



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Gambia

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **12/05/2014**

Deadline for submission: 16/05/2014

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 3 -dose schedule	Rotavirus, 3 -dose schedule	2016
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	2013

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranche of HSFP Grant N/A	N/A
VIG	No	Not applicable	N/A
COS	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#).

2. Signatures

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

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

For the Government of **Gambia**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Omar SEY	Name	Hon. Kebba TOURAY
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Mr. Dawda SOWE	EPI Manager	(+220) 67 22 539	dmsowe@yahoo.co.uk
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Makie TAAL - Permanent Secretary	Ministry of Health & Social Welfare		

Dr. Momodou Lamin WAGGEH - Director Health Services	Ministry of Health & Social Welfare		
Dr. Charles SAGOE-MOSES - WHO Representative	World Health Organisation		
Ms. Josefa MORRATO - UNICEF Representative	UNICEF		
Mr. Sana JAWARA - Chief Public Health Officer	Ministry of Health & Social Welfare		
Mr. Bai CHAM - Secretary General	The Gambia Red Cross Society		
Mr. Minyan JOBE - President Rotary Club of Fajara	Rotary International		
Mr. Mustapha KEBBEH - Country Director	Child Fund		
Mr. Omar BADGIE - Country Director	Action Aid International		
Prof. D'Alessandro UMBERTO - Unit Director	Medical Research Unit		
Mr. Modou NJAI - Director of Health Promotion	Ministry of Health & Social Welfare		
Mr. Bafoday JAWARA - Head Reproductive & Child Health	Ministry of Health & Social Welfare		
Mr. Janko JIMBARA - Director of Human Resource	Ministry of Health & Social Welfare		
Mr. Omar NJIE - Director of Planning & Information	Ministry of Health & Social Welfare		

Mr. Modou Cheyassin PHALL - Director	National Nutrition Agency		
Mrs. Theresse DRAMMEH - Director	Riders for Health		
Mr. Sanna SAMBOU - Coordinator Epidemiology & Disease Control	Ministry of Health & Social Welfare		

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

Gambia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

Gambia is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on *Gambia's* activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

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

[1.4. Previous Monitoring 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 & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Immunisation achievements in 2013](#)

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

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial Management](#)

[5.7. Interagency Coordinating Committee \(ICC\)](#)

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

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

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

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

[6.2. Detailed expenditure of ISS funds during the 2013 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 vaccine programme](#)

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

[7.3. New Vaccine Introduction Grant lump sums 2013](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

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

[7.5. Vaccine 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 programme](#)

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

[7.11. Calculation of requirements](#)

[8. Injection Safety Support \(INS\)](#)

[9. Health Systems Strengthening Support \(HSS\)](#)

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

[10.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)

[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 – Terms of reference ISS](#)

[12.2. Annex 2 – Example income & expenditure ISS](#)

[12.3. Annex 3 – Terms of reference HSS](#)

[12.4. Annex 4 – Example income & expenditure HSS](#)

[12.5. Annex 5 – Terms of reference CSO](#)

[12.6. Annex 6 – Example income & expenditure CSO](#)

[13. Attachments](#)

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	81,830	81,830	84,039	84,039	86,308	86,308	88,639	88,639
Total infants' deaths	6,055	6,055	6,219	6,219	6,387	6,387	6,648	6,648
Total surviving infants	75,775	75,775	77,820	77,820	79,921	79,921	81,991	81,991
Total pregnant women	75,775	75,775	77,820	77,820	79,921	79,921	82,080	82,080
Number of infants vaccinated (to be vaccinated) with BCG	78,557	79,803	80,678	80,678	84,582	84,582	87,753	87,753
BCG coverage	96 %	98 %	96 %	96 %	98 %	98 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	74,259	72,744	77,042	77,042	79,122	79,122	81,171	81,171
OPV3 coverage	98 %	96 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	75,017	76,533	77,821	77,821	79,122	79,122	81,171	81,171
Number of infants vaccinated (to be vaccinated) with DTP3	74,259	73,502	77,042	77,042	79,122	79,122	81,171	81,171
DTP3 coverage	98 %	97 %	99 %	99 %	99 %	99 %	99 %	99 %
Wastage ^[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage ^[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	75,017	76,533	77,821	77,821	79,122	79,122		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	75,017	73,502	77,821	77,821	79,122	79,122		
DTP-HepB-Hib coverage	99 %	97 %	100 %	100 %	99 %	99 %	0 %	0 %
Wastage ^[1] rate in base-year and planned thereafter (%) ^[2]	15	5	15	15	10	10		
Wastage ^[1] factor in base-year and planned thereafter (%)	1.18	1.05	1.18	1.18	1.11	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	74,259	75,775	77,042	77,042	79,122	79,122		

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	74,259	71,986	77,042	77,042	79,122	79,122		
Pneumococcal (PCV13) coverage	98 %	95 %	99 %	99 %	99 %	99 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	5	2	5	5	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.02	1.05	1.05	1.05	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	69,713	23,247	72,373	77,042		79,122		81,171
Number of infants vaccinated (to be vaccinated) with 3 dose of Rotavirus	69,713	5,314	72,373	77,042		79,122		81,171
Rotavirus coverage	92 %	7 %	93 %	99 %		99 %		99 %
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 wastage rate value for Rotavirus, 3-dose schedule	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	70,471	72,744	73,152	73,152	75,926	75,926	77,072	77,072
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	70,471	40,057	73,152	73,152	75,926	75,926	77,072	77,072
Measles coverage	93 %	53 %	94 %	94 %	95 %	95 %	94 %	94 %
Wastage[1] rate in base-year and planned thereafter (%) {0}	20	10	13	13	12	12	12	12
Wastage[1] factor in base-year and planned thereafter (%)	1.25	1.11	1.15	1.15	1.14	1.14	1.14	1.14
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	40.00 %	40.00 %	40.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	59,104	47,460	61,478	61,478	63,937	63,937	69,692	69,692
TT+ coverage	78 %	63 %	79 %	79 %	80 %	80 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	4 %	1 %	1 %	0 %	0 %	0 %	0 %

** 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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

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

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

- Justification for any changes in **births**

No changes effected in the number of live births for The Gambia for 2013. The figures remain the same as those provided to GAVI for 2012.

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

There are no changes in the number of surviving infants in the Gambia in 2013. The figures are the same as the ones provided to GAVI in 2012.

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

No changes, the targets remain the same as reported in the 2012 APR.

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

There are no changes in vaccine wastage factors. The wastage figure remains the same for both years.

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

There have been modest achievements in the immunization programme resulting in sustained high coverage rates: BCG 98%; Penta3 97%, MCV1 96% and Yellow Fever at 97%. For example number of children immunized for Penta3 moved slightly from 72,112 in 2012 to 73,502 in 2013.

Key activities conducted during the year under review includes the following:

1. MenA nationwide campaign reaching 1.1 million people aged between 1 to 29 years of age.
2. Rota vaccine introduced into the routine immunization programme in August 2013 and rolled out country-wide
3. Conduct of two rounds of Polio NIDs integrating VAS supplementation and Deworming reaching more than 400,000 eligible children in May and October 2013
4. Cold Chain rehabilitation and expansion in three critical regions
5. Skills training for 150 health workers on all aspects of routine immunization service delivery
6. Routine preventive maintenance and replacement of dysfunctional cold chain equipment
7. Undertook bi-monthly monitoring and supportive supervision to the regions and health facilities to document immunization service delivery challenges and discourse remedial measures with service providers
8. HPV demon application preparation and submission
9. Vaccine transportation to regions and health facilities

Main challenges identified that affect immunization services were

1. Problems relating to accurate denominators
2. High staff turn over
3. Inadequate waste management capacity at facility and regional levels
4. Late submission of routine immunization data from the regions to the national level

Strategies implemented to address challenges

1. Data quality assessment at central, regional and health facility level conducted to resolve data challenges including catching area denominator
2. Strengthened routine supervision, timely identification of challenges and providing feedback on site
3. Rehabilitated some incinerators at regional and health facility level
3. Health worker training and retraining on key WHO immunization modules including effective data management and timely submission

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

There were only two targets that were not fully met. These were MCV2 and TT2 target coverage. Reasons for not reaching these targets among others were:

1. Routine MCV2 is given at the age of 18 months which is well above the routine immunization target
2. Problems of recording for TT immunization
3. Late antenatal booking of pregnant mothers

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

There is no gender barrier to immunization services in The Gambia. Progress has already been registered with all immunization data collection tools revised in 2012 to capture gender. However, the national data template is yet to be revised to facilitate data analysis by gender.

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

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

With a high card retention rate of 99% (EPI Cluster Survey 2012), it is assumed that there is no gender related barrier to immunization services. However, once the national data summary tool is revised, information on gender can be readily analyzed and made available.

5.4. Data assessments

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

Immunization coverage data for the country from various sources has remained fairly consistent with Penta3

(EPI Cluster Survey, 2012 - 95%). (MICS IV, 2010 - 95%) and EPI Administrative data 2013 - 97%)

* 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? **No**

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

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

1. Trained health workers and data entry clerks on data management
2. Formed a data verification committee that occasionally conduct data audit
3. Conducted bi-monthly meeting to review EPI data with feedback to all levels
4. Conducted monitoring and supportive supervision
5. Participated in monthly in-service meetings at regional level and discussed immunization service issues

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.

1. Training and retraining of health workers and data entry clerks on data management
2. Strengthen data verification committees in conducting data audits
3. Strengthen bi-monthly meetings with data feed backs at all levels
4. Strengthen monitoring and supportive supervision
5. Attending monthly in-service meetings at regional level and discussed immunization service issues

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 38	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	Rotary International	Child Fund	0
Traditional Vaccines*	399,900	399,900	0	0	0	0	0	0
New and underused Vaccines**	2,915,000	127,500	2,787,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	75,186	43,187	31,999	0	0	0	0	0
Cold Chain equipment	193,792	6,052	13,157	164,583	10,000	0	0	0
Personnel	22,972	22,972	0	0	0	0	0	0
Other routine recurrent costs	75,492	3,400	2,631	6,032	63,429	0	0	0
Other Capital Costs	17,847	12,190	5,657	0	0	0	0	0
Campaigns costs	1,889,452	25,789	1,518,200	203,886	131,578	7,894	2,105	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	5,589,641							

Total Government Health		640,990	4,359,144	374,501	205,007	7,894	2,105	0
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* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

There is a government budget line for traditional vaccines and the co-financing of new and underused vaccines.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
1. Strengthening of the PCU	Yes
2. Audit of the ISS Funds (2009, 2010, 2011, 2012)	Yes

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

The action plan from the Aide Memoire is yet to be fully implemented because it has not yet been signed by government and GAVI. However, some elements of it including the strengthening of the Project Coordination Unit (PCU) of the Ministry of Health were done and GAVI is expected to conduct an assessment on the capacity of the PCU.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

ICC recommended for the increase of government budget line for vaccines which resulted in the increase from GMD 12 Million in 2013 to GMD 23 million in 2014 financial year.

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

If **Yes**, which ones?

List CSO member organisations:
Child Fund
Action Aid - The Gambia
Catholic relief Services
The Gambia Red Cross Society
Rotary International

5.8. Priority actions in 2014 to 2015

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

The main objectives of the EPI programme for 2014 - 2015

1. To build the capacity of health staff on immunization services
2. To increase immunization coverage by raising awareness of Gambians on the benefits of immunization
3. To ensure sustainable supply and safety of vaccines and consumables
5. To introduce new vaccines, technologies and policies in a sustainable manner
6. To reduce immunization drop-out and wastage rates to below 2% and 5% respectively

The main priorities are

1. Strengthening immunization services (training, retraining, expanding outreach services, strengthening supportive supervision, etc)
2. Improving surveillance and accelerated disease control (integration, eradication and elimination of vaccine preventable diseases)
3. Advocate for increased financial commitment, community involvement and participation
4. Conducting operational research and other relevant technologies in relation to immunization services
5. Introduce new vaccines into the routine immunization services

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
BCG	0.05ml	Government
Measles	0.5ml	Government
TT	0.5ml	Government
DTP-containing vaccine	0.5ml	Government
Yellow Fever	0.5ml	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)

The country does not have a standalone injection policy. However, safe injection practices form an integral part of the EPI training manuals and have always been given due attention during EPI trainings.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Incinerators have been built in each of the health regions exclusively for the management of sharp wastes. Sharps are initially disposed of in safety boxes at the site of injection and are later transported to the incineration sites. There are incinerator attendants in each region for the management of sharp wastes under the supervision of the regional health team.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	377,394	12,943,684
Total funds available in 2013 (C=A+B)	377,394	12,943,684
Total Expenditures in 2013 (D)	300,239	10,950,451
Balance carried over to 2014 (E=C-D)	77,155	1,993,233

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

ISS funds are received and lodged into a Central Bank of The Gambia account. The mechanisms are not cumbersome as they are jointly co-managed by the Ministries of Finance and Health. The funds are paid into a special account called "below the line account" at the Central Bank of The Gambia.

Each year, the EPI programme develops an annual costed work-plan which is received by ICC for approval. Once approved, EPI prepares request to access funds through the Permanent Secretary - Ministry of Health and Social Welfare who forwards these requests to the national treasury. Cheques are prepared from the national treasury and handed over to EPI for activity implementation. These funds are liquidated when activities are implemented.

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

The ISS funds are kept at the Central Bank which is a government account. The disadvantage with this account is that it is managed by the national treasury and updates from the account are not sent to the programme. The annual plan for all GAVI funded activities is approved by the ICC and request sent to the Permanent Secretary for approval. Upon receipt of funds, these are transferred to the regional level for implementation.

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

1. Routine maintenance of the cold chain system country wide quarterly
2. Training of health staff on EPI services
3. Fuel support for the regional cold chain
4. Routine maintenance of EPI vehicles for effective service delivery
5. Payment of allowances for central and regional staff
6. Regular supportive supervision to the regional and health facility levels
7. Printing of data collection tools
8. Expansion of the cold chain at service delivery level

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

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your

ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Gambia is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

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

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	215,500	215,500	0	No
Measles	54,800	54,800	0	No
Pneumococcal (PCV13)	235,800	149,400	86,400	Yes
Rotavirus	274,500	100,350	164,250	No

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

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

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

Most shipments were received as schedule except for Pneumo and Rota. Some doses of Rota were deferred because the quantity forecasted was more than needed for the year and some regions started later than planned.

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

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

The country conducts physical counts of vaccines at the national level. If the stock is below the critical level (less than 3 months' supply needs), then the UNICEF supply division is requested to send in shipments in advance.

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

There was PCV13 stock out in end November and early December due to delay in shipment from supply division.

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:

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

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

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

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	01/08/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **August 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 N° 9))

The last PIE was conducted in 2010 after the introduction of the Pneumo vaccine in 2009

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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

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

The country is currently conducting sentinel surveillance on Rota virus and this is being conducted by the National Public Health Laboratories.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

The Gambia was eligible for VIG for the introduction of Rota but this was not disbursed.

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

VIG funds were not received but some introduction activities were conducted using ISS balances from previous years and funding from UNICEF.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Funds not yet received. Once received, it will be used to strengthen routine immunization services and waste management

7.4. Report on country co-financing in 2013

Table 7.4 : Five 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
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	43,500	20,500
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	32,000	9,000
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	36,500	9,900
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	112000	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
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	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	June	Government
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	June	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for		

	co-financing
	The country does not plan to develop financial sustainability plan and as such will not require a technical assistance.

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The country has been fulfilling its co-financing obligations.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Total doses approved in DL	Campaign start date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
1242500	28/11/2013	1242500

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

There was no difference between the doses from the decision letter and those received in country.

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

Vaccines were received before the campaign dates.

7.6.2. Programmatic Results of Meningococcal type A preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
Country-wide	7 days	1177923	1228415	104	97	2	9	0

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

Has the campaign been conducted according to the plans in the approved proposal?" **Yes**

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

There was no deviation from the campaign proposal and implementation.

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

Denominator problem, vaccinated none-Gambians at border settlement

What lessons have you learned from the campaign?

The major lessons learned include

1. Social mobilization is critical for the success of a campaign
2. The use of rapid assessment tool for the campaign was able to map out un-vaccinated areas
3. The bottom up approach during planning stages was very effective
4. The provision of consultant from WHO was key towards the success of the campaign

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

Category	Expenditure in Local currency	Expenditure in USD
Training of Health Workers	2110950	55551
Implementation of campaign	12154949	319867
Social Mobilization	3876400	102010
Waste Management	722000	19000
Cold Chain Expansion	760000	20000
Total	19624299	516428

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Gambia is not available in 2014

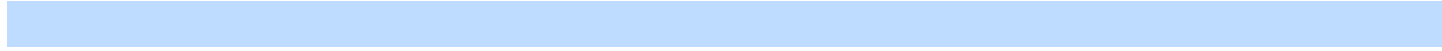
7.9. Request for continued support for vaccines for 2015 vaccination programme

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 [7.11 Calculation of requirements](#)

Not selected

If you don't confirm, please explain



7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	75,775	77,820	79,921	233,516
	Number of children to be vaccinated with the first dose	Table 4	#	75,017	77,821	79,122	231,960
	Number of children to be vaccinated with the third dose	Table 4	#	75,017	77,821	79,122	231,960
	Immunisation coverage with	Table 4	%	99.00 %	100.00 %	99.00 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.11
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	40,000		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	40,000		
	Number of doses per vial	Parameter	#		10	10
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
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	%		6.40 %	6.40 %
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

Not defined

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

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

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

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

		2014	2015
Number of vaccine doses	#	252,300	206,100
Number of AD syringes	#	261,000	221,900

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	2,875	2,450
Total value to be co-financed by GAVI	\$	528,500	437,500

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

		2014	2015
Number of vaccine doses	#	27,300	22,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	56,000	46,000

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

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %	9.76 %	
B	Number of children to be vaccinated with the first dose	Table 4	75,017	77,821	7,599
B1	Number of children to be vaccinated with the third dose	Table 4	75,017	77,821	7,599
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	225,051	233,463	22,797
E	Estimated vaccine wastage factor	Table 4	1.18	1.18	
F	Number of doses needed including wastage	$D \times E$		275,487	26,901
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		3,723	364
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	Reported stock on January 1st	Table 7.11.1	0	40,000	
H3	Shipment plan	UNICEF shipment report		375,900	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		279,500	27,293
J	Number of doses per vial	Vaccine Parameter		10	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		260,905	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		2,870	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		538,038	52,538
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		11,741	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		15	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		34,435	3,363
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		584,229	55,900
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		55,900	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %	

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	79,122	7,631	71,491
B1	Number of children to be vaccinated with the third dose	Table 4	79,122	7,631	71,491
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	237,366	22,893	214,473
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	263,477	25,411	238,066
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	1,464	142	1,322
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	37,107	3,579	33,528
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	140,414	13,543	126,871
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	228,000	21,990	206,010
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	221,896	0	221,896
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,441	0	2,441
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	444,372	42,858	401,514
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	9,986	0	9,986
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	13	0	13
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	28,440	2,743	25,697
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	482,811	45,600	437,211
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	45,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64 %		

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

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID	Source		2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	75,775	77,820	79,921	81,991	315,507
	Number of children to be vaccinated with the first dose	Table 4	#	70,471	73,152	75,926	77,072	296,621
	Number of children to be vaccinated with the second dose	Table 4	#	70,471	73,152	75,926	77,072	296,621
	Immunisation coverage with the second dose	Table 4	%	93.00 %	94.00 %	95.00 %	94.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.25	1.15	1.14	1.14	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	10,000				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	10,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.00	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing			0.00	0.00
Recommended co-financing as per APR 2012			0.00	0.00
Your co-financing	0.00	0.00		

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

		2014	2015	2016
Number of vaccine doses	#	74,800	87,300	88,200
Number of AD syringes	#	70,300	84,300	85,200
Number of re-constitution syringes	#	8,300	9,700	9,800
Number of safety boxes	#	875	1,050	1,050
Total value to be co-financed by GAVI	\$	24,500	30,000	31,500

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

		2014	2015	2016
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	\$	0	0	0

Table 7.11.4: Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 1)

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %	
B	Number of children to be vaccinated with the first dose	Table 4	70,471	73,152	0
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	70,471	73,152	0
E	Estimated vaccine wastage factor	Table 4	1.25	1.15	
F	Number of doses needed including wastage	$D \times E$		84,125	0
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		671	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	0		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		74,800	0
J	Number of doses per vial	Vaccine Parameter		10	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		70,206	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		8,228	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		863	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		18,326	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		3,160	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		33	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		5	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		2,566	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		320	0
T	Total fund needed	$(N+O+P+Q+R+S)$		24,410	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %	

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	0.00 %		0.00 %			
B	Number of children to be vaccinated with the first dose	Table 4	75,926	0	75,926	77,072	0	77,072
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	75,926	0	75,926	77,072	0	77,072
E	Estimated vaccine wastage factor	Table 4	1.14			1.14		
F	Number of doses needed including wastage	$D \times E$	86,556	0	86,556	87,863	0	87,863
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25$	694	0	694	327	0	327
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Reported stock on January 1st	Table 7.11.1						
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	87,300	0	87,300	88,200	0	88,200
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	84,282	0	84,282	85,139	0	85,139
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	9,603	0	9,603	9,702	0	9,702
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	1,033	0	1,033	1,044	0	1,044
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	22,611	0	22,611	23,638	0	23,638
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,793	0	3,793	3,832	0	3,832
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	39	0	39	39	0	39
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	6	0	6	6	0	6
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	3,166	0	3,166	3,310	0	3,310
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	384	0	384	388	0	388
T	Total fund needed	$(N+O+P+Q+R+S)$	29,999	0	29,999	31,213	0	31,213
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0			0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %			0.00 %		

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

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	75,775	77,820	79,921	233,516
	Number of children to be vaccinated with the first dose	Table 4	#	74,259	77,042	79,122	230,423
	Number of children to be vaccinated with the third dose	Table 4	#	74,259	77,042	79,122	230,423
	Immunisation coverage with the third dose	Table 4	%	98.00 %	99.00 %	99.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	
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	%		6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

Co-financing group	Low
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	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015
Number of vaccine doses	#	232,900	237,900
Number of AD syringes	#	256,700	263,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	2,825	2,900
Total value to be co-financed by GAVI	\$	849,000	862,000

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

		2014	2015
Number of vaccine doses	#	13,800	14,200
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	49,500	50,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	5.56 %		
B	Number of children to be vaccinated with the first dose	Table 4	74,259	77,042	4,287	72,755
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	222,777	231,126	12,861	218,265
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		242,683	13,504	229,179
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		2,192	122	2,070
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	20,700			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		246,600	13,722	232,878
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		256,650	0	256,650
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		2,824	0	2,824
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		836,221	46,529	789,692
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		11,550	0	11,550
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		15	0	15
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		50,174	2,792	47,382
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		897,960	49,321	848,639
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		49,320		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	5.60 %		
B	Number of children to be vaccinated with the first dose	Table 4	79,122	4,430	74,692
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	237,366	13,290	224,076
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	249,235	13,955	235,280
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	1,638	92	1,546
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	252,000	14,109	237,891
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	262,905	0	262,905
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,892	0	2,892
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	849,240	47,548	801,692
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	11,831	0	11,831
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	15	0	15
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	50,955	2,853	48,102
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	912,041	50,400	861,641
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	50,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.60 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID	Source		2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	75,775	77,820	79,921	81,991	315,507
	Number of children to be vaccinated with the first dose	Table 4	#	69,713	72,373	79,122	81,171	302,379
	Number of children to be vaccinated with the third dose	Table 4	#	69,713	72,373	79,122	81,171	302,379
	Immunisation coverage with the third dose	Table 4	%	92.00 %	93.00 %	99.00 %	99.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	50,745				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	50,745				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.13	0.13	0.13	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing	0.13	0.13	0.13	0.13
Your co-financing	0.13	0.13	0.13	0.13

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

		2014	2015	2016
Number of vaccine doses	#	173,100	245,600	246,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by GAVI	\$	636,500	902,500	754,500

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

		2014	2015	2016
Number of vaccine doses	#	6,500	9,200	11,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	\$	24,000	34,000	34,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	3.59 %		
B	Number of children to be vaccinated with the first dose	Table 4	69,713	72,373	2,600	69,773
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	209,139	217,119	7,799	209,320
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		227,975	8,189	219,786
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		2,095	76	2,019
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		179,550	6,450	173,100
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		628,425	22,573	605,852
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		31,422	1,129	30,293
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		659,847	23,701	636,146
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		23,701		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		3.59 %		

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	3.59 %			4.31 %		
B	Number of children to be vaccinated with the first dose	Table 4	79,122	2,842	76,280	81,171	3,499	77,672
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	237,366	8,526	228,840	243,513	10,495	233,018
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	249,235	8,953	240,282	255,689	11,020	244,669
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	5,315	191	5,124	1,614	70	1,544
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Reported stock on January 1st	Table 7.11.1						
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	254,700	9,149	245,551	257,400	11,094	246,306
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	891,450	32,020	859,430	750,836	32,360	718,476
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	44,573	1,602	42,971	37,542	1,618	35,924
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	936,023	33,621	902,402	788,378	33,977	754,401
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	33,621			33,977		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	3.59 %			4.31 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Gambia is not reporting on Health Systems Strengthening (HSS) fund utilisation 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. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

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

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

Gambia is not reporting on GAVI TYPE A CSO support for 2013

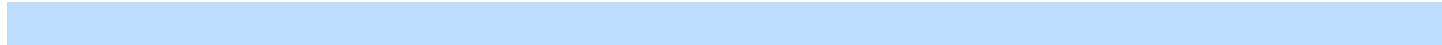
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Gambia is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 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 programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 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 should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 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 upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 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 should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 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 programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 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 should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Docu ment Number	Document	Section	Mandator y	
1	Signature of Minister of Health (or delegated authority)	2.1	✓	APR Minister.pdf File desc: ,, Date/time : 10/05/2014 12:58:46 Size: 162 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	APR Minister.pdf File desc: Date/time : 10/05/2014 12:59:45 Size: 162 KB
3	Signatures of members of ICC	2.2	✓	APR ICC.pdf File desc: ,,,,, Date/time : 10/05/2014 01:17:12 Size: 286 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	MINUTES OF THE MAY ICC.docx File desc: Date/time : 12/05/2014 02:50:36 Size: 29 KB
5	Signatures of members of HSCC	2.3	✗	SIGNATURE OF HSCC.doc File desc: ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, Date/time : 30/04/2014 05:02:00 Size: 22 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	MINUTES FOR HSCC.doc File desc: Date/time : 30/04/2014 05:03:14 Size: 22 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	GAVI Financial Statement EPI Report 2013.pdf File desc: , Date/time : 10/05/2014 01:18:46 Size: 518 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	GAVI Audit 2012_Final.doc File desc: , Date/time : 10/05/2014 01:29:38 Size: 123 KB

9	Post Introduction Evaluation Report	7.2.2	✓	PIE REPORT FINAL.doc File desc: Date/time : 30/04/2014 05:12:28 Size: 1 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	FINANCIAL REPORT FOR VIG 2013.doc File desc: Date/time : 10/05/2014 01:56:23 Size: 22 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	EXTERNAL AUDIT FOR VIG.doc File desc: Date/time : 10/05/2014 01:57:58 Size: 22 KB
12	Latest EVSM/VMA/E VM report	7.5	✓	The Gambia EVM ReportV5.doc File desc: Date/time : 30/04/2014 05:08:42 Size: 6 MB
13	Latest EVSM/VMA/E VM improvement plan	7.5	✓	EVM Improvement Plan GambiaV2.xlsx File desc: Date/time : 30/04/2014 05:28:03 Size: 24 KB
14	EVSM/VMA/E VM improvement plan implementation status	7.5	✓	STATUS OF IMPLEMENTATION EVM.doc File desc: Date/time : 30/04/2014 05:28:13 Size: 36 KB
16	Valid cMYP if requesting extension of support	7.8	✗	THE GAMBIA cMYP FOR 2011.doc File desc: Date/time : 30/04/2014 05:17:28 Size: 547 KB
17	Valid cMYP costing tool if requesting	7.8	✗	The Gambia cMYP Costing Tool 2012-2016.xls File desc: Date/time : 30/04/2014 05:20:25

	extension of support			Size: 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	X	MINUTES OF ICC EXTENDING VACCINE EXTENSION.doc File desc: Date/time : 10/05/2014 02:01:33 Size: 22 KB
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	FINANCIAL STATEMENT FOR HSS.doc File desc: , Date/time : 30/04/2014 05:34:23 Size: 22 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	FINANCIAL STATEMENT FOR HSS.doc File desc: Date/time : 30/04/2014 05:37:57 Size: 22 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	X	HSS EXTERNAL AUDIT REPORT.doc File desc: Date/time : 30/04/2014 05:25:31 Size: 22 KB
22	HSS Health Sector review report	9.9.3	X	HSS HEALTH SECTOR REVIEW REPORT.doc File desc: Date/time : 10/05/2014 01:43:59 Size: 22 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	X	MAPPING FOR CSO.doc File desc: Date/time : 30/04/2014 05:22:05 Size: 22 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	X	FINANCIAL STATEMENT FOR CSO.doc File desc: Date/time : 30/04/2014 05:22:59 Size: 22 KB

25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	X	EXTERNAL AUDIT FOR CSO.doc File desc: Date/time : 30/04/2014 05:23:59 Size: 22 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	GAVI Financial Statement EPI Report 2013.pdf File desc: Date/time : 10/05/2014 02:12:41 Size: 518 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	MINUTES OF ICC ENDORSING CHANGE OF VACCINE PRESENTATION.doc File desc: Date/time : 10/05/2014 02:05:09 Size: 22 KB
	Other		X	OTHER.doc File desc: Date/time : 10/05/2014 02:06:37 Size: 22 KB

