the central level.

In the regions, outputs were irregular and they did not provide their support to the remote localities. To reach children in difficult-to-access areas, catch-up activities, active search for the ignorant and the implementation of advanced strategy were not conducted as planned.

Despite these difficulties, with the support from WHO/UNICEF Partners, EPI could fight against the polio epidemic in the Horn of Africa and prevented the onset of wild poliovirus by implementing a response plan. In the areas of monitoring EPI target diseases, activities for strengthening vaccinators and community players were undertaken with the identification of 6 AFP cases in two months. Planning and micro-planning of immunization campaigns against polio (two rounds) enabled the rural children to receive vaccines against polio and other antigens in certain remote areas.

The search for the ignorant undertaken at the end of the year and continued in 2014 helped catch-up the unimmunized or incompletely immunized children.

However, much has to be improved in the following areas:

- support for mobile team activities (***maintenance, fuel, number of vehicles...***) in the regions.
- Follow-up-supervision activities and its decentralization at the regional level.
- social mobilization and communication (activities in this area should be continued)

- continuous strengthening of the surveillance of EPI target diseases
- strengthening the Cold chain
- strengthening coordination at all levels

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

The coverage targets for 2013 were not met and compared to 2012 we even observe that the coverage was stagnated for most of the antigens, for various reasons.. The program experienced certain difficulties in 2013. Replacement of the new coordinator in the middle of the year disturbed the program activities which were just launched then. This led to a slackening in the monitoring and especially in the field of micro-planning of health facilities. Parallely, EPI did not have the required logistics to ensure monitoring and supervision of program activities.

Even if the mobile teams were restructured, their outputs in the health regions were irregular and they did not provide their support in the remote localities and in reaching children in difficult-to-access areas of regions. The recurring problem of the Cold chain in rural areas also played a role in the poor coverage in the districts.

5.3. Monitoring the implementation of GAVI gender policy

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

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

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

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

Children are immunized and taken care in the same manner, there is no gender preference.

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

5.3.4. How the gender-related barriers at the access and at the implementation of immunization services (for example, mothers having no access to the services, the gender of service provider, 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/>)

The government’s commitment for the gender is obvious. In fact, women are well represented in the National Assembly. In terms of basic education, the male- female ratio is similar, i.e. a ratio of 1:1. Despite this commitment, there is a lot to be done. The percentage of girls who drop out of school early is more compared to the boys.

5.4. Data assessments

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

There are no discrepancies in the data between the WHO/UNICEF joint report and the APR. A PAPFAM survey was conducted in 2012 but the final results of this survey are yet to be validated.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

It is the PAPFAM survey conducted during 2012 but the data raised certain issues and are still not validated.

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

Strengthening the HIS (Health Information System) in 2012 with a new flow chart emphasizing on improving the system for data collection and analysis with an effective feedback. With the introduction of rural telephone lines, the data from regional health posts and hospitals arrive on time at the HIS which analyses the data. The HIS focal points at regional levels were strengthened in data collection and equipment. Despite these, much remains to be done to achieve a precise analysis and a good promptness of data, especially at the regional levels. With the support from WHO, the country plans to implement the DQS.

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

Strengthening the system for reporting and data production is one of the priorities of the government. In fact, the country plans to implement DQS with the support from WHO. Strengthening regional focal points on analysis and use of data for a better program management is being developed by the program with the support from its Partners.

5.5. Overall Expenditure and Financing for Immunization

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

| | | |
|---------------------------|--------------|---|
| Exchange rate used | 1 US\$ = 177 | Enter just the exchange rate and not the name of local currency |
|---------------------------|--------------|---|

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

| Expenditures by Category | Year of Expenditure 2013 | Sources of Finance | | | | | | |
|---|--------------------------|--------------------|----------------|----------------|----------------|----------------|---------------|------------|
| | | Country | GAVI | UNICEF | WHO | Japan | UK Natcom | World Bank |
| Traditional vaccines* | 149,671 | 0 | 0 | 81,000 | 0 | 35,870 | 32,801 | 0 |
| New and Under-used Vaccines (NVS)** | 768,000 | 48,000 | 720,000 | 0 | 0 | 0 | 0 | 0 |
| Injection material (AD syringes and others) | 43,630 | 3,000 | 14,000 | 7,400 | 0 | 7,400 | 11,830 | 0 |
| Cold Chain equipment | 189,996 | 0 | 0 | 94,998 | 0 | 94,998 | 0 | 0 |
| Staff | 329,059 | 329,059 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 531,083 | 30,359 | 0 | 15,000 | 485,724 | 0 | 0 | 0 |
| Other Capital Costs | 50,938 | 50,938 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 491,199 | 0 | 0 | 150,000 | 221,400 | 96,194 | 23,605 | 0 |
| no other Costs | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunization | 2,553,576 | | | | | | | |
| Total Government Health expenditures | | 461,356 | 734,000 | 348,398 | 707,124 | 234,462 | 68,236 | 0 |

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

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

There is a budgetary window for immunization but it does not apply to the purchase of vaccines. Till date, the traditional vaccines are procured by UNICEF. UNICEF and WHO make endless pleas to the government to provide a budget line for the procurement of traditional vaccines in the national budget.

The Minister of Health promised to negotiate the budget with his counterpart.

5.6 Financial Management

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

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

| Action plan from Aide-Mémoire | Implementation? |
|-------------------------------|-----------------|
| | |

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

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

5.7 Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2013? **4**

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

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Baseline data and current annual targets](#) to [Overall Expenditure and Financing for Immunization](#)

The meeting is scheduled for tomorrow, and the main concerns will be reported.

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

If yes, which ones?

| List CSO members of ICC: |
|--|
| NATIONAL UNION OF WOMEN OF DJIBOUTI (NUWD) |
| ASSOCIATION BENDER DJEDID |

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI program for 2014 to 2015?

-Strengthening competencies of community players (volunteers, CHW, women mobilizers...) for a better communication

-Revitalization of epidemiological surveillance activities of EPI target diseases.

- Improve the investigation system of EPI target diseases.
- Ensure supervision /training of workers in monitoring EPI target diseases
- Strengthen active monitoring of AFP at all levels
- Train focal points, immunization workers and community volunteers on detection, notification of AFP

cases.

- strengthen provision of immunization services in all the basic health centers

- Prepare micro plans coordinating with each basic health center by determining the strategies used for each region and locality <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />
- Organize active research in the neighborhoods with community participation.
- Set-up advanced immunization posts in certain underserved or difficult to access regions.
- Organize multi antigen catch-up campaigns in poor or difficult to access areas.
- Ensure daily and monthly supervision and monitoring of activities at Djibouti city and in the regions respectively.
- Train health workers on coverage monitoring and management tools.
- Train health workers on vaccine safety including AEFI

- Additional immunization activities

- Organize World immunization week
- Organize child health days
- Organize National Immunization Days against polio

5.9. Progress of transition plan for injection safety

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

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

| Vaccine | Types of syringe used in 2013 routine EPI | Funding sources of 2013 |
|---------------------------|---|-------------------------|
| FR BCG | AD syringes of 0.05 ml | UNICEF |
| FR Measles | AD syringes of 0.5 ml | UNICEF |
| FR TT | AD syringes of 0.5 ml | UNICEF |
| FR DTP-containing vaccine | AD syringes of 0.5 ml | UNICEF |
| DTP-HepB-Hib | AD syringes of 0.5 ml | GAVI/GOVERNMENT |
| Pneumococcal (PCV13) | AD syringes of 0.5 ml | GAVI/GOVERNMENT |

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

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

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

In terms of injection safety, all health facilities have Auto-disable syringes (AD syringes), safety boxes in adequate quantities. The service providers are regularly trained and/or re-trained on injection safety. All health centers in the health regions have an incinerator. On the contrary, the medical wastes in the capital are collected and transported in incineration units.

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

The used syringes and needles are put in safety boxes which are burnt in the incinerators. Other wastes are collected in garbage bags and destroyed in the same way. In Djibouti city, a hygiene service unit is responsible for the collection and destruction of needles and syringes. The safety boxes are available in adequate quantities in all health facilities.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

| | Amount in USD | Amount in local currency |
|--|---------------|--------------------------|
| Funds received in 2013 (A) | 0 | 0 |
| Remaining funds (carry over) from 2012 (B) | 46,321 | 8,224,659 |
| Total Available Funds in 2013 (C=A+B) | 46,321 | 8,224,659 |
| Total expenditure in 2013(D) | 21,034 | 3,723,018 |
| Balance carried over to 2014 (E=C-D) | 25,287 | 4,501,641 |

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

The Expanded Program of Immunization has a bank account managed by the program manager and the director of human resources and finance from the Ministry of Health. Requests for the disbursement checks are submitted to these in-charges for approval. The program plans the activities financed by this support and sends to the human resource and finance directorate for verification and preparation of checks.

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

The Expanded Program of Immunization has a bank account managed by the program manager and human resources and finance director of the Ministry of Health. The check disbursement application is submitted to these in-charges for approval. The program plans the activities financed by this support and sends them to the Directorate of Human Resource and Finance for verification and preparation of checks.

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

- Maintenance and servicing of Cold Chain equipment
- Organization of supervision activities
- Strengthening competencies of immunization staff and health workers
- Strengthening capabilities of the community players

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

6.2. Detailed expenditure of ISS funds during the calendar year

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

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

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

6.3. Request for ISS reward

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

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

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

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

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

| | [A] | [B] | | |
|----------------------|----------------------------|--|---|--|
| Vaccine Type | Total doses for 2013 in DL | Total doses received by 31 December 2013 | Total doses of postponed deliveries in 2013 | Has the country experienced a stock shortage at any level in 2013? |
| DTP-HepB-Hib | 55,300 | 49,700 | 49,700 | No |
| Pneumococcal (PCV13) | 79,200 | 72,000 | 72,000 | No |
| Rotavirus | | 0 | 0 | No |

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

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

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

No problems encountered with PCV13 and Pentavalent vaccines. On the contrary, the introduction of Rota virus vaccine was planned for June 2013 but was postponed several times. Till date, the Rota virus vaccine is not introduced for various reasons, the main one being the delay in installing the cold chamber provided for this purpose. Consequently, the trainings required for the community and health professionals were not conducted. Currently, the cold chamber has been installed, trainings completed and vaccines are planned for mid-May. The official launch will be at the end of May.

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

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

The vaccines are provided to the country through the UNICEF supply chain. The vaccines are immediately routed to the EPI central depot. They are then dispatched to various immunization centers as per a detailed vaccine distribution plan which is followed rigorously. The capabilities of the Cold chain were strengthened through the installation of a new positive and negative cold chamber and by a regular maintenance of the Cold chain. The immunization workers were trained on efficient vaccine management and on the use of vaccines. The collection tools were updated by including new vaccines. A supportive supervision is carried out once in three months. The community leaders and parents are educated on the importance of new vaccines.

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.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

| Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | | |
|---|----|---|
| PHASED INTRODUCTION | No | 06/12/2012 |
| Nationwide introduction [YES / NO] | No | 06/12/2012 |
| Was the time and scale of the introduction as planned in the proposal? If not, Why? | No | This vaccine was introduced in December 2012, though it was planned for June 2012. The director was replaced and the coordination was without a head for some time. |

| Rotavirus, 1 dose (s) per vial, ORAL | | |
|---|----|---|
| PHASED INTRODUCTION | No | 06/06/2014 |
| Nationwide introduction [YES / NO] | No | 06/06/2014 |
| Was the time and scale of the introduction as planned in the proposal? If not, Why? | No | The introduction of this vaccine was planned for June 2013 but is still not introduced. There are several reasons; the main one being the cold chamber provided for this purpose was not installed on time. It was installed only recently (March, 2014) and the introduction is planned for end of May 2014. |

| DTP-HepB-Hib, 2 dose (s) per vial, LYPPHILIZED | | |
|---|-----|--|
| PHASED INTRODUCTION | No | 01/08/2007 |
| Nationwide introduction [YES / NO] | No | 01/08/2007 |
| Was the time and scale of the introduction as planned in the proposal? If not, Why? | Yes | This vaccine was introduced in August 2007 |

7.2.2. When is the Post introduction evaluation (PIE) planned? **September 2014**

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

The last post-introduction evaluation was conducted in 2011.

7.2.3. Post Immunization Adverse Events (PIAE)

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

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

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

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

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

Has your country implemented a risk communication strategy along with national preparedness plans to deal

with possible immunization issues? **No**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

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

Has your country conducted special studies on:

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

If yes, the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC), does it regularly examine the data from sentinel surveillance and special studies to make recommendations on the quality of data produced and on how to further improve the quality of data? **No**

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? **No**

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

There is no specific monitoring system for these diseases, but for meningitis, the Pediatric department of the General hospital of Pettier, in collaboration with the National Institute For Public Health (NIPH), monitors suspected cases and conducts tests to isolate bacterial strains causing meningitis. If there are a significant number of cases, the NITAG committee is informed for decision-making.

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

7.3.1. Financial Management Reporting

| | Amount in USD | Amount in local currency |
|--|---------------|--------------------------|
| Funds received in 2013 (A) | 100,000 | 17,700,000 |
| Balance of funds carried forward from 2012 | 0 | 0 |
| Total Available Funds in 2013 (C=A+B) | 100,000 | 17,700,000 |
| Total expenditures in 2013(D) | 39,543 | 6,999,139 |
| Balance carried over to 2014 (E=C-D) | 60,457 | 10,700,861 |

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

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

7.3.2. Program Reporting

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

- training community and health professionals on the new Rota virus vaccine
- strengthening the Cold chain capabilities
- strengthening program management capabilities (computer and teaching aids)
- Social mobilization (design, duplication of support, visibility, media coverage...)
- Cold chain maintenance

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

No major problems except for the delay in installing the cold chain which caused the frequent postponing of the introduction.

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

- monitoring, follow-up
- surveillance and investigation of cases
- All launch activities (production of communication tools, awareness sessions, etc.)
- supervision
- production of management tools

7.4. Report on country co-financing in 2013

Table 7.4: 5 questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2013? | | |
|---|--------------------------------|-----------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | 20,739 | 7,200 |
| Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL | 15,500 | 6,000 |
| Vaccine selected # 3: DTP-HepB-Hib, 2 dose (s) per vial, LYOPPHILIZED | 14,249 | 5,600 |
| Q.2: What were the shares of country co-financing during the reporting year 2013 from the following sources? | | |
| Government | 51,000 | |
| Donor | | |
| Other | | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | 261 | |
| Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL | 0 | |
| Vaccine selected # 3: DTP-HepB-Hib, 2 dose (s) per vial, LYOPPHILIZED | 251 | 8,500 |
| Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding? | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2015 | Funding source |
| Vaccine selected # 1: Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID | September | National budget |
| Vaccine selected # 2: Rotavirus, 1 dose (s) per vial, ORAL | September | National budget |

| | | |
|---|--|-----------------|
| Vaccine selected # 3: DTP-HepB-Hib, 2 dose (s) per vial, LYOPPHILIZED | September | National budget |
| | | |
| | Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing. | |
| | A technical assistance to develop mobilization strategies is desired. | |

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

For 2013, the country delayed payment of its co-financing but has taken steps to avoid such a scenario. The country requests for the 2014 estimates and intends to pay as soon as possible. UNICEF will regularly remind the country for the payment of co-financing.

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

7.5 Vaccine Management (EVSM/EVM/VMA)

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

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

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

Please attach the following documents:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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

7.7. Change of vaccine presentation

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

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

The renewal of multi-year support for Djibouti is not available in 2014

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

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

Confirm here below that your request for 2015 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain:

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight cost

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

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

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTP-HepB-Hib, 2 dose (s) per vial, LYOPPHILIZED

| ID | Source | | 2013 | 2014 | 2015 | TOTAL |
|---|---------|---|--------|--------|--------|--------|
| Number of surviving infants | Table 4 | # | 26,692 | 27,492 | 28,317 | 82,501 |
| Number of children to be vaccinated with the first dose | Table 4 | # | 24,557 | 25,568 | 26,052 | 76,177 |
| Number of children to be vaccinated with the third dose | Table 4 | # | 24,557 | 25,568 | 25,485 | 75,610 |
| Immunization coverage with | Table 4 | % | 92.00% | 93.00% | 90.00% | |

| | | | | | | |
|----|---|--------------------|----|--------|--------|--------|
| | the third dose | | | | | |
| | Number of doses per child | Parameter: | # | 3 | 3 | 3 |
| | Estimated vaccine wastage factor | Table 4 | # | 1.11 | 1.11 | 1.11 |
| | Vaccine stock as at December 31, 2013 *(see explanatory note) | | # | 57,126 | | |
| | Vaccine stock as at January 1, 2014 *(see explanatory note) | | # | 57,126 | | |
| | Number of doses per vial | Parameter: | # | | 2 | 2 |
| | AD syringes required | Parameter: | # | | Yes | Yes |
| | Reconstitution syringes required | Parameter: | # | | Yes | Yes |
| | Safety boxes required | Parameter: | # | | Yes | Yes |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.23 | 0.30 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 25.50% | 25.50% |
| fd | Freight cost as % of material value | Parameter: | % | | 10.00% | 10.00% |

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

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

there is no difference in stock between December 31, 2013 and January 1, 2014

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

Not defined

Table of co-financing for DTP-HepB-Hib, 2 dose (s) per vial, LYOPPHILIZED

| Co-financing group | Intermediate | 2013 | 2014 | 2015 |
|----------------------|--------------|------|------|------|
| Minimum co-financing | | 0.23 | 0.26 | 0.26 |
| Your co-financing | | 0.26 | 0.23 | 0.30 |

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

| | | 2014 | 2015 |
|------------------------------------|---|--------|--------|
| Number of vaccine doses | # | 78,500 | 60,100 |
| Number of AD syringes | # | 77,800 | 57,800 |
| Number of re-constitution syringes | # | 43,200 | 33,100 |

| | | | |
|--|----|---------|---------|
| Number of safety boxes | # | 1,350 | 1,000 |
| Total value to be co-financed by GAVI | \$ | 194,000 | 150,000 |

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

| | | 2014 | 2015 |
|--|----|-------------|-------------|
| Number of vaccine doses | # | 8,100 | 8,200 |
| Number of AD syringes | # | 8,000 | 7,900 |
| Number of re-constitution syringes | # | 4,500 | 4,600 |
| Number of safety boxes | # | 150 | 150 |
| Total value of country co-financing | \$ | 20,000 | 20,500 |

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose (s) per vial, LYOPHILIZED (section 1)

| | Formula | 2013 | 2014 | | | |
|----|---|---|--------|------------|--------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-financing | V | 0.00% | 9.32% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 24,557 | 25,568 | 2,384 | 23,184 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 24,557 | 25,568 | 2,384 | 23,184 |
| C | Number of doses per child | The immunization schedule | 3 | 3 | | |
| D | Number of doses required | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 73,671 | 76,704 | 7,150 | 69,554 |
| E | Estimated vaccine wastage factor | Table 4 | 1.11 | 1.11 | | |
| F | Number of doses required including wastage | $D \times E$ | | 85,142 | 7,937 | 77,205 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$ | | 1,263 | 118 | 1,145 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | | | | |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | | | | |
| H2 | Stock on 1st January | Table 7.11.1 | 0 | 57,126 | | |
| H3 | Shipment plan | UNICEF shipment report | | 71,800 | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 86,500 | 8,063 | 78,437 |
| J | Number of doses per vial | Vaccine parameter | | 2 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | | 85,764 | 7,995 | 77,769 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | | 47,576 | 4,435 | 43,141 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | | 1,467 | 137 | 1,330 |
| N | Cost of the required vaccines | $I \times \text{price of vaccine per dose}(g)$ | | 166,513 | 15,521 | 150,992 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit } (ca)$ | | 3,860 | 360 | 3,500 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit } (cr)$ | | 191 | 18 | 173 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes } (cs)$ | | 8 | 1 | 7 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value } (fv)$ | | 42,461 | 3,958 | 38,503 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies } (fd)$ | | 406 | 38 | 368 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | | 213,439 | 19,895 | 193,544 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose } (cc)$ | | 19,895 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 9.32% | | |

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

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

| | Formula | 2015 | | | |
|----|---|---|------------|--------|---------|
| | | Total | Government | GAVI | |
| A | Country co-financing | V | 12.02% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 26,052 | 3,132 | 22,920 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 25,485 | 3,063 | 22,422 |
| C | Number of doses per child | The immunization schedule | 3 | | |
| D | Number of doses required | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 77,357 | 9,298 | 68,059 |
| E | Estimated vaccine wastage factor | Table 4 | 1.11 | | |
| F | Number of doses required including wastage | $D \times E$ | 85,867 | 10,320 | 75,547 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$ | 272 | 33 | 239 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | 18,002 | 2,164 | 15,838 |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | 48,253 | 5,800 | 42,453 |
| H2 | Stock on 1st January | Table 7.11.1 | | | |
| H3 | Shipment plan | UNICEF shipment report | | | |
| I | Total vaccine doses required | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 68,200 | 8,197 | 60,003 |
| J | Number of doses per vial | Vaccine parameter | 2 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | 65,590 | 7,883 | 57,707 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | 37,510 | 4,509 | 33,001 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | 1,135 | 137 | 998 |
| N | Cost of the required vaccines | $1^* \text{ price of vaccine per dose (g)}$ | 132,922 | 15,976 | 116,946 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit (ca)}$ | 2,952 | 355 | 2,597 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit (cr)}$ | 151 | 19 | 132 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes (cs)}$ | 6 | 1 | 5 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value (fv)}$ | 33,896 | 4,074 | 29,822 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$ | 311 | 38 | 273 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | 170,238 | 20,460 | 149,778 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose (cc)}$ | 20,460 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 12.02% | | |

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

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

| | | 2014 | 2015 |
|-------------------------------------|----|--------|--------|
| Number of vaccine doses | # | -2,400 | -1,000 |
| Number of AD syringes | # | -3,000 | -1,500 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | -25 | 0 |
| Total value of country co-financing | \$ | 0 | 0 |

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

| | Formula | 2013 | 2014 | | | |
|----|---|---|--------|------------|--------|----------|
| | | | Total | Government | GAVI | |
| A | Country co-financing | V | 0.00% | 7.12% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 24,557 | 25,568 | 1,822 | 23,746 |
| C | Number of doses per child | The immunization schedule | 3 | 3 | | |
| D | Number of doses required | $B \times C$ | 73,671 | 76,704 | 5,464 | 71,240 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | | 80,540 | 5,737 | 74,803 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 797 | 57 | 740 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | | |
| H2 | Stock on 1st January | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | -34,200 | -2,435 | -31,765 |
| J | Number of doses per vial | Vaccine parameter | | 1 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | | -42,513 | -3,027 | -39,486 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | | -467 | -33 | -434 |
| N | Cost of the required vaccines | $1 \times \text{price of vaccine per dose}(g)$ | | -115,972 | -8,260 | -107,712 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit}(ca)$ | | -1,913 | -136 | -1,777 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit}(cr)$ | | 0 | 0 | 0 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes}(cs)$ | | -2 | 0 | -2 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value}(fv)$ | | -6,958 | -495 | -6,463 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$ | | 0 | 0 | 0 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | | -124,845 | 0 | -124,845 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose}(cc)$ | | -8,892 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 7.12% | | |

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

| | Formula | 2015 | | | |
|----|---|---|------------|--------|---------|
| | | Total | Government | GAVI | |
| A | Country co-financing | V | 8.24% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 26,052 | 2,147 | 23,905 |
| C | Number of doses per child | The immunization schedule | 3 | | |
| D | Number of doses required | $B \times C$ | 78,156 | 6,440 | 71,716 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | 82,064 | 6,762 | 75,302 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 382 | 32 | 350 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 96,015 | 7,912 | 88,103 |
| H2 | Stock on 1st January | Table 7.11.1 | | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | -12,600 | -1,038 | -11,562 |
| J | Number of doses per vial | Vaccine parameter | 1 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | -19,224 | -1,584 | -17,640 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total number of safety boxes required (10% extra) | $(K + L) / 100 \times 1.10$ | -211 | -17 | -194 |
| N | Cost of the required vaccines | $1^* \text{ price of vaccine per dose}(g)$ | -42,462 | -3,498 | -38,964 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit}(ca)$ | -865 | -71 | -794 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit}(cr)$ | 0 | 0 | 0 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes}(cs)$ | -1 | 0 | -1 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value}(fv)$ | -2,547 | -209 | -2,338 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$ | 0 | 0 | 0 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | -45,875 | 0 | -45,875 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose}(cc)$ | -3,780 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 8.24% | | |

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

| | | 2014 | 2015 |
|-------------------------------------|----|--------|--------|
| Number of vaccine doses | # | 10,300 | 4,400 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total value of country co-financing | \$ | 28,000 | 12,000 |

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

| | Formula | 2013 | 2014 | | | |
|----|---|---|-------|------------|--------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-financing | V | 0.00% | 8.55% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 45,532 | 3,895 | 41,637 |
| C | Number of doses per child | The immunization schedule | 2 | 2 | | |
| D | Number of doses required | $B \times C$ | 0 | 91,064 | 7,789 | 83,275 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | | 95,618 | 8,179 | 87,439 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 23,905 | 2,045 | 21,860 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | | |
| H2 | Stock on 1st January | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 120,000 | 10,264 | 109,736 |
| J | Number of doses per vial | Vaccine parameter | | 1 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | | 0 | 0 | 0 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total number of safety boxes required (10% extra) | $(I / 100) \times 1.10$ | | 0 | 0 | 0 |
| N | Cost of the required vaccines | $1 \times \text{price of vaccine per dose}(g)$ | | 307,320 | 26,286 | 281,034 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit}(ca)$ | | 0 | 0 | 0 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit}(cr)$ | | 0 | 0 | 0 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes}(cs)$ | | 0 | 0 | 0 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value}(fv)$ | | 15,366 | 1,315 | 14,051 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$ | | 0 | 0 | 0 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | | 322,686 | 27,600 | 295,086 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose}(cc)$ | | 27,600 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 8.55% | | |

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose (s) per vial, ORAL (section 2)

| | Formula | 2015 | | | |
|----|---|---|------------|--------|---------|
| | | Total | Government | GAVI | |
| A | Country co-financing | V | 9.70% | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 26,052 | 2,527 | 23,525 |
| C | Number of doses per child | The immunization schedule | 2 | | |
| D | Number of doses required | $B \times C$ | 52,104 | 5,054 | 47,050 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses required including wastage | $D \times E$ | 54,710 | 5,307 | 49,403 |
| G | Buffer stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | -9,740 | -944 | -8,796 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 |
| H2 | Stock on 1st January | Table 7.11.1 | | | |
| I | Total vaccine doses required | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 45,000 | 4,365 | 40,635 |
| J | Number of doses per vial | Vaccine parameter | 1 | | |
| K | Number of Auto-disable syringes (AD syringes) required (+10% wastage) | $(D + G - H) \times 1.10$ | 0 | 0 | 0 |
| L | Number of Reconstitution syringes required (+10% wastage) | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Total number of safety boxes required (10% extra) | $(I / 100) \times 1.10$ | 0 | 0 | 0 |
| N | Cost of the required vaccines | $1^* \text{ price of vaccine per dose}(g)$ | 114,885 | 11,143 | 103,742 |
| O | Cost of AD syringes required | $K \times \text{AD syringe price per unit}(ca)$ | 0 | 0 | 0 |
| P | Cost of required reconstitution syringes | $L \times \text{Reconstitution syringe price per unit}(cr)$ | 0 | 0 | 0 |
| Q | Cost of the required safety boxes | $M \times \text{unit price of safety boxes}(cs)$ | 0 | 0 | 0 |
| R | Freight cost of required vaccines | $N \times \text{Freight cost as \% of vaccines value}(fv)$ | 5,745 | 558 | 5,187 |
| S | Freight cost of required material | $(O+P+Q) \times \text{Freight cost as \% of the value of supplies}(fd)$ | 0 | 0 | 0 |
| T | Total funds required | $(N+O+P+Q+R+S)$ | 120,630 | 11,700 | 108,930 |
| U | Total country co-financing | $I \times \text{Country co-financing per dose}(cc)$ | 11,700 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 9.70% | | |

8. Injection Safety Support (INS)

This type of support is no longer available

9. Health System Strengthening Support (HSS)

Djibouti will not present a report on the use of funds for Health System strengthening (HSS) in 2014

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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

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

Djibouti **has not received GAVI support for the Type A CSOs**

Djibouti will not present a report on Type A GAVI support to the CSOs in 2013

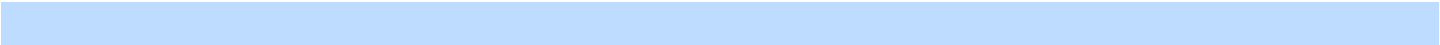
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or CMYP

Djibouti **has not received GAVI support for the Type B CSOs**

Djibouti will not present a report on Type B GAVI support to the CSOs in 2013

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1: ISS instructions

INSTRUCTIONS:

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

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

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

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

- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
- b. Income received from GAVI during 2013
- c. Other income received during 2013 (interest, fees, etc.)
- d. Total expenditure during the calendar year
- e. Closing balance as of 31 December 2013
- f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own system of economic classification, and relevant cost categories (for example: salaries and wages). Cost categories used shall be based on the economic classification 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 31 December 2013(referred to as the "variance").

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

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

12.2. Annex 2 - Example income & expenditure ISS

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

An example of an income & expenditure statement

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

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

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

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

12.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013(interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize the total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification 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 31 December 2013(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in respective countries.

12.4. Annex 4 - Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

An example of an income & expenditure statement

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

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

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

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

12.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

- I. All countries that have received CSO - Type B grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2013, taking into account the points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from calendar year 2012 (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013(interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize the total annual expenditure for each partner of the civil society, per your government's originally approved type B CSO support, with further breakdown by cost category (for example: salaries and wages). Cost categories used shall be based on the economic classification 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 31 December 2013(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for the CSO-Type B funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

12.6. Annex 6 - Example income & expenditure CSO

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

An example of an income & expenditure statement

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

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

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

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|-----------|---|
| 1 | Signature of the Health Minister (or delegated authority) | 2.1 | ✓ | scan0015.jpg File desc: Date/Time: 13/05/2014 06:47:11 Size: 1 MB |
| 2 | Signature of the Finance Minister (or delegated authority) | 2.1 | ✓ | scan0015.jpg File desc: Date/Time: 13/05/2014 06:48:21 Size: 1 MB |
| 3 | Signatures of the ICC members | 2.2 | ✓ | liste de presence ICC 04 ami 2014.pdf File desc: Date/Time: 12/05/2014 01:46:53 Size: 198 KB |
| 4 | Minutes of the ICC meeting in 2014 endorsing the Annual Progress Report 2013. | 5.7 | ✓ | ICC Reunion du 04 Avril 2014 OMS commentaires.doc File desc: Date/Time: 12/05/2014 01:59:44 Size: 48 KB |
| 5 | Signature of the HSCC members | 2.3 | ✗ | No file downloaded |
| 6 | Minutes of the HSCC meeting in 2014 endorsing the Annual Progress Report 2013 | 9.9.3 | ✓ | PAS DE CCSS A DJIBOUTI.docx File desc: Date/Time: 11/05/2014 07:07:22 Size: 12 KB |
| 7 | Financial statements for ISS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health | 6.2.1. | ✓ | depense fonds SSV.pdf File desc: Date/Time: 13/05/2014 06:50:25 Size: 263 KB |

| | | | | |
|----|---|--------|---|---|
| 8 | External audit report on the allocation of ISS funds (fiscal year 2013) | 6.2.3 | ✓ | AUDIT SSV.docx File desc: Date/Time: 11/05/2014 07:10:25 Size: 11 KB |
| 9 | Post-introduction Evaluation Report | 7.2.2. | ✓ | PIE.docx File desc: Date/Time: 11/05/2014 07:12:06 Size: 12 KB |
| 10 | Financial statements for grants for introducing a new vaccine (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health | 7.3.1 | ✓ | depense Rota.pdf File desc: Date/Time: 13/05/2014 06:52:17 Size: 250 KB |
| 11 | External audit report on grants allocated for introducing a new vaccine (fiscal year 2013), if the total expenses in 2013 are greater than USD 250,000 | 7.3.1 | ✓ | Audit externe allocation d'un nouveau vaccin.docx File desc: Date/Time: 13/05/2014 11:37:08 Size: 11 KB |
| 12 | EVSM/VMA/EVM report | 7.5 | ✓ | Rapport GEV Djibouti-Final1.doc File desc: Date/Time: 11/05/2014 07:17:37 Size: 1 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | Djibouti-Plan d'amélioration.xls File desc: Date/Time: 11/05/2014 07:19:58 Size: 193 KB |
| 14 | Status of the implementation of EVSM/VMA/EVM improvement plan | 7.5 | ✓ | Djibouti-Plan d'amélioration.xls File desc: Date/Time: 13/05/2014 11:39:36 Size: 206 KB |
| 16 | The cMYP valid if the country requests for extension of support | 7.8 | ✗ | No file downloaded |

| | | | | |
|----|--|--------|---|---|
| 17 | Costing tool for the cMYP is valid if the country requests for extension of support. | 7.8 | X | No file downloaded |
| 18 | Minutes of the ICC meeting approving the extension of support to vaccines, if applicable | 7.8 | X | No file downloaded |
| 19 | Financial statements for the HSS funds (fiscal year 2013) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. | 9.1.3 | X | No file downloaded |
| 20 | Financial statements for the HSS funds for the period January-April 2014 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. | 9.1.3 | X | No file downloaded |
| 21 | External audit report on the allocation of HSS funds (fiscal year 2013) | 9.1.3 | X | No file downloaded |
| 22 | Review report on the health sector-HSS | 9.9.3 | X | No file downloaded |
| 23 | Listing Report - Type A - CSO support | 10.1.1 | X | No file downloaded |
| 24 | Financial statement for the allocation of type B CSO support (fiscal year 2013) | 10.2.4 | X | No file downloaded |
| 25 | External audit report on Type B CSO support (fiscal year 2013) | 10.2.4 | X | No file downloaded |
| 26 | Bank statements for each program funded in cash or a cumulative bank statement for all the programs funded in cash if funds are kept in the same bank account where the opening and closing balance for the year 2013 i) January 1, 2013 and ii) | 0 | ✓ | Rélévés bancaires PEV 2013.pdf File desc: Date/Time: |

| | | | | |
|----|--|-----|---|--|
| | closing balance as on December 31, 2013 appear. | | | 14/05/2014 04:16:22 Size: 3 MB |
| 27 | compte_rendu_reunion_ccia_changement_presentation_vaccin | 7.7 | X | No file downloaded |
| | Other documents | | X | No file downloaded |